

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Chorley Medics Ltd

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Chorley Medics Limited OOH
Registered Manager	Dr. Robert Bennett
Overview of the service	Chorley Medics Ltd is based in Chorley, Lancashire and provides out of hours care on behalf of General Practitioners (GP's) in the Chorley and South Ribble areas.
Type of services	Doctors consultation service Mobile doctors service
Regulated activities	Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2012 and talked with staff.

What people told us and what we found

We did not speak with any people as part of this inspection because there were no services taking place at the time of our visit.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The provider had policies in place for seeking consent for care and treatment, which provided instructions for staff on the process for seeking informed verbal consent. We spoke with the Nominated Individual, who told us they did not obtain written consent from people who used the service because people contacted the provider directly themselves, they based their care and treatment on implied consent. Implied consent is consent which is not expressly granted by a person, but rather inferred from a person's actions.

The Nominated Individual told us that people who used the service initially made contact by telephone and although not a walk-in service, some people did attend the on-site health centre without prior appointment and were assessed and prioritised for a consultation with a Clinician.

When a person first made contact with the provider, they spoke with call handlers who recorded basic information such as the persons' contact details, their symptoms and any other information relating to their health or medical history. The call would then be logged for assessment and advice by a Clinician. An appointment may be made to attend the centre for a face to face consultation with a General Practitioner (GP), or a home visit arranged when clinically appropriate.

The Nominated Individual told us that the GPs clearly explained the process to people who used the service and discussed the treatment options with them during their consultation, allowing them to make an informed decision on whether they wanted to go ahead with a treatment or not.

There was a record in place for GP's to document when a person refused treatment and the reasons for the refusal. The Nominated Individual told us that no person had yet refused to receive treatment. We looked at two peoples' medical records, which included information about their preferences, such as if they did not want to be resuscitated or did not want to be admitted to hospital after the GP consultation. The Nominated Individual told us that, whenever possible, they carried out treatments in accordance with peoples' individual preferences.

The Nominated Individual told us that if a person lacked the capacity to make their own decisions, they would be accompanied by their representatives. The Nominated Individual told us that verbal consent was sought from the parents or guardians of children prior to carrying out any treatments. Where a person was unable to speak English, the staff were able to use an interpreter.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The provider operated from a surgery which included a reception room and waiting area, two consultation rooms and a treatment room, which was used as an additional consultation room during busy periods. The provider also had two vehicles used for carrying out home visits. The provider operated an out-of-hours General Practitioner (GP) service covering 30 GP surgeries for people living in the Chorley and South Ribble areas. The Nominated Individual told us they served a population of approximately 169,000 people.

People made contact with the service by telephone. The majority of people using the service contacted their own GP surgery and were redirected to the out-of-hours service. People could also telephone the service directly to arrange an appointment.

When a person first contacted the service, they spoke with a call handler who recorded basic information such as the persons' contact details, symptoms, medical conditions. The Call handlers then arranged an advice call or an appointment with a GP, either at the centre or as a home visit. The majority of people attended the centre for a consultation with the Clinician.

The provider used an electronic system to record the initial contact with people and the GP's consultation notes. There were also some paper records, such as information for people who had complex medical needs. The Nominated individual told us the electronic system identified errors such as missing contact details, to help minimise data input errors. An Audit Clinician also carried out routine quality audits of medical records to check they were complete and accurate.

During the visit, we looked at three peoples' medical records. These were generally complete and up to date and included the initial contact notes, medical history checks, consultation notes and details of medicines prescribed. The records we looked at showed that the treatments and consultations carried out were specific to the people who used the service and were based on their needs and preferences.

The provider had a risk register in place which included identified risks for key processes such as health and safety, infection control, vehicle failures, missed calls, operational risks and financial risks. The risk register was reviewed and updated by the senior management team and was overseen by the clinical governance committee.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider had a number of policies in place for the protection of vulnerable adults and child protection, which provided guidance for staff on how to detect different types of abuse and how to report abuse to external agencies such as the NHS safeguarding board. The provider also had a whistle blowing policy in place for staff to report matters of concern.

The Nominated individual told us that all the staff received mandatory training every three years in the protection of vulnerable adults and child protection training, which was delivered by NHS Central Lancashire. We looked at a staff training matrix and three staff files, which showed that the majority of staff had received safeguarding training.

People who use the service were given information on how to report any complaints or concerns through information leaflets. We saw that information on how to report safeguarding concerns was also displayed in the consultation rooms and waiting room within the surgery.

The Director of Clinical Governance was the overall lead for safeguarding processes. We looked at records which showed that the last safeguarding concern was raised during 2010 and appropriate actions were taken to address the concerns raised. The Nominated individual told us people who use the service were safe as there was a low risk of abuse taking place due to the types of services they provided and the types of people who used the service.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The overall responsibility for the service was with the Medical Director, who was also the Registered Manager for the organisation. The Medical Director was a member of the executive team, which also included the Director of Clinical Governance, the Finance Director and a Director Without Portfolio.

There was an Operations Manager a Nurse Manager and Audit Clinician who reported to the Medical Director. The Nurse Manager was supported by five nurses. The Audit Clinician was responsible for carrying out routine audits and quality monitoring.

The Operations Manager was also the Nominated Individual for the organisation and was responsible for the day to day operations of the service. The Operations Manager was supported by an Assistant Manager, 12 call handlers, 10 navigators (drivers) and approximately 60 qualified General Practitioners (GP's). The majority of GP's were practicing clinicians who worked within the surgeries that were supported by the service.

The service operated from 6pm to 8am on weekdays and over the full weekend. We looked at the most recent staff rotas which showed that there were at least three GP's in place up to 8pm, at least two GP's up to 11:30pm and at least one GP overnight.

There were also arrangements in place for at least two call handlers up to 11pm and one call handler overnight during the week. During the weekends, there was a Nurse Advisor in place to assist the GPs in the provision of triage and advice.

There was a Cleaner in place, who worked five days per week. The staff were also supported by a navigator who had additional responsibilities for maintaining and servicing the vehicles, and a navigator with specific health and safety responsibilities.

We looked at records which showed that the staff had the appropriate qualifications and professional memberships which were being reviewed on a regular basis to ensure they remained up to date.

The Nominated Individual told us that they were adequately resourced to meet the needs of the people who use the service and were able to cover for any sickness or absence with the existing team of staff.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints policy which outlined the process for reporting and investigating complaints. The policy included contact details for the organisation and for external agencies such as the NHS Commissioning body and the Health Service Ombudsman.

Information on how to raise complaints was also displayed in the reception area. People who use the service were also given information on how to raise complaints through information leaflets.

The complaints policy stated that if a complaint was received, it would be acknowledged within two working days and investigated and responded to within 10 working days. The provider had received six formal complaints during the last 12 months.

We looked at the records for three complaints received during February and November 2012. These showed that the complaints had been documented and investigations and responses to the complaints were carried out within the specified timelines.

The Director of Clinical Governance was responsible for overseeing the complaints process and Director of Clinical Governance for analysing complaints to look for any improvements to the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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