

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

The Darras Hall Clinic

Broadway, Ponteland, Newcastle Upon Tyne,
NE20 9PW

Tel: 01661824729

Date of Inspection: 17 January 2013

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2013

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

Respecting and involving people who use services ✓ 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 | Newcastle Premier Health LLP |
| Registered Manager | Mrs. Laura Barker |
| Overview of the service | The service is commissioned by the Driver and Vehicle Licensing Authority (DVLA). Medical checks are carried out on certain applicants who wish to reapply for a driving licence. |
| Type of services | Doctors consultation service Doctors treatment service |
| Regulated activities | Diagnostic and screening procedures Treatment of disease, disorder or injury |

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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 carried out a visit on 17 January 2013, talked with people who use the service and talked with staff.

What people told us and what we found

Any one of four GPs were able to provide this service, which operated for a maximum of three hours per week depending on demand.

We spoke to two people who had recently used the service. They told us, "It's very good, very professional" and "I was treated very well."

We found that people had their privacy and dignity respected and they received care and treatment which was appropriate and safe.

We found that safeguarding arrangements were in place at the service.

The GPs who worked at this service were suitably qualified and experienced.

We viewed a complaints policy and procedure in place which detailed how complaints would be dealt with. We found this procedure was not always brought to people's attention in a suitable manner, but we concluded that complaints would be investigated and responded to appropriately.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy and dignity were respected.

Reasons for our judgement

We spoke to two people who had recently used the service and they told us they felt their privacy and dignity had been respected. They also told us they had been provided with appropriate information both prior to, and during, their attendance. Comments included, "I asked him (the GP) and he explained everything" and "He was very clear about what would be happening."

We spoke with the GP who was working at the service on the day of our inspection. He told us that people waiting in the general reception area of the building were not identifiable as being there for DVLA medicals. This meant that people's privacy and dignity were respected.

The GP told us he treated people respectfully and provided them with information about their care and treatment. He told us, "People don't have a choice about being here but I treat all clients without prejudice. I don't ask people why they need to reapply for their driving licence but they sometimes tell me. Once my door is shut, it is completely confidential. I explain what the process is so they know what I am going to do over the next 20/30 minutes."

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 and treatment which met their needs.

Reasons for our judgement

Both people we spoke with told us they were happy with the care and treatment they had received. They said, "It's very good, very professional" and "It was a thorough medical; blood, eye test, sample."

The GP explained how he was commissioned by DVLA to carry out certain checks on people including blood pressure, eye sight tests, blood and urine samples. He told us that not everyone received the same checks; it depended on the reason why they did not currently hold a driving licence. This meant the care and treatment of people was planned individually.

The GP further explained that, where necessary, he referred people back to their own GP. This meant people were helped to manage concerns or changes to their health.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used 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 policy and procedure in place in relation to safeguarding of vulnerable adults. A whistle blowing policy was also in place. This meant staff had access to information which supported them to identify and report suspected abuse.

We spoke with a GP at the service and found they were knowledgeable about possible signs of abuse, and the different types of abuse that could occur.

All four GPs working at this service had received safeguarding training in the 12 months prior to our inspection.

Staffing

✓ Met this standard

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

Only one GP out of four was required to work at any one time. This meant the service could respond to changing circumstances such as sickness or annual leave.

All four GPs who were available to work at this service had been qualified for over 10 years. They were all registered with the General Medical Council. In the 12 months prior to our inspection, there had never been an occasion when the service could not operate owing to staffing issues. This meant there were sufficient numbers of suitably qualified and experienced 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.

Reasons for our judgement

We viewed the provider's website. Under the section entitled "Patient Guide," we saw there was information about how to make a complaint. However, when we spoke to two people who had used the service, neither of them were aware of how to make a complaint if they wished. They said, "There's nothing I wasn't happy with, but I wouldn't know how to complain" and "I've got no complaints. If I did, I would speak to reception but apart from that I wouldn't really know what to do." The provider may find it useful to note that this meant they were not always bringing the complaints system to the attention of people in a suitable manner and format.

We viewed the provider's policy and procedure and found there was a system in place for identifying, receiving, handling and responding to complaints. No complaints had been made about the service in the 12 months prior to our inspection, but we were satisfied complaints would be dealt with and responded to appropriately if they did arise.

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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