

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

King Street Health Centre

47 King Street, Wakefield, WF1 2SN

Tel: 01924882350

Date of Inspection: 05 June 2013

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September 2013

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
Cooperating with other providers	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✗	Action needed

Details about this location

Registered Provider	Local Care Direct Limited
Registered Manager	Mrs. Denise Stevens
Overview of the service	The King Street Health Centre consists of a 'walk-in' health service and registered medical practice. People can therefore access health care at the centre whether or not they are officially registered with the service. The centre, managed by Local Care Direct, is provided as part of the NHS. The centre is currently open from 8am to 8pm every day of the year.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures 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 announced 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 5 June 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We spoke with three patients who were accessing the service on the day of our inspection.

Positive feedback was given to us by all three patients. All patients stated that staff worked with them in a collaborative manner and always obtained their permission before examining them, providing them with a treatment or referring them elsewhere.

One patient described the service as being "quick and efficient" and that staff had "made me feel comfortable". This patient described staff as being "great". A different patient gave "full marks for this place" and spoke of the service being "convenient". Another patient described the service as usually being "perfect" with the staff being "brilliant".

We saw that the service worked closely with other agencies and professionals to help drive service improvements and the delivery of care.

We found that the premises were well maintained; a range of risk assessments had been carried out, and checks undertaken, to ensure the building was kept safe.

The provider had in place staff appraisals and were in the process of introducing a more formal supervision process. Training was available to staff; some of this training was mandatory. We found that some staffs' mandatory training had expired by several months; we found this lapse to be unacceptable.

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

What we have told the provider to do

We have asked the provider to send us a report by 26 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

We saw that the provider had a procedure in place to ensure the consent of patients was always obtained before carrying out any examination, providing treatment or referring elsewhere. We saw that the electronic patient recording system would not allow certain tasks to be completed until the clinical staff had indicated that the patient had given their permission.

Both clinical members of staff we spoke with were aware of what is known as Fraser competence; this relates to the level of understanding a young adult must have in order to give consent for medical treatment by themselves, rather than consent being obtained from a parent. Both clinical staff members were able to correctly explain Fraser competence. This meant that correct consideration was being given to issues of consent within younger patients.

All three patients we spoke with told us of how their consent had been obtained before any of the staff examined them, or provided any form of treatment. One patient described the staff as having been very "respectful" and another said they "did not go ahead without asking me". The third patient told us staff would often ask "is it ok if I..." before doing something for them. What patients told us showed that the provider was ensuring patients' consent was being obtained in relation to the care and treatment provided.

The provider may wish to note, however, that some staff members did not feel confident regarding their knowledge of the Mental Capacity Act (this is a piece of law which enables best interest decisions to be made for people who may lack the capacity to make decisions for themselves). One staff member felt the training they had received on this issue was quite "woolly".

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.

Reasons for our judgement

We reviewed the medical records of four patients. These records were chosen at random. We saw in each of the records that assessments of patients' problems had been done, and plans had been made to help them. Such plans consisted of advice, referral to a more specialist service, or the issuing of a prescription. The carrying out of assessments and devising plans helps to ensure patients are protected against the risks of receiving care or treatment which is unsafe or inappropriate.

We spoke with three patients who were using the service on the day of our inspection. One patient told us "the staff were great" and went on to say the treatment they received at the practice was just as good as the healthcare they had had to pay for when they were abroad. Another patient, who had used the service several times, said they had found the practice to be "very, very good". This patient went on to say "full marks for this place". The third patient we spoke with, again a person who had used the practice several times, said the staff were "brilliant" and they would "definitely recommend it to others".

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw a range of documents which showed that the provider was working with a range of other agencies in relation to care pathways, care delivery and clinical governance issues. For example, we saw the provider was involved in a local clinical quality group, a clinical governance network, and a health and social care partnership programme. This means that the provider was working with others to help ensure systems and processes were in place to promote the health, welfare and safety of patients.

Staff told us about their involvement in liaison meetings with other specialisms to help ensure they were able to access health and care services to meet patients' needs. Examples of such liaison includes working with colleagues in palliative care, and local health visitors. Such partnership working helps to ensure that patients can access such services when they are needed and for planned care to be delivered.

Managers told us that they are part of a local major incident plan and regular meetings with partnership agencies and other professionals take place about this. This close working with others helps to ensure that in the event of a major incident steps are taken to ensure that the health, safety and welfare of patients is maintained.

At the time of our inspection we were made aware of a patient who was experiencing a mental health crisis and required the involvement of local mental health services. We saw that the provider made an appropriate and immediate referral to the local mental health crisis service and gave an appropriate overview regarding the patient's difficulties and needs to that service. We saw that staff dedicated time and commitment to carrying out this referral so that the patient was able to access timely mental health support. What we saw showed engagement with an external agency, and information being shared so that patient care could be safely transferred.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Managers told us that they have an infection prevention and control nurse who takes the lead role for the service on matters related to cleanliness and infection prevention. We met this lead nurse during our inspection who talked to us about their role and responsibilities. These responsibilities included being part of the provider's governance structure. We saw that an infection prevention and control annual report had been written and internal monitoring had identified areas where infection prevention could be improved. We were also provided with a copy of the provider's annual infection prevention and control annual work plan; this plan included a range of appropriate infection control measures such as internal audits, the provision of training and identifying infection prevention champions at each of the provider's locations. Having these arrangements in place means systems were in place to help prevent and control the spread of infection.

Managers told us that infection control training was mandatory for all staff. We saw a copy of the provider's mandatory training programme which confirmed infection training had to be undertaken by all staff on a yearly basis. This means that the provider was taking steps to ensure that patients, visitors and staff were protected from risks associated with the spread of infection.

We inspected several clinic rooms, several toilets and the reception area. Overall, the environment was clean and tidy. We saw a range of equipment was in place to help minimise the risk of any infections being spread; for example, we saw hand gels, soaps, paper towels, plastic aprons and plastic gloves for use. We saw hand washing facilities being easily accessible and clinic rooms had separate foot-operated bins for general waste, and clinical waste. Staff told us that they have a contract with an external cleaning company who provides daily cleaning to the practice, although clinical staff were responsible for cleaning down the clinical areas. The equipment which we saw to be in place shows that steps were being taken to protect people from the risks associated with infections and to help prevent the spread of germs.

We found some areas where improvements could be made. For example, we saw that the surface to one of the examination couches had a slight tear. Having such a tear means germs and dirt can get inside the couch and make it difficult to carry out a full clean. A small number of surfaces appeared a little dirty, and the frames to some of the examination couches were a little dusty. We spoke with staff about who was responsible

for cleaning the couch frames and there appeared to be a potential for them being missed as some cleaners might consider them as being part of the clinical area and therefore outside their remit. In the disabled toilets, we found there was no sanitary bin but when we pointed this out to staff it was immediately rectified. One metal surface in a clinic room had some old cellotape stuck to its surface which could catch both dirt and germs, and make it harder to carry out a full clean.

We spoke with three staff; no staff member had any concerns about the cleanliness of their working environment, or had concerns regarding infection control processes.

We also spoke with three patients and asked for their views about the cleanliness of the practice. None of the patients had any concerns regarding the practice's cleanliness. One person told us the practice was "clean and tidy". Another resident told us about when they had been physically examined the staff washed their hands and put gloves on.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The King Street Practice is located within a building which is shared by several health providers. This inspection focused specifically on the floor occupied by the GP and walk-in centre.

We toured the premises and found no obvious dangers to patients or staff.

We spoke with staff responsible for facilities management and were shown a range of records showing how the premises were being maintained. We saw the premises had an up to date legionella certificate and saw records which showed tests for legionella were carried out every six months. We were told that as part of legionella prevention, the premises' water temperature is checked on a monthly basis. We saw paper records which confirmed these checks had been carried out. Records were seen which showed regular cleaning and disinfecting of the water tank. What we were shown means appropriate measures were in place to protect those who have access to the building from the risks associated with unsafe premises.

We saw records of fire extinguishers being checked, and fire doors being tested. There was an up to date fire risk assessment; records showed fire evacuation practices were being carried out. This showed that the provider was ensuring the premises were being properly maintained so that visitors were protected from the risks associated with an unsafe building.

We saw a range of risk assessments had been carried out; these assessments considered the risks associated with trips, use of computer screens, and moving and handling. Carrying out such assessments means steps had been taken to protect visitors from potential hazards, and that the premises were being properly operated to help keep people safe.

We observed certificates showing that a range of checks had been carried out; for example, we saw the gas supply, heating, and electricity had been checked for safety. This means visitors were protected from the risks associated with unsafe premises and showed the property was being adequately maintained.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

The arrangements which the provider had in place regarding the governance and audit of professional training meant there was a risk that inappropriate care could be provided.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Managers told us that the service provides annual appraisals for its staff; we spoke with three staff members who confirmed this and told us they found them helpful. We were told that supervision is provided to staff in two ways: line management supervision, and clinical supervision. Managers told us they do not have any formal one-to-one line management supervision in place as they operated an 'open door' policy for its staff. Managers stated, however, that should any concerns arise they would provide a more formal one-to-one line management supervision arrangement if necessary. Managers said clinical supervision was provided to staff as part of their induction or when needed but the service was in the process of implementing a more structured clinical supervision arrangement which would take place at least six times a year. The provision of appraisals and supervision is important because they support staff to deliver care and treatment to patients in a safe manner, and to an appropriate standard.

We saw the provider had in place an up to date training development plan; we also saw a list of forthcoming training sessions related to, for example, safeguarding, fire safety and conflict resolution. What we saw means arrangements were in place to help staff receive on-going training and professional development.

All three staff members we spoke with felt they were supported by their employer. One staff member told us about how supportive the provider had been at helping their professional development, whilst another staff member told us they had "learnt a lot" whilst working at the practice. A different staff member said they were given "good learning opportunities".

Although we identified good practice in terms of appraisals and received positive feedback from staff, we did have concern regarding the training of some staff members, particularly the GPs. We reviewed the training records of seven randomly selected staff members, which consisted of five nurses and two GPs. The nurses' mandatory training, apart from some slightly overdue infection control training, was largely up to date. Some mandatory training of both GPs was, however, significantly overdue. In one GP's case, their

mandatory health and safety, and fire, training was overdue by approximately seven months; in the other GP's case their mandatory life support training was overdue by approximately eight months. When we raised this with managers we were told the matter had been raised with the GPs concerned but there was no record of such discussions and the GPs had still not carried out the mandatory training. It was a particular concern that mandatory life support training had been allowed to become so overdue especially given it being a walk-in health centre. This showed that their system of clinical governance had not been effective and risked care being delivered in a way which was not to an appropriate standard.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010
Treatment of disease, disorder or injury	Supporting workers
	How the regulation was not being met: The system of clinical governance and audit to improve the quality of service was not suitable (Reg 23) because mandatory training had been allowed to become significantly overdue.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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