

Review of compliance

WRS PMS Plus Ltd The White Rose Surgery	
Region:	Yorkshire & Humberside
Location address:	Exchange Street South Elmsall Pontefract West Yorkshire WF9 2RD
Type of service:	Doctors consultation service Doctors treatment service
Date of Publication:	September 2012
Overview of the service:	WRS PMS Limited is housed in a GP surgery and provides services including, patient consultations, medical investigation and surgical procedures.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The White Rose Surgery was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

The people we spoke with as part of the inspection were positive about the services that they receive. They told us that staff were polite, helpful and that they felt well informed and involved in their care. They were positive about the standard of care they experienced.

What we found about the standards we reviewed and how well The White Rose Surgery was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. However we found that the provider did not have effective arrangements in place to audit and review the resuscitation equipment in place should a patient emergency arise. The provider was not meeting this standard. We judged that this had a minor impact on

people using the service and action was needed for this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

We found that appropriate checks were not being undertaken before staff began work for the provider. The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

We found that the provider does not have an effective system in place to regularly assess and monitor the quality of service that people receive. The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with three patients as part of this inspection. All of them were positive about the experience they had at the service and about the attitude and caring nature of staff they encountered. We were told that reception staff were polite and efficient, and that people felt that they had been treated with dignity and respect. All of the people we spoke to told us that they felt they had been listened to by the consultant and also that they felt they were involved in decisions about their care and had any treatment explained to them in detail.

Of the three people we spoke to none of them were clear that their care was being provided by WRS PMS limited. They all stated that they were being treated by the NHS GP practice from which the service is operated. The provider should note that it should be clear to patients who is providing their care in order that they can make informed choices and also that they know whom they should complain to in the event that they wish to raise concerns about the service.

Other evidence

We reviewed the information provided to patients for a variety of the procedures that the service offers. These included endoscopy, hernia repair and carpal tunnel surgery. We found that the information provided to patient prior to their treatment was detailed

and clear in relation to the procedure being carried out. It detailed the risks and benefits of the treatment along with what the patient should do in preparation for their procedure and what aftercare steps should be considered after the procedure had taken place. The information sent to patients also included a detailed medical history questionnaire.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We spoke with three patients as part of this inspection. Two of the patients had undergone a previous procedure at the establishment. Both patients explained that they had been asked to give a full written and signed consent to the procedure and also stated that the procedure and its implications had been explained to them in full prior to them doing so. The people we spoke with told us that they understood the consent process and that the doctor gave them a full explanation of the risks and benefits of the procedure.

Other evidence

We reviewed the medical records of two patients as part of this inspection, both of which had undergone surgical procedures. We found that in both cases a full signed, dated and countersigned record of patient consent had been obtained prior to the procedure taking place.

Our judgement

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

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with three patients as part of this inspection. All of the patients were positive about the care that they received. One patient described the doctor she saw as 'brilliant with me' and another said that the doctor was 'understanding and helpful'. Both of the patients that had undergone procedures at the establishment told us that they felt they had been effective and that they were happy with the results.

Other evidence

We reviewed the medical records of two patients who had undergone medical procedures. In both cases it was clear that a full and detailed medical history was obtained from the patient prior to commencing treatment. The records also showed that pre operative checks on the patients health status were undertaken along with inter and post operative observations of the patients vital signs to ensure their wellbeing.

We were assisted in our inspection by the Quality and Performance Manager and other members of staff. During our inspection we asked about emergency transfer arrangements. Although the service explained that they had an emergency transfer policy they were unable to locate this during our time inspecting the service. This would question the access members of staff have to such a policy should they need to make reference to it.

We also reviewed the resuscitation equipment available to staff should it become necessary due to rapid deterioration of a patients condition. We reviewed two of the three 'crash trolleys' at the establishment. We found that one of the trolleys included a

checklist detailing precisely what items should be available on the trolley at all times in the event of an emergency. This trolley included all of these items, but this trolley contained some medications which had passed their expiry date. The other trolley we reviewed had a number of items missing from it when compared with the checklist and staff were unclear as to what this second trolley should contain. In addition some of the consumables on the trolley and a bag of glucose had passed their expiry date. Although we found a book that demonstrated these trolleys were being audited, our own review found that this audit was not effective in its current form. We spoke to a member of staff who explained that there was no formal regular audit of the resuscitation trolleys taking place.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights. However we found that the provider did not have effective arrangements in place to audit and review the resuscitation equipment in place should a patient emergency arise. The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is non-compliant with Outcome 12: Requirements relating to workers. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We did not obtain any information from patients about requirements relating to staff.

Other evidence

We reviewed the information the provider retains for the nursing staff it uses to carry on the activities for which it is registered with the CQC. We found that nursing staff who support the surgical activities of the provider are all provided by an agency. We found that the provider had sought evidence of assurance from the agency for all of the nursing staff supplied to them by the agency that they had; criminal records bureau checks, current valid professional registration, blood borne virus screening, life support training, safeguarding training and proof of identity.

We found that the medical staff who carry out patient consultations or surgical procedures are all provided either by Doncaster Royal Infirmary or are working for the provider under 'practicing privileges'. We found that at present the provider retains no evidence that the required pre-employment checks have been carried out for these medical professionals. As such we found that the provider had no evidence that these medical professionals had criminal records bureau checks, current professional registration, blood borne virus screening, up to date appraisal, indemnity insurance or proof of qualifications.

Our judgement

We found that appropriate checks were not being undertaken before staff began work for the provider. The provider was not meeting this standard. We judged that this had a

moderate impact on people using the service and action was needed for this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We did not obtain any information from patients about assessing and monitoring the quality of service provision.

Other evidence

We interviewed the Quality and Performance Manager as part of our inspection and also held a discussion with one of the directors of the provider. We found that at present there is no functioning governance structure in place for the provider. As a result presently no meetings take place at which governance issues such as complaints, incidents, survey results or audit results are discussed or actioned. A proposed governance structure has been drawn up but has yet to be signed off or implemented. In addition we asked about risk assessment that had been undertaken. We were shown the fire risk assessment for the premises which had been completed, however we found that risk assessments for the operating theatre, equipment, recovery and consulting areas had yet to be completed.

We examined patient surveys that the provider had undertaken. We found a large number of completed responses and also found that these were overwhelmingly positive in their assessment of the care received by patients. However this information has yet to be analysed or used to assess service quality by the provider. We also reviewed audits that had been undertaken in a number of areas of the providers practice including; urology, carpal tunnel surgery, biopsy and cataract surgery. We found that these audits were detailed and sought to assess the quality and success of

the services being provided. We found however that many of these audits were undated, and it was unclear what action if any had been taken as a result of them.

Our judgement

We found that the provider does not have an effective system in place to regularly assess and monitor the quality of service that people receive. The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People experienced care, treatment and support that met their needs and protected their rights. However we found that the provider did not have effective arrangements in place to audit and review the resuscitation equipment in place should a patient emergency arise. The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met: We found that appropriate checks were not being undertaken before staff began work for the provider. The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities)	Outcome 16: Assessing and monitoring the quality of service provision

	Regulations 2010	
	<p>How the regulation is not being met: We found that the provider does not have an effective system in place to regularly assess and monitor the quality of service that people receive. The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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