

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

The White Rose Surgery

Exchange Street, South Elmsall, Pontefract, WF9
2RD

Tel: 01977642412

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	WRS PMS Plus Ltd
Registered Managers	Mr. Raj Kumar Aggarwal Dr. Roger Stuart Quartley
Overview of the service	WRS PMS Plus Ltd is located within a GP practice in South Elmsall. The service provides consultations, investigations and treatments, including surgical procedures, for a range of conditions.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The White Rose Surgery had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

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 21 March 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We carried out this inspection to check that action had been taken to address the concerns identified during our last inspection carried out in August 2012.

During this inspection we found that action had been taken to address our concerns. We found the service had an emergency transfer policy in place to ensure people received appropriate and timely access to emergency care and treatment if required.

The service will be provided with copies of all the relevant pre employment check information which will be held on site within the service from April 2013 as part of the newly agreed contracts with the staff provider agencies.

We found that a governance structure had been agreed and implemented. We saw that the new groups had been formed and terms of reference agreed to take on responsibility for different aspects of the management of risk and improving the quality of the service.

As we had received positive feedback from people spoken with during our last inspection and were following up only on concerns identified in our previous inspection we did not speak with people who used the service during this 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

Care and welfare of people who use services

✓ Met this standard

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

During our inspection in August 2012 we identified that although the service told us they had an emergency transfer policy they were unable to locate this at that time. During this visit we asked for and received a copy of the Transfer and Discharge Policy. We saw the policy was approved by the Board on 24 December 2012 and was scheduled for review in September 2015.

The policy contained information about the action to take when people using the service needed to be transferred to another service. This could be either as a routine or an emergency referral to a hospital, or a referral to the care of other healthcare professionals such as the District Nursing service. Information included the need to involve people, their family or carers in making choices and decisions about their care and treatment prior to their transfer or discharge. The policy also contained information on the action to be taken in the event of an emergency. We found there were copies of the policy located on each of the emergency trolleys providing staff with access to clear guidance to ensure people received appropriate and timely access to emergency care and treatment.

During our last inspection we had found that the emergency resuscitation trolleys contained some medications and other items which had passed their expiry date. Also, although the trolleys were being audited, our own review had found that this audit was not effective. We reviewed the emergency resuscitation trolleys again during this visit. We found they each had a checklist of equipment that should be stored on each trolley. We checked expiry dates of all the medication on the trolleys and found them to be in date. Staff were familiar with the contents of the trolleys and able to explain the process for checking and replacing medication as it became close to its expiry date.

Although bandages were on the checklists there were none found on the trolleys. The staff explained this was because practice had changed and they now used tape instead of a bandage. We saw there was tape on the trolleys. The provider may find it useful to note that where there are changes to practice this must be reflected on the check list to ensure the correct equipment is in place. This is to reduce the risk of complications due to lack of

timely access to appropriate equipment in an emergency situation.

We saw there was a monthly audit of the emergency trolleys carried out by a nurse. The audit was in the form of a checklist of the contents of the trolleys and recorded when equipment was missing or out of date. The audit form did not record the action taken to rectify any problems found. We discussed this with the Registered Manager and the Quality and Performance Manager. They told us action would have been taken by the nurse at the time of the audit to ensure the correct equipment and medication was available on the trolley. They also told us they would ensure the audit form would include a record of what action was taken as further assurance.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During our previous inspection we found that the service did not retain evidence of the required pre employment checks such as criminal records bureau checks, current professional registrations or proof of qualifications that should have been carried out for medical professionals. To check this we reviewed the personal profile records for six medical practitioners working in the service. We found that not all sections were fully completed. We discussed this with the Registered Manager and the Quality and Performance Manager. They explained that the medical staff who carry out consultations or surgical procedures are all provided by either a National Health Service Trust or through other staffing agencies. They told us that this information was obtained and checked by these agencies prior to working with the service. Since the previous inspection, action had been taken to obtain copies of the required pre employment checks such as criminal records bureau checks, current professional registrations or proof of qualifications directly from the medical practitioners with some limited success. The Registered Manager and the Quality and Performance Manager provided assurance that the new contracts, agreed with the staffing providers, would provide the service with copies of all the relevant pre employment check information, which would be held on site within the service from April 2013.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

During our previous inspection we had found that the service did not have an effective functioning governance structure in place. We reviewed this during this inspection and found that a governance structure had been agreed and implemented. We saw that new groups had been formed to take on responsibility for different aspects of the management of risk and improving the quality of the service. We saw that terms of reference for the groups had been agreed. We reviewed the minutes of recent meetings of these newly established groups and saw evidence of discussions taking place on things such as complaints and incidents, survey results and audit results.

Although we saw evidence of audits and surveys being undertaken, we did not see any evidence of the data being analysed and the findings used for service development. We discussed this with the Registered Manager and the Quality and Performance Manager. They explained it was their intention to do this as part of their agreed audit cycle as the data gathering part of the audit was completed. We saw a document which confirmed the audit would produce a final report which would, amongst other things, "Identify conclusions about performance and need for changes in practice."

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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