

***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 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
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	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 clinics for pain management and orthopaedic conditions. The clinic also performs surgery such as carpal tunnel and cataract removal. The service is based near to the centre of South Elmsall and is situated at the end of a public car park. There is disabled access.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical 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 11 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with six patients, who visited the clinic on the day of our inspection. Patients told us they were very happy with the care and support they received. They told us before any treatment was considered their consent was sought. They made comments such as, "I am always asked if I understand and am ok with things." "They are all really helpful and professional here."

Patients told us they felt included in their consultations and that they felt that they were well cared for by staff at the clinic. One person told us "I have always felt they really care about you."

Patients commented that they thought the clinic and practice building were clean.

We reviewed the recruitment and selection processes for new staff and found them to be robust. This ensured that patients were supported by suitably qualified, skilled and experienced staff.

Patients told us that they had not had any need to complain; but if necessary they would speak to the practice manager, doctor or the nurse directly.

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

All of the patients we spoke with told us they felt included in every consultation they had with the doctors and nurses. Comments we received included "Everyone is very approachable here." "All of the doctors are easy to talk to, you can ask them anything." And "I have always felt that I was a partner in any decisions made about my care and treatment."

We looked at the records of patients receiving treatment at the service. We saw that detailed information was held and this was individualised and they were completed at each visit. We also saw that patients had their treatment or surgery explained to them and their decisions were recorded. We saw that patients who attended the clinic all had a patient agreement to investigate or treatment record in place. We saw that all these records had all been agreed and signed with the individual person giving their consent to be treated.

We saw a variety of leaflets were available to patients giving them information in areas such as for example cataract surgery. We asked patients who used the service about the information they were provided with prior to and when they started treatment. They told us that they had received all of the information necessary for them to understand the treatments or surgery options and possible side effects. This was important to ensure that people had all the information they needed to make decisions about their treatment and to protect their rights.

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

Patients we spoke with told us that they were very satisfied with the care and treatment they received at the clinic. They told us that they felt well cared for and made comments such as, "The nurses are so friendly and helpful and really go out of their way to make you feel at ease and make sure you are comfortable." And "We are really lucky to have such a great service on our doorstep. When you are in a lot of pain it is good not to have to travel so far."

We looked at four patients' records. We saw that pre-assessment forms were completed prior to any treatment or surgery, these included patients medical history, medications and any allergies, which may cause any side effects, were recorded. Patients had also been asked if there were any changes to their health at each visit by staff and this had been recorded. This ensured that patients were not put at risk from any treatments they may have. We saw in each record a completed pre-assessment form, a patient pathway record and a patient summary completed by the consultant. There was also a signed patient consent form. All the necessary risk assessments had been completed. We saw from the records we looked at, that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw that there were procedures in place at the clinic which staff would follow in cases of emergency. There were arrangements in place to deal with foreseeable emergencies.

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 protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The patients we spoke with all told us they had found the treatment rooms and waiting areas to be clean whenever they visited. One commented to us "You get the impression the cleaning is very well organised and kept up to."

During our tour of the clinic we saw all treatment rooms had soap and disposable hand towel dispensers available and we were told all examination couches were cleaned in between use and disposable paper couch roll was used.

We saw there were arrangements in place for the removal of clinical waste and sharps from the premises on a regular basis. This meant patients could be assured the practice worked hard to reduce the risks and spread of infections associated with clinical waste.

There were effective systems in place to reduce the risk and spread of infection. The clinic had policies and procedures in place for the prevention and control of infection. The clinic had cleaning and sterilisation processes in place that followed best practice guidelines and we saw that these were regularly monitored and audited to ensure these processes were maintained .

The clinic employs cleaners who were responsible for cleaning all areas of the clinic including waiting areas, theatres and consultation rooms. We noted that colour coded cleaning equipment was available and colour coded labels were used to identify areas and the equipment to be used for cleaning those areas. Cleaning liquids were stored in a locked cupboard. We saw that that they had a set routine for tasks each day and that they worked to cleaning schedules. We saw the schedules for daily and weekly cleaning, which had been signed by the cleaning staff when the work had been completed.

The provider told us that staff had received all of the immunisations required for working in practice, this included Hepatitis B. We saw procedures were in place as to how staff would respond to, incidents such as needle stick injuries and blood spillage; these met with the guidance.

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

The patients we spoke with all felt the doctors and nurses were capable, competent and knew what they were doing. They made comments such as, "The doctor is very good. He goes through things making sure I understand." And "The nurses seemed well trained and up to date with things. They quickly sorted out a problem with my treatment today, without any fuss."

We saw that there was a recruitment and selection process in place. We looked at four staff recruitment records. These included application form, interview records, providing references and completing a Criminal Records Bureau (CRB) disclosure. We saw evidence of applications, interviews and CRB applications on the most recent recruits. However, the provider should note that we found examples where the recording of the recruitment process needed to be improved. This was discussed at the time of our inspection.

We saw evidence of an induction process and mandatory training completions. We saw further evidence of mandatory and professional training updates in the nurses Continuing Professional Development files.

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 saw that the provider had systems in place to address complaints. We observed that there were leaflets available and information displayed that informed people what to do if they were unhappy about the service they received.

We saw that patient satisfaction questionnaires were sent out following treatment. This was to ascertain the quality of care received. The provider showed us how they use information received from the surveys to further develop and improve the service.

Patients told us that they felt comfortable raising any concerns with the staff. They made comments such as, "I would not have any problem telling them if I was not happy. I have never had to, but I get the impression that it would be sorted out with quickly." And "They are proud of what they do here. They want to get it right."

Patients we spoke to told us the information provided was good and that they were happy with the service and knew who they needed to speak with about any concerns or complaints they may have.

Staff told us that they would try immediately to rectify any "concerns or grumbles" raised with them straight away if it was within their remit. They said they would always signpost patients to the clinic's complaints procedure and ask the patient if they would like to speak to the manager.

We looked at the complaints that had been raised with the clinic. We saw that these were dealt with promptly and that the complaints were dealt with in a timely manner. However we found that one of the complaints we reviewed had not been responded to at the conclusion of the complaint. The provider may wish to note that complaints should be fully responded to ensure that the complaints process is robust and information provided to the complainant in a consistent way.

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.

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