

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

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr William Porter
Overview of the service	Dr. William Porter is a single handed GP practice providing primary medical services to the local community.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an 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 16 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

On the day of our inspection we spoke with five patients and five members of staff. One patient said, "He is a perfect gentleman, he went out of his way to help my wife." The patients we spoke with said they were able to obtain appointments at a time to suit their needs and that they did not have to wait long once they arrived at the practice.

We saw that patient's views and experiences were taken into account in the way the service was provided and that they were treated with dignity and respect. One patient told us, "I have never had any reason to make a complaint." We saw that patients experienced care and treatment that met their needs. Patients told us and we saw that care was delivered in a clean environment.

There were good systems in place to ensure patient's medication was reviewed regularly. The patients we spoke with said that good explanations of their medication were always given.

There were good systems in place to assess and monitor the quality of service that people received.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected.

Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. One patient said, "The doctor takes his time to explain everything to me." Another patient told us, "He gives explanations." We saw that staff spoke with patients in a friendly and courteous manner both on the telephone and in person at the practice. We asked staff how they involved patients with communication difficulties in their treatment planning. The staff we spoke with told us that they had access to a translation service for people whose first language was not English. The practice had a hearing loop system installed for patients with hearing difficulties. We saw that supporting literature was available in large print for patients with visual impairment. This meant that the practice used a variety of methods to ensure that they were able to communicate effectively with their patients.

Patients who used the service were given appropriate information and support regarding their care or treatment. All of the patients we spoke with said that the GPs and nurses gave them supporting written information when necessary, to aid their understanding of their condition and treatment options. One patient told us, "Not a bad thing to say about the doctor, he has always been brilliant." The doctor said, "My patients come and tell me what they want, they have often done their own research, this helps them to own the decisions made." This meant that patients felt supported in relation to their care and treatment.

We saw that patient's dignity and privacy were respected. Consultations took place in private rooms behind closed doors. There were privacy curtains available to screen off couches in the consultation rooms and patients told us that they were used. The staff we spoke with explained that they always offered people a chaperone or another member of staff of the same sex when performing intimate examinations. Patients we spoke with confirmed that they were offered a chaperone if an examination was required. This meant that patients felt their dignity and privacy were respected during consultations. The provider may find it useful to note that delivering a structured program of training to the reception staff on chaperoning would improve this.

The consulting rooms were on the ground floor of the practice making them accessible to patients with reduced mobility. We saw that access to the practice was suitable for patients who used a wheelchair and there were designated disabled car parking spaces outside the practice. This meant that the practice had made arrangements to ensure that care and treatment was provided to patients with regard to their disability.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs

Reasons for our judgement

Patients experienced treatment, care and support that met their individual needs. All of the patients we spoke with said that they were able to obtain appointments at times that suited them. They told us that they did not have to wait long before being called for their appointment once they arrived at the practice. They told us that they felt they had enough time within their consultations and did not feel rushed. One patient said, "He doesn't rush."

Patients we spoke with were happy with the care and treatment that they had received. One patient said, "They know you as a person not just a number." Another patient told us, "I am quite happy with the surgery." We observed the reception staff being polite and very patient with someone at the desk. This meant that patients felt well cared for.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. We saw that systems were in place to ensure continuity of care for patients with a terminal illness when the practice was closed. The GP explained how they liaise with the community teams and provide comprehensive hand overs to ensure patients receive continuity of care. This meant that patient's with critical care needs received continuity of care outside the opening hours of the practice.

There were arrangements in place to deal with foreseeable emergencies. We saw there was emergency medical equipment and medication at the practice and staff had received training in their use. We saw that the emergency medication was in date and there were systems in place to ensure that it was checked regularly by the nursing staff. This meant that there were appropriate arrangements in place to deal with medical emergencies.

There were emergency plans in place in the event of a fire. Staff were aware of how to keep patients safe and informed us that fire drills were performed regularly.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of the inspection the practice was clean. The patients we spoke with said that the reception area and consultation rooms were always clean. One person told us, "It has always been clean."

There were effective systems in place to reduce the risk and spread of infection. Staff told us that personal protective equipment such as gloves and aprons were readily available and we saw that this was the case. Patients confirmed that staff wore this protective equipment when needed and that the doctors and nurses washed their hands and wore gloves when necessary. Hand cleaning gel was available for staff and patients throughout the practice.

There was a designated infection control lead for the practice. There were arrangements in place for another member of staff to provide advice when the designated lead was not available. We saw that there was an appropriate infection control policy and that staff knew where to locate it. The practice manager was aware that their infection control audit was out of date and told us that she would ensure this was completed. This meant that the practice had systems in place to protect patients from the risks of infection.

There were systems in place for the safe removal of clinical waste and sharps such as needles. We saw evidence that their disposal was carried out by a suitable company. We saw that guidelines were displayed for staff to inform them what to do in the event of a needle stick injury and staff demonstrated a good knowledge of this. Clinical staff told us that they had received the relevant immunisations and support to protect them from the infection risks posed to them. We saw documentary evidence of this. This meant that the provider had taken reasonable steps to protect staff from the risks of health care associated infections.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were prescribed and given to people appropriately. All of the patients we spoke with said that they were given clear explanations about their medication including when to take it, any possible side effects and its purpose. They told us that their medications were reviewed regularly. One patient told us, "He likes to bring me back to let him know how I am getting on." This meant that patients felt they received sufficient information and monitoring of their medication.

The doctor explained and we saw the computer system that highlighted drug interactions and gave appropriate medication prompts in relation to patient's diagnosis. This system also highlighted when a patient's medication was due for a formal review. We saw an example of how a patient's medication had been reviewed and recorded on their records. This meant there were systems in place to ensure ongoing monitoring of patient's medication.

There is a designated practice pharmacist who reviews prescribing patterns and does medication audits. The results of these audits and recommendations are then discussed with the doctor. The provider may find it useful to note that minuting these meetings and discussions would provide a useful evidence base to demonstrate actions taken.

We saw that medications that required refrigeration were stored appropriately and at the correct temperature. Monitoring checks of the fridges had taken place daily and we saw written evidence of this. The medications and dressings held on site were all in date and stored appropriately. The provider may find it useful to note that locking the storage room would ensure the safekeeping of medications. There were no controlled drugs stored on site.

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 patients received.

Reasons for our judgement

We spoke to patients but their feedback did not relate to this standard.

There were established quality monitoring systems in place. The practice audits consultation rates, appointments, access, A and E attenders and home visits. Results of these audits are discussed at regular practice meetings which we saw written evidence of. There was evidence that actions had been taken in response to these audits to improve the quality of care given to patients.

There was evidence that learning from incidents and complaints took place and appropriate changes were implemented. We saw evidence that both incidents and complaints were analysed and improvements required discussed at their practice meetings. This meant that the practice had a culture of learning and made appropriate changes to practice to improve the service they delivered to their patients.

The practice was in the process of setting up a patient participation group. We saw the November patient survey results which gave positive feedback.

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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