

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

## Bentham Road Health Centre

Bentham Road,, Blackburn,, BB2 4QD

Tel: 01254617474

Date of Inspection: 05 February 2014

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Cornerstone Healthcare CIC
Registered Manager	Dr. Adam Black
Overview of the service	Bentham Road Health Centre provides general medical services and minor surgical services for people of all ages. The practice has a Christian foundation although all people who use the service are treated equally. The health centre is located in a residential area in Blackburn.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our inspection we spoke with two people who had attended for appointments, four members of the Patient Participation Group (PPG), one GP, the practice manager, a practice nurse, a health care assistant, the site manager, the chaplain employed to work in the practice and two members of reception staff.

People told us they were fully involved in discussions and decisions about their treatment and said they were listened to by the doctors and nurses in the practice. Comments included, "The choices I had for my treatment were all discussed" and "Staff are nice; they listen to you".

People were very satisfied with the way they were treated by staff. The comments they made to us included, "Staff are all totally caring and professional" and "Staff don't look at you funny because of your age; they just look at what you are here for".

The practice had policies in place in relation to safeguarding children and adults. Staff had undertaken appropriate training and were aware of the action to take should they have any concerns about people who attended the practice.

Staff told us they enjoyed working at the practice and felt supported by other members of the team. Comments included, "It's wonderful to work here" and "We all care for each other and work well as a staff team".

The provider had appropriate systems in place to monitor the quality of service provision. We found people's views had been taken into account in the way the service was provided.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People we spoke with told us they were fully involved in discussions and decisions about their treatment. They said they were always listened to by staff in the practice. The comments people made to us included, "The choices I had for my treatment were all discussed" and "Staff are nice; they listen to you".

People were provided with a wide range of information in the reception area of the practice and on the web site. This included information and advice about the practice, health improvement, complaints procedures and specific health conditions. Information about community resources available to support people with a wide range of issues was also on display.

Both staff and patients confirmed to us that all consultations and treatments were conducted in private. We saw a screened area was available at the reception desk. This meant people's rights to confidentiality and privacy were maintained.

We spoke with three members of clinical staff, including one GP. They all told us they understood the need to seek consent from people before providing any treatment. One staff member told us, "I always explain things and invite questions from people before I do anything. I treat people as I would like to be treated". The GP described the consultation model he used which was intended to focus on people's ideas and expectations and used phrases such as 'what were you expecting to happen today?' This meant people were involved in identifying what their preferred treatment options were.

The practice had a 'consent to treatment' policy in place. This policy provided guidance for staff as to how they should ensure they gained informed consent from people. We saw this policy referred to relevant legislation and guidance. This should help to ensure people's rights were upheld.

The practice provided a 'chaperone service' which was available to protect people who attended for appointments. Information about this service was clearly displayed in the practice. Records we looked at showed us staff who undertook this role had undertaken training to help them understand responsibilities of a chaperone during a consultation with a doctor or nurse. This meant systems were in place to ensure people's choices, dignity and privacy were respected.

People who used the service were informed that the practice was a training practice for GPs and medical students. People we spoke with told us they had been asked for their consent before trainees were involved in their consultation.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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All the people we spoke with told us they were very satisfied with the treatment they received at the practice. Comments people made to us included, "Staff are all totally caring and professional" and "Staff don't look at you funny because of your age; they just look at what you are here for".

People told us they could always get an appointment to meet their needs. We found people could be offered same day appointments, book ahead appointments or a telephone consultation with a clinician, depending on their medical condition. The practice offered extended hours surgeries two evenings per week and on Saturday mornings.

On the day of our visit we saw an 'expert programme' for people with diabetes was being held in the practice. We were told regular workshops were held on other health related topics. These were available to all members of the local community.

We found the practice offered a range of non-medical services including bereavement counselling and the services of a chaplain who was able to support people in dealing with personal and social issues.

The practice used an electronic record system. This meant people's information could be securely shared between reception staff and health care professionals and the system could be updated following people's appointments. We found there were systems in place to offer people health screening appointments and regular reviews of their prescribed medicines. This meant people who used the service experienced safe, effective and appropriate care and treatment to meet their needs.

We found the practice had appropriate equipment to support people in the event of a medical emergency, including oxygen and emergency drugs. Records we looked at showed us staff checked the equipment and drugs on a regular basis.

We saw all staff had completed training in basic life support. However the provider might wish to note not all staff had completed annual refresher training. Following the inspection visit the practice manager sent us evidence that a training session had been arranged in

March 2014 for those staff who required refresher training. This should help ensure staff were able to respond appropriately in the event of an emergency.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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All the people we spoke with told us they felt safe when they visited the practice. One person told us, "The staff are kind and put you at your ease. Without a doubt I feel safe when attending here".

We found staff had access to policies in relation to safeguarding children and vulnerable adults. Step by step instructions for reporting concerns were on display in all clinical rooms and in the reception area of the practice. These should help ensure staff were aware of the action to take should they have any concerns about people who visited the practice.

We discussed the systems in place to safeguard children and adults with six members of staff. All the staff we spoke with told us they were confident they would recognise potential indicators of abuse and understood their responsibility to report any concerns. All staff we spoke with were aware of the lead person for safeguarding in the practice and how they could be contacted.

We found staff had completed safeguarding training at the appropriate level for their role. This should help ensure they were aware of the appropriate action to take in order to protect people who visited the practice.

Staff were provided with a handbook which included information about the whistle blowing (reporting poor practice) policy which was in place. All the staff we spoke with told us they were aware of the policy and would feel able to report any concerns they had to the GPs or the practice manager. However the provider might wish to note the policy did not make it clear what procedure staff should follow if they had any concerns about a person's practice or how they might be protected during this process. This meant there was a risk staff would not be clear about the actions they should take if they had concerns regarding poor practice.

We found employment checks had been carried out for all clinical staff. Following the inspection we were sent a copy of the policy which highlighted the roles in the practice requiring checks to be undertaken with the Disclosure and Barring Service (DBS). This

should help protect people from unsuitable staff.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People we spoke with told us they were confident in the skills of staff employed in the practice. Comments included, "Staff are all totally caring and professional", "Staff seem knowledgeable; if you have a question they will find out the answer for you" and "I am confident staff have the right skills; I have always had the right treatment".

We asked five staff about their experience of working at the practice. All told us they enjoyed working at the practice and felt supported by other members of the team. Comments included, "It's wonderful to work here" and "We all care for each other and work well as a staff team".

We looked at records which showed us staff had been supported to attend training relevant to their role, including safeguarding and information governance. Staff told us they were always able to seek informal support from both the practice and site manager and any of the GPs. A system of annual appraisal was also in place. This should help ensure people were treated by competent staff.

Staff had access to a range of policies and procedures to support them in their work. All staff were provided with a contract of employment and a staff handbook. This should help make them aware of their role and responsibility within the organisation. They told us they were kept up to date and encouraged to share their views and opinions at regular meetings.

## 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

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### Our judgement

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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.

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### Reasons for our judgement

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We saw the practice had been awarded the Quality Practice Award (QPA). This is an external award that assesses people's experiences and uses the information to improve people's care.

We found a Patient Participation Group (PPG) had been developed by the surgery. A PPG is made up of a group of volunteer patients and practice staff who communicate regularly to discuss the services on offer and to discuss how improvements can be made for the benefits of the local patient population and the practice. We saw the practice website and patient leaflet included information about how people could become involved in this group.

We looked at minutes from the most recent meeting of the PPG in December 2012. We saw evidence that action had been taken as a result of comments made by people who used the service. This included improving the information given to people about the appointment options available to them. This meant people's views were taken into account in the way the service was run.

We saw evidence a patient survey was undertaken in 2013. Results of this survey were displayed on the surgery's website and showed people were positive about the treatment they had received. Comments included, "The practice could not be better" and "Excellent, friendly, reliable and clean surgery. Staff are fully experienced and trained. They are very helpful at all times". Over 76% of people who responded to the survey stated they would recommend the practice to a friend.

We found the surgery had a complaints procedure in place. People we spoke with told us they would feel comfortable in raising any concerns they had with the GPs or the practice manager. Information about people's right to complain was also displayed on a noticeboard in the reception area of the surgery. This should help ensure people were aware of who to contact should they be unhappy with the treatment they had received.

We found there was a system in place to record and investigate any complaints received.

Records we looked at showed any complaints had been dealt with in accordance with the policy.

Systems were in place to identify, assess and manage risks related to the service provided through a series of internal checks and audits. There was a process to deal with any incidents that had occurred. We found incidents were discussed at meetings and actions taken to improve practice.

The practice participated in the quality and outcomes framework system (QOF). This is an annual, voluntary performance assessment system used by the NHS to measure GP's performance in a number of clinical and non-clinical measures. Information was used from this assessment to develop and improve the service. We saw evidence that performance against this system was regularly discussed and reviewed. We were told the practice was on target to meet all outcomes.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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