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

Eastfield Medical Centre

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Date of Inspection: 11 February 2014
Date of Publication: March 2014

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

Requirements relating to workers  ✔ Met this standard
Supporting workers  ✔ Met this standard
### Details about this location

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<tr>
<td>Registered Manager</td>
<td>Dr. Elizabeth Noble</td>
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**Overview of the service**

Eastfield Medical Centre is on the outskirts of Scarborough in the Eastfield estate. It has a practice population of approximately 7,500 patients. There are four General Practitioner (GP) partners who are supported by a team of two salaried GPs, a community nurse practitioner, two practice nurses, two healthcare assistants, a practice manager, reception and administration staff.

**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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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Eastfield Medical Centre had taken action to meet the following essential standards:
- Requirements relating to workers
- Supporting workers

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 and talked with staff.

What people told us and what we found

We spoke with the practice manager, a GP and three members of staff as part of this inspection. We checked the recruitment records for three members of staff and the training records of four staff.

At the last inspection we had made compliance actions in respect of requirements relating to workers (recruitment) and supporting workers. At this inspection we saw that there was a new recruitment system in place and it had been used effectively to appoint staff. We saw evidence of this in the staff files and from speaking with staff. There were effective recruitment procedures in place which ensured staff were employed with the appropriate qualifications, skills and experience necessary for them to carry out their role.

The practice had developed individual training programmes for staff and annuals appraisals were in place. Staff had received appropriate professional development and training to ensure they could meet the needs of the patients who used the service. Staff were positive about the support they received, comments included "I've had good support" and "I've recently had training for fire safety and other training is planned".

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

<table>
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<th>Requirements relating to workers</th>
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<td><strong>People should be cared for by staff who are properly qualified and able to do their job</strong></td>
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### Our judgement

The provider was meeting this standard.

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

### Reasons for our judgement

Appropriate checks had been undertaken before staff began work.

We spoke with the practice manager, a GP and three members of staff as part of this inspection. We looked at three staff files, including those of new staff members, other records and documents relating to recruitment and induction. We also reviewed the plan the provider had sent us detailing what actions they would take to become compliant.

In the files we looked at there was a recruitment checklist in place. The checklist included verification of identity, qualification checks, employment history, references and Disclosure and Barring Service (DBS) checks (formally known as Criminal Record Bureau checks). This helped the provider ensure all appropriate checks were in place before the staff member started work.

We saw that in the staff files we looked at the checklists had been completed and there was the relevant information in each person's file. Proof of identity including photographic evidence had been filed together with DBS checks and references from previous employers. There were satisfactory references in place which were in line with the surgery's own recruitment policy.

Application forms or CVs recorded the staff's education, qualifications and their full employment history. There were copies of job descriptions and signed contracts in the files. There was information about registration with professional bodies in the files of clinical staff. The service had ensured that staff had the qualifications and skills necessary to care for their patients.

There were records that showed staff had completed an induction programme. There was an "Employee Induction Pack" in place for staff which had been reviewed in 2014. The induction included a tour of the building, key policies and employment policies. One person said "I had good support when I started, I worked alongside existing staff".
The staff we spoke with explained the recruitment process they had undergone to obtain their jobs. They confirmed they had been interviewed and that employment checks had been requested and received.

There were a number of policies and procedures in place to ensure staff were recruited appropriately and had the relevant qualifications in place. Polices we saw included "Professional membership renewals procedure", "Recruitment qualification checking for healthcare professionals, “Employment of offenders / Disclosure and Barring Service policy” and a recruitment policy. These had been created or updated since our last inspection. We noted that the recruitment policy did not include a requirement for DBS checks however there was a separate policy that stipulated this.
Supporting workers

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

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development and training.

At the last inspection in September 2013 we found that there were not suitable arrangements in place to ensure staff had received appropriate professional development and training. We had noted from training records that staff had not received recent training in a number of areas including infection control, fire safety and the safeguarding of vulnerable adults and children. We were told that some staff had attended training but there were no records available for us to view.

At this inspection we reviewed the surgery’s action plan, looked at training records, notes of staff meetings and records of staff appraisal together with discussions with a GP, the practice manager and three members of staff about training and support.

We saw from the records and staff told us that 19 of the 31 staff had received fire training since our last visit. The surgery had also held a training session in October 2013 covering basic life support which had been attended by both clinical and non-clinical staff. This training helped to ensure that all staff knew what to do should an emergency arise.

All clinical staff and "Housekeepers" had been issued with an infection control workbook called "Preventing infection workbook and guidance for general practice". We saw some evidence that staff had completed this and it was recorded in their file. The lead for infection control and one of the two cleaners had also completed training about the control of substances hazardous to health (COSHH). No training had been provided for non-clinical staff about infection control. The provider may wish to note that non-clinical staff may not have understood or been up to date with the implementation of current infection control procedures due to a lack of training. The infection control lead told us they would contact their external infection control advisor and arrange for appropriate training to take place.

We were told that three of the GPs had completed level three child protection training. We saw evidence in the training records that two of the GPs had completed this training. The manager said they would send us the training record for the third GP following the
inspection. Clinical staff had received adult and child safeguarding training and we were told training was planned for the non-clinical staff before the end of February 2014. Staff confirmed this when we spoke with them. We have asked the provider to inform us when the training is completed.

The manager showed us the individual training matrices they had developed for each staff member which were held in their files. This helped ensure that the training was role specific and could be monitored for each person. The manager also showed us a draft mandatory training matrix which was in development for the practice as a whole. This included specific training for each staff group and how often staff should complete the training. It was based on the individual training matrices. Following the inspection the manager confirmed that the GPs had approved the matrix at their practice meeting. Additionally a staff member had been identified to oversee and monitor the training requirements for all staff. The practice had a system in place to ensure all staff received the required training.

We noted that staff had continued to access additional training that was relevant to the care needs of the patients who used the service, for example, smoking cessation, immunisation and information governance. All the staff we spoke with told us they had received recent training. Comments included: "I did confidentiality, fire safety and life support recently" and "I have done adult safeguarding level two".

We saw records that indicated that staff had an annual appraisal. Since the last inspection clinical staff had received supervision which included observation of practice. The supervisions and appraisals were formally recorded and any training and development requirements noted.

The manager and staff told us there were staff meetings. We saw copies of nurse meetings and practice meetings. The practice meetings were weekly and these had been formally recorded up to 3 January 2014. Staff said they felt they could raise issues for discussion at the meetings and they felt well supported.
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.
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.
### (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.