

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

Teehey Lane Surgery - A Sagar

66 Teehey Lane, Wirral, CH63 2JN

Tel: 01516082519

Date of Inspection: 08 January 2014

Date of Publication: February 2014

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
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✗ Action needed
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Teehey Lane Surgery - A Sagar
Registered Manager	Dr. Mohammad Salahuddin
Overview of the service	<p>Teehey Lane Medical Centre has four GPs, a practice manager, a practice nurse, two health care assistants, a phlebotomist, physiotherapist, counsellor and pharmacist supported by reception and administrative staff. A midwife and health visitor are based at the service. The service treats people of all ages and provides a range of medical services. A range of clinics are provided.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Requirements relating to workers	11
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	16
<hr/>	
About CQC Inspections	18
<hr/>	
How we define our judgements	19
<hr/>	
Glossary of terms we use in this report	21
<hr/>	
Contact us	23

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 unannounced inspection.

How we carried out this inspection

We carried out a visit on 8 January 2014, observed how people were being cared for, talked with people who use the service and talked with staff. We talked with commissioners of services and were accompanied by a specialist advisor.

What people told us and what we found

We spoke with seven patients who told us they were happy with the consultations they had with their GP. They said they had time to discuss their concerns during the consultation and that treatment, tests and test results were explained to them. They said they were able to get an appointment when they needed one. They described the service as accessible, comfortable and clean. They said that staff were respectful, helpful and polite. Some comments made about the service were:-

"It really works very well."

"I get seen when I need it and the doctor listens to what I have to say."

"It's very, very good. "

"I am never rushed. I was in an appointment for half an hour today."

"I am very happy with the service provided."

"The receptionists are polite and friendly."

We found that patients were respected and involved in the service provided to them.

There were practices in place to ensure patients experienced care and treatment that met their needs.

We found that the service had quality assurance systems to ensure patients were fully protected from risks to their health, welfare and safety.

We found improvements were needed to the systems in place to assess the suitability of staff for their role.

We also found that improvements were needed to how the provider demonstrated that all staff were appropriately supported in relation to their roles and responsibilities.

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

What we have told the provider to do

We have asked the provider to send us a report by 02 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

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

Reasons for our judgement

We looked at how the service respected and involved patients. We spoke with seven patients who told us they were happy with the advice and treatment provided. They said that they had enough time to discuss their health concerns and that any treatment or tests were clearly explained. They said they were seen in a private treatment room and that all staff were respectful towards them.

We found that the views of patients were listened to. For example, the last survey by the service of patient satisfaction had indicated that patients considered the waiting area needed modernisation. There was also some concern that patients could hear other patients talking to reception staff. Since the survey a refurbishment has taken place which has made the waiting area bigger, more modern with the reception situated further away from the patient's seating area. The manager informed us that the next survey would address whether patients considered this to better promote privacy. They also informed us that they would put a sign up in the reception area offering patients the opportunity to talk to reception staff in a private room.

The last survey had identified that some patients could wait up to fifteen minutes after their appointment to be seen and that it was sometimes difficult to get through on the phone. We observed that telephones were answered promptly. We also saw that there was a good flow through of patients with patients not waiting for long periods to see a GP.

An information leaflet about the service was provided to all patients. This included information about opening times, extended hours services, how to make appointments and clinics available. This leaflet needed to be updated and the manager said that a more comprehensive patient information booklet was in the process of being produced. We saw that useful information about health screening services, medical conditions and support groups was displayed. The service also had a website for patients to refer to.

The patient information leaflet and website for the service indicated that appointments could be made by telephone or on - line. Home visits were made available to patients who

were housebound or too ill to visit the service. An extended hour's service was available two evenings a week. We saw that each GP set aside appointments to ensure patients could be seen if they required urgent attention. For emergencies outside normal working hours patients were referred to the NHS Direct, the Walk-in Centre and the Out of Hours service.

We observed that patients were seen in private. We were informed that a chaperone would be provided during the consultation if a patient requested this or if this was needed to promote their dignity and well-being. Information about chaperones was contained in the patient information leaflet. However, the provider may find it useful to note that this was not displayed in the waiting area for patients to refer to. Any staff who acted as chaperones had received training around this.

The seven patients we spoke with found the service accessible. Facilities for people with a physical disability were available. Interpreting services were available and the manager reported these were accessed as required.

The practice manager confirmed that the staff had been made aware of the importance of confidentiality and any recorded information relating to patients was held securely.

A newsletter was produced three times a year and provided information about services being offered such as vaccination programmes and clinics and any changes to the operation of the service or to staffing.

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

Our judgement

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.

Reasons for our judgement

We spoke with seven patients who told us they were happy with the consultations they had with their GP. They said they had time to discuss their concerns during the consultation and that treatment, tests and test results were explained to them. They said that where needed they were given written information about health conditions. All said that they were able to get an appointment when they needed one and that they were generally able to see the GP they requested to see. Some comments made about the service were:

"It really works very well. I'm seen in a reasonable time. A referral on is made if needed. There is a nice comfortable waiting area and the staff are nice."

"I get seen when I need it and the doctor listens to what I have to say."

"It's very, very good. They fit me in quickly for an appointment. I get enough time. I'm always satisfied."

"I am never rushed. I was in an appointment for half an hour today."

"I am very happy with the service provided."

"The GPs are very good at picking up health concerns and getting you the treatment you need."

The practice manager and one GP spoken with told us that patients registering with the service completed a health questionnaire which provided important information about their past medical history, current health concerns and lifestyle choices. The service offered new patients a consultation with a nurse or GP so that their individual needs were assessed and access to support and treatment was available as soon as possible. Patients' notes were requested from their previous GP to ensure continuity in care and treatment.

The service had electronic records in place to describe the contact patients had with the service and the actions taken to provide appropriate care and treatment. These included a record of patients' test results and referral letters. The GP spoken with explained to us the systems in place to ensure that patients' health care was monitored following a particular diagnosis or hospital discharge. They told us how they worked with other agencies to support continuity of care for patients. The out of hours service was provided with information about patients who may come to their attention such as those who required support with end of life care. We found good systems in place to ensure that patients were re-called in for reviews of chronic diseases. The electronic system also alerted the clinical

staff if any tests were due or if a patient was a vulnerable adult or child.

The service had a continuity plan in case of emergencies such as a failure in the electricity supply or the computer system. We found procedures in place to keep people safe. The service had equipment to support people in the event of a medical emergency. The registered manager of the service and a nurse spoken with confirmed that regular checks were made of emergency equipment to ensure it was in good order. Records showed the nursing staff regularly checked the emergency drugs and vaccinations were in date and rotated. Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR) and training records confirmed this.

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

Our judgement

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.

Reasons for our judgement

The service had a designated safeguarding lead who attended regular meetings with the safeguarding lead from the commissioning organisation. This established link meant that advice and guidance could be easily sought as needed.

All GPs, the practice nurse and health care assistants had been provided with safeguarding training from the Clinical Commissioning Group (CCG). The practice manager reported that training for reception and administrative staff was planned and would take place within the next six months. The GP, practice manager, health care assistant and reception staff spoken with were able to describe what actions they would take if they had any concerns about the welfare of a child or a vulnerable adult.

The local safeguarding authority (Wirral Borough Council) policy and procedures for safeguarding children and adults were available electronically for staff to refer to. However, we found that not all staff were able to indicate where they would find this procedure or the provider's own procedure and the contact details for staff to raise concerns about safeguarding children and vulnerable adults. The provider may find it useful to note that this information was not readily accessible in a central location for staff to refer to.

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

Our judgement

The provider was not meeting this standard.

An effective assessment of the suitability of staff was not in operation.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found that there was a recruitment policy in place for the employment of GPs including locum GPs that gave clear guidance. We were unable to find a recruitment policy for nurses and non-clinical staff. This meant there was no clear guidance to follow as to the checks and information required to ensure suitability for employment. The practice manager informed us that the registration of nurses with the Nursing and Midwifery Council was checked prior to employment.

We asked to see the personnel files of the three most recent staff to be employed. One related to a health care assistant who had transferred over from another location operated by the same provider and their records of recruitment had not been transferred with them. We were therefore unable to determine whether they had been effectively recruited. The other two personnel files related to reception staff. We found employment contracts in place. Application forms were not routinely used. One record contained a curriculum vitae detailing employment history the other contained no information about the applicants previous employment and experience. We found that one reference had been obtained prior to the employment of one receptionist. No references were available for the second.

Disclosure and Barring Service (DBS) checks were requested for nurses and general practitioners prior to employment. These checks provide employers with access to an individual's full criminal record and other information to assess the individual's suitability for the post. The practice manager informed us that DBS checks were not carried out for non-clinical staff. A risk assessment as to why this was not necessary had not been undertaken. This meant that patients may be at risk of receiving support from staff who were not suitable for their role.

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

Our judgement

The provider was not meeting this standard.

Suitable arrangements were not in place to demonstrate that all staff were appropriately supported in relation to their responsibilities by receiving appropriate training, supervision and appraisal.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We talked to the practice manager and staff about the induction process for new staff. This included introduction to the premises and policies and procedures. We saw evidence that demonstrated two recently employed staff had received an induction.

The practice manager reported that all staff had an annual appraisal. This was confirmed by the nurse and health care assistant spoken with. However, we found that this was not formally recorded. There were also no formal on-going supervision or one to one meetings documented. Recorded one to one supervision and appraisals would enable staff to be aware of their general performance as well as allow them to express their wishes in respect of their professional development. A nurse spoken with told us they had various clinical and professional meetings which allowed for regular informal supervision. The manager reported that the GPs had an annual appraisal which included feedback on their performance by patients and other professionals.

A nurse and health care assistant spoken with reported that they were up to date with their mandatory training. This training included aspects of health and safety, safeguarding and cardiopulmonary resuscitation (CPR). Clinical staff were required to maintain their own professional registration including meeting the requirements for training and professional development. Nurses and GPs held their own records of training in respect of their professional development. The reception staff spoken with had attended health and safety training such as basic life support, however the personnel files of two reception staff showed no documented evidence of training provided.

We found that a training needs analysis had not been undertaken and a training plan had not been put in place for all staff. There was also not a system in place for monitoring and management of compliance with training requirements for all staff. This was important for ensuring the on-going professional development and competence of all staff employed at the service.

Staff we spoke to told us how they felt well supported by the practice manager and the GP's. They told us they all work well together and as a team. There was a whistleblowing policy and procedures in place. Staff we spoke to told us they felt confident in reporting any issues.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The service had a patient participation group (PPG) that had been operating for just over twelve months. This group was made up of volunteer patients and staff from the service who met to discuss the services on offer and how improvements could be made for the benefit of the local patient population. The patient participation group had met once in the last twelve months although four meetings had been planned. We met with two patients who were members of the PPG. They said that they were involved in the last survey and in discussions around the recent refurbishment and all suggestions made had been implemented. They said that they were working with the manager and practice manager to ensure more regular meetings were held to provide greater continuity.

We saw the results of the last patient survey 2012/2013. Overall the results were positive and showed higher than national average results in several areas such as appointment satisfaction, seeing practitioner of choice, opening hours and telephone access. Where shortfalls had been identified, for example, around modernising the waiting area and patient parking, an action plan had been drawn up in response that showed the changes made/planned to the service provided.

Details on how to make any comments or complaints were contained in the information leaflet provided to patients. The procedure was not displayed in the waiting area. The practice manager reported that this was normally on display but had not been replaced following the refurbishment. They advised they would address this without delay. The provider may find it useful to note that complaints information contained within the practice information booklet did not have details of the Care Quality Commission, to which patients could comment about the operation of the service. Records and a discussion with the practice manager indicated that complaints were documented and dealt with appropriately. We also found that any action needed following the investigation into a complaint had been undertaken.

The manager reported that practice meetings took place to discuss new information and plan ahead. We saw the record of the last meeting in September 2013 which included discussions around changes to practice and the management of complex care needs. Informal daily meetings also took place where clinical staff were able to discuss patients

with complex needs, any new information and changes needed.

We saw that records were kept of any adverse events or incidents including actions taken. These records showed that no events had been recorded within the last twelve months. The provider may find it useful to note that a procedure for identifying what constituted an adverse event or incident so that all staff were aware to report such matters and the action to be taken following this was not available.

We found that a number of clinical and non-clinical audits were undertaken to ensure that the service met standards and operated safely and effectively.

The service participated in the quality and outcomes framework system (QOF) which is an annual, voluntary performance assessment system used by the NHS to measure GP's performance in a number of clinical and non-clinical areas. We spoke with one GP who told us about the systems in place to monitor services and record performance against the quality and outcomes framework.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The registered person did not operate an effective recruitment procedure to ensure that no person is employed unless they are of good character. Regulation 21(a)
Regulated activities	Regulation
Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers How the regulation was not being met: The registered person did not have suitable arrangements in place to demonstrate that all staff were appropriately supported in relation to their responsibilities to enable them to deliver care and treatment safely and to an appropriate standard by receiving appropriate training, supervision and appraisal. Regulation 23(1)

This section is primarily information for the provider

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
