

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

## Uxendon Crescent Surgery

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Tel: 02089043883

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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>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Uxendon Crescent Surgery
Registered Manager	Dr. Tariq Kaleem
Overview of the service	Uxendon Crescent Surgery is an NHS GP practice which provides general healthcare services to adults and children who are registered with the practice.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services 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 unannounced 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 8 January 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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Five patients we spoke with informed us that they had been treated with respect and dignity by their GPs and other staff working in the practice. They were satisfied with the services provided. One patient told us, "This is one of the best practices around". Another patient said, "The doctors and staff are understanding of my culture and problems. They show respect for me. However, sometimes it is difficult to get an appointment". A third patient said, "The staff are professional. The quality of the service is good".

Records of patients contained details of assessments and their past medical history. Treatment and care were documented and where necessary, consent had been obtained. Reviews of treatment took place and there was a system for following up patients who had missed important appointments. There was documented evidence that the GPs and practice nurse had updated their professional knowledge.

Patients expressed confidence in the GPs and other staff. Staff were aware of their roles and responsibilities. The staff records contained essential checks carried out on staff. These included criminal record checks, evidence of identity and references. There were arrangements for new staff to be provided with a period of induction.

The practice had a policy and procedure for safeguarding people from abuse. Staff were aware of action to take when responding to allegations or incidents of abuse.

The practice had a system to regularly assess and monitor the quality of service that patients received. Issues affecting the care of patients and the running of the practice had been discussed in Patient Participation Group (PPG) meetings. Complaints made had been recorded and responded to. The practice had a record of compliments received.

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.

Patient's privacy, dignity and independence were respected. Their 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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Patients informed us that they had been treated with respect and dignity. One patient stated, "I am satisfied with the service. The staff show respect for me". Another stated, "I have no complaints. They are understanding and caring". We observed that staff were pleasant and friendly towards patients who came to the practice.

The practice had a charter for ensuring equality and valuing diversity. Staff were aware they should treat people with respect and dignity regardless of their diverse backgrounds and cultures. We noted that patients came from different cultural backgrounds. Reception staff informed us that they had access to an interpreting service if required. We however, noted that some staff were able to communicate in some of the languages spoken by their patients. The manager also stated that patients who had difficulty communicating in English were encouraged to bring along a friend or family member who could speak English. Staff were aware of the need to respect the privacy of people and we saw that doors were closed during GP consultation sessions with patients.

The practice had a Patient Participation Group and the minutes of their meetings were available. We noted that issues affecting the care of patients and the running of the practice had been discussed. This included suggestions regarding improving the appointment system to ensure that patients were better informed. Following a suggestion made during the meeting, information regarding appointments was on display in the waiting room.

The practice manager provided us with evidence that some staff had received customer care training and there were arrangements for other staff to be provided with the same training.

The practice had a service user guide which included details of staff, telephone number of the practice and services provided. The complaints procedure was included in the guide.

**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.

People experienced care and treatment that met their needs and protected their rights.

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**Reasons for our judgement**

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Patients informed us that they were happy with the care and treatment provided. One patient said, "I am satisfied with the care and treatment. They have referred me to the specialist in the hospital when I needed it". Another patient stated, "I am well treated. The GP is good and had treated me well. I get the treatment I need".

There was evidence that patients were carefully assessed and relevant past medical history, details of allergies and other important information had been obtained. The patient records we examined contained information regarding medication prescribed and other treatment provided. Where necessary, referrals to specialists were made and follow-up appointments made to discuss the outcome. We saw evidence of reviews and recalls for blood tests and other monitoring checks. The registered provider may wish to note that two of the records of patients did not contain details of their next of kin. These details may be needed in the event of an emergency.

We examined the care records of patients with asthma and diabetes and those who had been prescribed medication which needed close monitoring by practice staff. We noted that details of all medication prescribed and the progress of patients were recorded in their medical records. The manager stated that when patients did not turn up for their appointments, staff would send out letters to remind patients of their next appointments. This was to ensure that patients received their checks and reviews.

Medical, nursing and other practice staff informed us that they had attended essential courses and training days to update their professional knowledge and skills. We saw evidence of these in the staff records.

Monthly checks had been carried out on emergency medication. However, the registered provider may wish to note that one medication had expired a month prior to the inspection. The manager informed us that the medication had been ordered but their supplier had run out of stock. This was documented in the medication checklist. The lead GP informed us that the medication would be obtained from a different supplier.

**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 it from occurring.

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### **Reasons for our judgement**

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Patients informed us that staff were respectful and they felt safe with them. We observed that staff were pleasant and friendly towards patients who came to the practice.

There was evidence that staff had received training in safeguarding people. They were knowledgeable regarding action to take when responding to allegations or incidents of abuse and knew to report allegations to the local authority safeguarding teams for adults or children.

The practice had a safeguarding policy together with contact details of the local safeguarding teams. However, the registered provider may wish to note that the policy was not sufficiently comprehensive as it did not state that allegations had to be notified to the Care Quality Commission and it did not mention the need to refer staff implicated in abuse to the DBS (Disclosure & Barring Service). The provider took prompt action and updated the policy.

Staff were aware of the recent London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse" although the practice did not have a copy of this. The manager stated that a link to this document would be created on the practice computer.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were protected because the provider had operated effective recruitment procedures.

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### Reasons for our judgement

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Patients we spoke with stated that the GPs and other practice staff were professional and pleasant in their approach. We observed that staff went about their duties calmly. Staff were aware of their roles and responsibilities. They informed us that they worked well as a team and were able to respond to the needs of patients.

The practice had a recruitment policy and procedure and an equal opportunities statement. Most of the staff had worked in the practice for many years. One staff who was recently recruited informed us that they had been provided with a period of induction. The manager provided us with details of their induction programme.

We examined four staff records. These contained some of the required documentation such as criminal records disclosures, training and registration details. There was evidence that medical professionals working in the practice were registered with their professional bodies - the General Medical Council for doctors and the Nursing and Midwifery Council for nurses. However, the records of one medical staff and one administration staff did not have any evidence of references being obtained. Neither was there evidence of identity in the form of a passport or driving license. The manager responded promptly and sent us the required documents soon after the visit.

## 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.

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### Reasons for our judgement

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Patients we spoke with informed us that they were satisfied with the quality of the care and treatment provided. They were of the opinion that the practice was caring and friendly. The results of the previous patient satisfaction survey indicated that the overall satisfaction rate was 79%.

The practice manager informed us that the practice had a PPG which met three monthly. The minutes of a recent meeting indicated that the practice took note of the views of patients and responded to suggestions for improving the services provided. The manager informed us that a suggestion regarding publicising information on types of appointments available had been responded to and the information was on display in the waiting room.

The practice had an internal system of checks and audits to ensure that people were well cared for and emergency medication used were suitable and within their use by dates. An external audit had been carried out recently to assist the practice in complying with essential standards expected from GP practices. In addition, an infection control audit had been completed by the local infection control nurse. The practice manager stated that suggestions made for infection control had been followed.

Only one complaint had been recorded. This was promptly responded to. Accidents and incidents had been recorded. However, the registered provider may wish to note that following an incident involving a staff member, there was no record of guidance given to the staff concerned to minimise any future risk.

The practice had participated in the annual Quality Outcomes Framework (QOF) a performance assessment system whereby GP practices report on a number of clinical and non-clinical outcome measures to the NHS. The results of the QOF were available on the NHS Choices website for the public to view.

The practice had a record of compliments made. Comments made by patients included the following:

"Our family will never forget how much you helped us during our difficult time"

"You have looked after us so well. We cannot thank you enough"

## 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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