Inspection Report

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

Merstow Green Medical Practice

Merstow Green, Evesham, WR11 4BS

Tel: 01386765600

Date of Inspection: 22 August 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Merstow Green Medical Practice
Registered Managers	Dr. John Egan Dr. Yang Ooi
Overview of the service	Merstow Green Medical Practice is a partnership providing primary care to people who lived in the surrounding area.
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

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'.

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with nine patients and six members of staff.

When patients received care or treatment they were asked for their consent and their wishes were listened to. One patient told us,: "Yes and I ask questions until I understand". We found that when minor surgery had been carried out that the doctor had obtained written consent from the patients before the surgery had commenced.

We saw that patients' views and experiences were taken into account in the way the service was provided and that they were treated with dignity and respect. The patients we spoke with provided positive feedback about their care. A patient said: "Our doctor is fantastic. He always welcomes you, you never feel rushed". Patients received their medicines when they needed them and their medicines were regularly reviewed.

Staff had received training in safeguarding children and vulnerable adults. They were aware of the appropriate agencies to refer safeguarding concerns to that ensured patients were protected from harm.

Patients were cared for in modern purpose built premises that were well maintained to ensure a safe environment for patients visits.

The provider had systems in place for monitoring the quality of service provision. There was an established system for regularly obtaining opinions from patients about the standards of the services they received. This meant that on-going improvements could be made by the practice staff.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes.

Reasons for our judgement

Before patients received any procedures, care or treatment they were asked for their consent and the staff acted in accordance with their wishes. One patient told us: "The doctor asked if I wanted surgery if the diagnosis indicated that I needed it". Another patient said: "They asked me if they could do some tests". All the patients we spoke with confirmed that they were given information about the treatment they had received before it had commenced.

We spoke with the two practice managers. They understood the various forms of consent required. We were shown three consent forms that patient's had signed before they had minor surgery or an invasive procedure. This meant that patients only received treatment if they agreed to it beforehand.

Where people did not have the capacity to consent to treatment, staff acted in accordance with legal requirements. Mental capacity is the ability to make an informed decision based on understanding the options available and the consequences of the decision. If patients were unable to make decisions for themselves staff told us that they involved relatives to support patients in their treatment options. This meant that patients who were unable to make decisions for themselves were given appropriate support.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with nine patients who used the service during our inspection. Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One patient told us: "Care is very good. They sorted me out quickly when I needed to see a specialist". Another patient said: "I am definitely satisfied. I rang one evening and they saw me that evening because they have a late surgery". A third patient commented about staff: "The receptionists are absolutely wonderful and there are no problems with the other staff. They are always polite and helpful".

Most patients told us they were able to get an appointment quickly and were seen on time. Some patients told us they had to wait until the following day to get an appointment but others said they could get them for the same day. One patient commented: "You can if you ring between 8:00am and 8:30am. The phone is often engaged and it's such a small window. Otherwise you will be given one for the next day". Another patient said: "If you ring at 8:00am you've got a fair chance". A third comment received included: "Yes, I rang today, 98% of the time you can get one for the same day". We spoke with the two practice managers about the mixed comments we had received from patients about the appointment system. They told us they were aware of the problem and they had made some changes for relieving the pressure in the short term. They were working on how to make permanent improvements. Patients told us that if they felt they had an urgent need for an appointment on the same day that staff always accommodated their requests.

There were arrangements in place to deal with foreseeable emergencies and on-going care. The staff we spoke with described the arrangements in place for patients who needed GP visits in their own homes. A patient told us: "It was done the same day". Another patient said: "I requested a couple of home visits quite recently and I had no problem with that". This demonstrated that patients received assessments and treatments that respected their personal physical abilities.

Some patients told us they had been referred to hospitals for assessment. They all said they were satisfied with the process and the referrals had been done promptly. A patient told us: "It was done the same day. He sent me back again for another test". This meant that systems were in place for patients to be assessed and treated by specialists.

We asked the reception staff about the out of hours service. They told us that patients were able to phone the practice number where they would be given further numbers to call. A patient told us: "The phone message tells you to ring the out of hours service and my wife used it. It was brilliant. The doctor came out to us within two hours and was very thorough". The practice manager's explained that when a patient used any of the out of hours services the doctors received information about them. A doctor we spoke with told us that if needed they would ask patients to make a further appointment at the practice. This meant that any necessary follow-up appointments could be requested by the provider.

The provider told us they used the National Institute for Clinical Excellence (NICE) templates for processes involving diagnosis and treatments of illnesses that patients may present with. This meant that patients received up to date tests and treatments for their disorders.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients 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

All of the patients we spoke with told us they felt safe when they visited the practice or when they had a home visit. They told us they had confidence in the staff and how they spoke with patients.

The practice manager's told us a doctor and the senior practice nurse were both leads for safeguarding. This meant that one would always be available to deal with any concerns raised by other staff. They had received safeguarding training for their role and had been booked to attend more in depth training in September 2013. The practice nurse was able to explain the practice's procedures for safeguarding vulnerable adults and children. We spoke with two more members of staff at the practice. They told us that they would go straight to the lead GP, senior practice nurse and one of the two practice managers if they had any concerns.

Staff told us they had received safeguarding training for vulnerable adults and children. The practice manager confirmed this and we were shown the training certificates. The staff we spoke with were able to explain the various types of abuse and the appropriate agencies to refer safeguarding concerns to ensure that patients were protected from harm.

A practice manager showed us the policies for the protection of children and vulnerable adults. They included the contact details of the agencies who were responsible for carrying out investigations of allegations of abuse. The provider may wish to note that the policies did not make reference to the need for The Care Quality Commission to be notified of allegations of abuse. Staff were able to describe the content of the policy to us. This meant that staff understood these policies and knew where to locate them if required.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Practice staff dispensed medicines for some of patients who were registered with the practice. We asked patients about repeat prescriptions and medication reviews. One patient told us: "I generally do it on line (computer) and I pick them up from the pharmacy next door". Another patient said: "It's easy. I drop in the slip (tear off part of the prescription form), it takes two days. I have rang when my husband has ran out and they sorted it the same day".

Patients told us they attended the practice regularly for medicine reviews. One patient said: "Yes, the prescription tells you when you need a review. I need to see the doctor before I can get more prescriptions". Another patient told us: I have regular reviews". A third patient told us they needed a blood test as part of their medicine review. This meant that patients were only prescribed medicines they needed.

We spoke with staff responsible for dispensing medicines. Staff told us they had all received training to carry out their role. They showed us the standard operating procedures that they followed. These provided staff with guidance on how to manage medicines safely. We saw systems were in place to ensure patients received the correct medicines. Staff used a double checking system to minimise errors. This meant one person put up the medication, and another person checked that the medicines were correct. Staff also understood the procedure for any changes in medicines following attendance at or discharge from hospital and how to process prescriptions after changes.

Appropriate systems were in place for obtaining medication. Staff showed us the computerised system they had for re-ordering medicines. Arrangements were in place to check when medicines expired and when they needed to be replaced.

Medicines were kept safely. We saw controlled medicines were stored appropriately. The amount of medicines in stock corresponded with the records in place. The records showed which patients had received controlled medicines, and the amount prescribed. The dispensary door was locked at all times when unoccupied.

We saw that a refrigerator was available for storage of medicines. We found that the temperature of the fridge used for storing these in was checked daily and we saw evidence

that the correct temperature of the fridge was maintained.

Vaccines were stored in the treatment room fridge and the temperature was recorded daily. Staff had demonstrated that appropriate safety measures were in place for the storage of medicines.

We checked the emergency medicines, administration equipment, the defibrillator and oxygen. They were appropriately stored and in date. This meant they were fit for use. We saw recordings that confirmed they had been checked regularly. Staff demonstrated they had appropriate medicines that could be administered in a medical emergency such as an asthma attack.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Patients who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found that the practice was accessed from the ground floor of the two storey building. All of the consulting rooms, treatment rooms and dispensary were also located on the ground floor. The corridors were wide enough to accommodate wheelchairs and there was disabled access. The ground floor included disabled toilets for people with restricted mobility. There were dedicated car parking facilities for disabled patients.

The premises were clean, tidy and fit for purpose. They were bright, airy and well maintained. There was ample comfortable seating for patients who were waiting to see a doctor or nurse. The fire escape door was clutter free on both sides of each door. This demonstrated that staff treated patient safety as a priority.

We looked to see how risk had been managed at the premises. The practice manager showed us the health and safety policy and various risk assessments that had been carried out. A fire risk assessment was in place and the fire alarms had been tested regularly and the fire fighting equipment had been serviced annually. The smoke detectors had recently been checked to ensure they were in good working order. This meant that systems were in place that protected patients from risks of injuries.

The practice manager's confirmed they had a disaster handling and business continuity plan which covered events such as telephone or electrical failure. There were back-up processes in place that ensured patient care could continue.

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.

There was an effective system to regularly assess and monitor the quality of service that patients received.

Reasons for our judgement

The patients we spoke with all expressed their satisfaction with the service they received. One told us: "Although the appointment system is not good I would not change because I am very satisfied otherwise". Another patient commented: "It's fine, never had any trouble. We have always been treated with respect". A third patient said: "When we come the staff know us without us giving them our name. They are always friendly, helpful and we are satisfied with the care we get".

Patients who used the practice were asked for their views about their care and treatment and they were acted on. A patient said: "We have both completed surveys". Another patient commented: "Yes they have them occasionally at the desk and I fill them in". A practice manager showed us the results of the latest annual patient satisfaction questionnaire that had been carried out in respect of one of the doctors. We saw that comments made by patients were positive. Annual patient satisfaction surveys were carried out for each doctor who worked at the practice. This meant that views of patients using the practice were used to influence changes.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that there were systems in place for the practice to review incidents and action plans were put in place to help to prevent similar incidents occurring again. Staff confirmed that appropriate actions were taken to respond to and prevent further incidents from occurring.

We saw a legionella (water) risk assessment dated March 2013. The electrical supply had been checked and portable appliance testing had been carried out. We saw a risk assessment for control of substances hazardous to health (COSHH) and hazard data sheets for the cleaning agents that were in use within the practice. This meant that systems were in place to protect patients from risks of harm and injuries.

We reviewed how the practice responded to complaints and found that these were investigated and resolved appropriately. The patients we spoke with told us they had never needed to make a complaint. One of the receptionists had been trained in dealing with complaints. We spoke with them and they told us they responded to minor concerns and

acknowledged formal complaints within three working days. They gave the complaints to the practice managers to investigate and deal with.

Regular practice meetings were held and recordings of them made. We saw that these included how patients care had been managed and where improvements could be made. Regular palliative (end of life) meetings were held and community nurses attended them. This meant that patients received up to date and appropriate care that suited their needs.

The doctors completed the Quality and Outcomes Framework (QOF). This is a voluntary system and provides a financial incentive. This concerned a range of quality standards for clinical care, practice operational methods, patient experience and additional services the provider may provide. This demonstrated that on-going improvements could be made for the benefit of patients.

The doctors carried out clinical audits each year. These are necessary validation (approval) requirements for doctors to remain on the General Medical Council (GMC) register. A doctor described how these may influence how patients were cared for and treated. We were given an example of one that involved the medicines for patients who had high cholesterol (fat) levels in their blood. This demonstrated that practice staff made on-going changes for the benefit of patients.

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

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