

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

## C.B.Patel & Partners

Hayes Medical Centre, 157 Old Station Road,  
Hayes, UB3 4NA

Tel: 02085732037

Date of Inspection: 11 February 2014

Date of Publication: March  
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** ✗ Action needed

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	C.B.Patel & Partners
Registered Manager	Dr. Chandubhai Bhailalbai Patel
Overview of the service	C. B. Patel and Partners is a four GP practice providing primary medical services to the local community.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services 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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
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	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	13
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## 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 11 February 2014, talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

During our inspection we spoke with four people using the service, the manager, three doctors, a nurse and six other staff. We viewed two medical records and seven staff files. People we spoke with had mixed opinions about the service. One person said, "all four doctors are very good." Another person said, "they don't always explain things in sufficient detail." All the people we spoke with said staff were usually polite and well mannered. People said it was not always easy to get an appointment over the telephone and they had to come in to the practice to get one although the situation had improved recently.

Safeguarding procedures were in place. However, staff had not received adequate training to recognise the signs of possible abuse in both children and adults and most staff were not aware of the whistleblowing procedures of the service.

Staff had received adequate support and training to ensure they were able to meet the needs of people using the service.

Systems were in place to monitor the standards of care and treatment provided including annual satisfaction surveys and clinical audits. Where shortfalls were identified, improvements to the service had been made although further improvements were necessary.

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 10 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](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

---

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

---

### Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. Some people we spoke with told us that the doctors and nurse's explained in sufficient detail their medical conditions and treatment options. One person said, "the doctors are very good, all four explain things, including the risks and benefits of treatment." Another person said, "the nurse is lovely and always explains." However, the provider might find it useful to note that two people said they did not feel involved in their treatment. Comments included "there is never much explanation from the doctors" and "they don't involve me in my care, I found this with two doctors here."

Information was available in the practice so people could make informed decisions in relation to their health and lifestyle. For example there was a variety of information leaflets available explaining different medical conditions and general health advice. Posters were displayed that included information on smoking cessation services, tips for keeping healthy, sexual health advice services and various clinics people could attend. Information was also available on the out of hours service and the emergency weekend procedures. A suggestion box was available at the reception so people could feedback their comments about the service if they wished.

The provider might find it useful to note that although the complaints procedure was available in the practice leaflet and on the website, it was not displayed in the practice for people to view. This meant that people might not always be aware of the appropriate action to take if they needed to make a complaint.

People's diversity, values and human rights were respected. People we spoke with told us that staff were usually polite, respectful and well mannered. One person said, "the staff are friendly and polite in person and on the telephone." Another person said, "love them, I get on with them all, they are brilliant." People's medical records were kept confidentially behind the reception area and we observed people being seen by the doctors or nurse with the consultation room door shut. This meant people's privacy was respected. The practice could cater for all members of the community. For example access to the practice was available for people with mobility needs and an interpreter service was available for

people whose first language was not English to help them with their communication needs. A home visiting service was also available for members of the community who were housebound.

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

---

**Our judgement**

---

The provider was meeting this standard.

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

---

**Reasons for our judgement**

---

People we spoke with said that it was sometimes difficult to get an appointment over the telephone. One person said, "one morning it took 45 minutes for the practice to answer the telephone, it was constantly engaged." Another person said, "I have waited up to 30 minutes on the telephone to book an appointment." The manager told us this was an issue they were trying to improve and had recently upgraded their telephone system to cope with the demand. All the people we spoke with said they could get an emergency appointment on the same day if they came in to the practice and usually did not have to wait more than one week for a routine appointment.

Clinics were run for a variety of medical conditions including diabetes, heart disease and asthma to ensure people's conditions were monitored and managed appropriately. Where people required to be referred to other health services or secondary care, procedures were in place to ensure referrals were made promptly. One person we spoke with said, "the doctor explains why I'm being referred and gives me choices of where I would like to go."

There were arrangements in place to deal with foreseeable emergencies. All staff had received basic life support training in the previous 12 months and in addition to basic life support the doctors had received training in anaphylaxis management. An oxygen cylinder, resuscitation equipment, emergency medicines and a well stocked first aid kit were available for use in the event of an emergency. Checks had been carried out on a regular basis to ensure the provisions were in date and in good working order. Resuscitation protocols were displayed in the nurses' room and staff were aware of their responsibilities.

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

---

## **Our judgement**

---

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**

---

People who use the service were not always protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse. The provider had policies in place for safeguarding children and adults and the contact details of the local authority safeguarding team were available at reception for staff to report any concerns. The doctors we spoke with were aware of their responsibilities for safeguarding children and provided examples of where safeguarding referrals had been made to the local authority for investigation. Other staff members told us they had received training in safeguarding children but when asked about recognising the signs of abuse not all staff were able to expand on this. As a result they might not be able to identify the signs of abuse so they could take appropriate action to safeguard children. We saw evidence that staff had received training in safeguarding children. The doctors had been trained to level two and the practice nurses and other staff to level one. However, The Royal College of GP's intercollegiate document 2010 states that GP's should be trained to level three and practice nurse's to level two. This meant that the service was not following The Royal College of GP's guidance.

We saw evidence that only two staff had received training in safeguarding adults and not all staff when asked were aware of recognising the signs of abuse in adults. The manager told us that most staff had not received training and confirmed arrangements would be made to rectify this.

A whistleblowing policy was in place. However, three staff members we spoke with did not understand the term 'whistleblowing' and told us they had never received any instruction or read the whistleblowing procedures of the service. A doctor we spoke with confirmed that staff had not received any training on the whistleblowing procedures. This meant that staff might not be aware of the procedure to follow and of other 'prescribed bodies' that they could contact if they needed to raise any concerns and disclose information in the public interests about the safety of people or mismanagement of the service.

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

---

## **Our judgement**

---

The provider was meeting this standard.

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

---

## **Reasons for our judgement**

---

Staff we spoke with told us they received adequate support to carry out their role effectively and meet the needs of people using the service. One staff member said, "the support and training I receive is ok, if I am not sure about something I can ask the manager." Another staff member said, "all the senior staff are very approachable."

Staff received appropriate professional development. We saw evidence that staff had completed training in topics related to their role. For example all staff had received training in basic life support and the nurses had received training in infection control. However, there was no evidence that staff had completed an induction programme when they started working for the service. The manager told us that most staff had worked at the practice for many years and records of their induction training was not available. However, the provider might find it useful to note that there was no evidence of induction training for the most recent staff member to start working for the service.

Annual appraisals and performance reviews had been undertaken by the manager for all non-clinical staff members to ensure that any training needs, strengths and areas for development were identified. Appraisals had been carried out for the practice nurse's by the manager with input from the doctors and the doctors were working towards meeting their appraisal and revalidation in accordance with the General Medical Council requirements.

## 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

---

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice had commissioned annual patient experience surveys to gain people's views of the service. We viewed the survey completed in 2012/13. The results had been analysed and discussed in a Patient Participation Group meeting. Where shortfalls were identified, action had been taken to improve the service. For example people had commented that it was difficult to get through on the telephone when they needed to make an appointment. As a result, improvements to the telephone system had been made, and more staff trained to cover telephone duties. People had also commented that they would like to be able to see a doctor for a routine appointment within 48 hours. To meet people's needs an online system for booking appointments had been introduced. The manager told us that since the survey things had improved although further improvements were still required. The manager said the survey for 2013/14 was being carried out to monitor the progress made.

Audits had been carried out to further monitor the quality of service provided. We saw examples of audits for a variety of medicines. The results of the audits had been analysed and improvements made as a result. For example where it had been identified that a person no longer required a particular medicine, action had been taken to ensure it was no longer prescribed. An infection control audit had been carried out to ensure infection control standards were being followed, however, the provider might find it useful to note that it had not been updated since January 2011.

A fire risk assessment had been carried to ensure the environment was safe for people using the service. Where risks had been identified, control measures were in place to minimise them. The manager told us that a legionella risk assessment had also been arranged to further minimise risks to people using the service.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The provider had a system in place for managing incidents. We viewed five examples of where incidents had been logged and learning outcomes implemented to ensure the likelihood of reoccurrence was minimised.

The provider took account of complaints. The service had received 14 complaints in 2013. We viewed a sample of complaints and found that they had been acknowledged, investigated and resolved to the satisfaction of the complainant.

The service had achieved 98.4% of the Quality Outcomes Framework (QOF) points in 2013. QOF is a points system awarded for the quality of care delivered across a range of clinical and organisational indicators. This meant that the service was delivering the required standards of care to people using the service.

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	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b>  <b>How the regulation was not being met:</b>  The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse. Regulation 11(1)(a)(b)
Family planning	
Maternity and midwifery services	
Treatment of disease, disorder or injury	

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 10 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://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.

---