

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

Lindfield Medical Centre

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Tel: 01444484056

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

**Safeguarding people who use services from
abuse**

✘ Action needed

Details about this location

Registered Provider	Lindfield Medical Centre
Registered Manager	Dr Andrew Reader
Overview of the service	<p>Lindfield Medical Centre is a GP practice serving the local area around Lindfield; this includes Ardingly, Horsted Keynes and some areas of Haywards Heath.</p> <p>The practice supports approximately 11,000 patients. The practice offers general treatment and consultation services along with some enhanced services. The practice has seven GPs who are registered as a partnership and one further salaried GP.</p> <p>The practice employs a practice manager, deputy practice manager, four practice nurses, a health care assistant, and supporting administration/reception staff.</p>
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Lindfield Medical Centre had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse

This was an unannounced 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 3 April 2014 and talked with staff.

What people told us and what we found

This was a follow up visit to check that the provider had achieved compliance with safeguarding people following our previous inspection in October 2013. During this inspection we looked at this one non-compliant outcome. We spoke with staff but did not have an opportunity to speak with people who used the practice on the day.

We found that whilst some action had been taken regarding staff training the provider was not compliant with the regulations.

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 07 May 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

Safeguarding people who use services from abuse × Action needed

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 protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent it from happening.

This was a follow up visit to check that the provider had achieved compliance with safeguarding following our previous inspection in October 2013.

During our inspection the registered manager informed us they had submitted an action plan which addressed how and by when they would become compliant with the required standards. We did not receive this action plan prior to our visit.

We asked the practice manager what steps they had taken to achieve compliance since our previous inspection. We were informed that a staff training programme had been implemented. They also informed us they worked in accordance with local authority multi-agency safeguarding procedures. We saw there was a copy of the multi-agency procedures in the conference room of the practice. However these documents were very out of date. The adult safeguarding procedures were dated 2004 and the children's safeguarding procedures were dated 2007. Both sets of documents clearly had not been used for some time as they were covered in dust and the labels were yellowed. This meant we could not be confident that staff had had access to or read these procedures. This was discussed with the registered manager during the visit. They informed us that they had access to the local authority online portal where they could access the most up to date documents. We noted that an up to date copy of the policies and procedures had been downloaded prior to the conclusion of our inspection.

We asked the practice manager if the practice had developed their own safeguarding policy and procedures. We were told they had not. However, we noted that a flow chart, taken from the local authority procedures, had been posted in various areas of the practice. This document gave clear guidance and contact numbers for staff in the event of any concerns regarding children or adults being at risk of abuse. We could not see any evidence that this information had been displayed in a way that patients and visitors could access it. The provider may find it useful to note that a well-publicised safeguarding policy and procedure would demonstrate that the risk of people being abused had been taken seriously by the practice.

We spoke with three of the clinical staff and we put various scenarios to them regarding potentially abusive situations. Staff were clear about the procedures they would follow and told us they would speak with one of the doctors in the first instance if they had concerns about a patient. Staff also talked about the training they had received including the Mental Capacity Act 2005. They also referred to training undertaken on 25 March 2014 regarding safeguarding children and adults. However they said that this training focussed on domestic violence.

The records we were given showed us there were 32 staff employed at the practice including GPs, nurses, reception and administration staff. We saw from the records that three staff had undertaken training regarding the Mental Capacity Act 2005, nine staff had undertaken training in the safeguarding of children and 15 staff had undertaken safeguarding of vulnerable adults training. This meant that some staff had undertaken training and as such patients could be confident that these staff were aware of and had an understanding of the legislation, and that they would act promptly in the event of someone being abused. We were however unable to ascertain from the records we were given whether or not all the clinical staff had undertaken training around safeguarding people. This meant we could not be confident that clinical staff had received the required training and as such there was a risk that patients may not be protected from abuse. This was discussed with the registered manager and practice manager at the time. They informed us that training in Vulnerable Adult Safeguarding was actively being sought from West Sussex County Council for the clinical staff.

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	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010
Maternity and midwifery services	Safeguarding people who use services from abuse
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	The registered person had failed to make suitable arrangements to ensure that service users are safeguarded from abuse. Effective training and information was not in place for all practice staff to ensure full awareness on safeguarding
	Regulation 11(1)(a)

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 07 May 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.

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