

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

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

<b>Consent to care and treatment</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>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety and suitability of premises</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	Dr Farooq Hayat
Overview of the service	Sunrise Medical Centre is a small, family-based NHS GP practice in Southall.
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

## 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'.*

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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 announced 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 7 June 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with six people who use the service and the Chair of the Patient Participation Group. We also spoke with the Practice Manager and four staff. People we spoke with were very happy with the service received from the staff of the practice. One person told us "they are marvellous, always done everything to help". Another person told us the staff "are very kind and polite. They really care". A number of people we spoke with described the practice as a family, with one saying "never a problem, it's a big family house, see the same patients in the waiting room, same nurse and doctor and staff – it's like a grand family practice". Another person told us "it's like family, they make you feel at home".

People we spoke with had been registered with the practice for a long time, from 15 to "almost 40" years. One person told us "he is one the best GPs in the whole of England. He is very kind, take his time, really cares about the patient". Another person told us "I never, ever plan to change the doctor".

We found that the practice sought consent before treating people, and had a procedure for obtaining consent on behalf of children. We found that the provider had taken steps to safeguard vulnerable people from the risk of abuse, and that staff were knowledgeable, skilled and qualified.

We found that the service had a plan in place to meet government guidelines for cleanliness and infection control, and had appropriate systems in place to assess quality.

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

### 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

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### Our judgement

The provider was meeting this standard.

Before people received treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

People told us that treatment options were explained to them and agreed prior to treatment commencing. One person told us the doctor "always helps us to understand, explains all the options". Another person told us "they always explain the side effects and different treatment options and let me choose". During our visit we viewed signed consent forms for vaccinations, and saw that the practice had a good system for recording consent.

The provider had policies relating to consent, including a consent and capacity policy, a chaperoning policy, an advanced directives policy and a protocol for working with unpaid carers and support staff. The practice was registered as a Direct Enhanced Service for people with learning disabilities, offering extended appointments and an annual health check service, and had a policy and procedure for working with patients with learning disabilities. We saw certificates documenting staff training in the provisions of the Mental Capacity Act 2005.

During our visit we spoke with one young person who used the service. They told us the doctor "gives out personal advice and lets us pick what we think is best. They always look after me. My parents help me if I ask them". We saw that the practice had policies and procedures relating to obtaining consent from and on behalf of children, and saw records documenting that the procedure was being followed in practice.

**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's needs were assessed and their treatment planned in ways that met their needs and protected their rights.

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**Reasons for our judgement**

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People we spoke with were satisfied with the treatment they received. Four people told us the doctor referred them promptly to other medical professionals when this was required. This meant that referrals were made in a timely manner, increasing the likelihood of good medical outcomes. One person told us "referrals are always timely and helpful, no issues. The doctor faxed one instantly while I was there yesterday". Another person said "he refers to the hospital immediately when needed – faxed immediately and urgent things taken care of".

Overall, the practice reported 'similar to expected' for medical outcomes assessed in the most recent Quality Outcomes Framework (QOF) report. The QOF is an annual performance management scheme for GP practices through which they report their performance on a number of clinical and non-clinical measures.

The provider had planned for foreseeable emergencies. Each surgery had an emergency procedure and an emergency medicines box, which were well-maintained and for which we saw records documenting they were checked monthly. In addition to these, each surgery also had a stock of medicines which could be given to people so they received prompt treatment for their medical condition, and alleviate their symptoms while in the surgery. This included medicines that could be given when people had a breathing difficulty or were in pain. The provider maintained an emergency resuscitation kit, including an oxygen cylinder, for which we viewed records demonstrating it was checked and serviced regularly. Staff we spoke with adequately described their roles in a medical emergency.

The staff spoke a range of languages, including Urdu, Punjabi, Hindi, Gujarati, Somali and Arabic. One patient we spoke with told us "The doctor speaks the same languages as patients which is a definite advantage". This meant that patients received information in ways they could understand.

People we spoke with told us they were able to get an appointment easily in an emergency. One person said "the doctor tries to do everything in his power to fit you in". Another person told us "I always get an appointment quickly, they will squeeze you in

when they can. They're always good, never refuse".

**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 happening.

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## **Reasons for our judgement**

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People using the service benefitted from staff that were trained in safeguarding adults and children. We saw certificates and records documenting that all staff had undertaken appropriate training, and saw minutes of team meetings where safeguarding issues were discussed.

The practice had several policies relating to safeguarding vulnerable people, including child health surveillance, missing patient, child protection and vulnerable adult policies and we saw that these were reviewed annually. We also saw a document outlining the procedures for reporting concerns, with appropriate contact details and named individuals. The staff we spoke with said they had not had to use the procedures but could outline the necessary steps, and said they were confident to report concerns to the safeguarding lead for the practice. The procedures were available to all staff.

Staff we spoke with demonstrated they were knowledgeable about recognising abuse and their role in reporting safeguarding concerns. One staff member we spoke with outlined a holistic approach to safeguarding children, saying "First you look at how they look at you and respond to you, both the child and the parent, and ask them about their family problems – problems for the adults are often taken out on children. Look for unusual things and if I suspected anything I would tell the doctor straight away who would then tell the Child Protection lead for NHS Ealing". This meant that patients benefitted from staff who understood their role in safeguarding and who could confidently report concerns.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of healthcare-related infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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On 26 November 2012 the provider wrote to us and told us they were non-compliant in this outcome. They said they would conduct an infection control audit and take appropriate actions, and monitor compliance annually. When we visited on 7 June 2013 we found the practice had an infection control policy and procedures, outlining the steps the practice had taken to comply with government standards (NICE Clinical Guidelines 2 and 139: Infection: Prevention and control of healthcare-associated infections in primary and community care). We noted that the sinks currently installed in each clinical room do not conform to the guidelines as they have plugs and overflows. We saw that this was recorded in a recent infection control audit undertaken by the provider, and that new sinks had been ordered and were awaiting delivery and installation. This meant that the provider was aware of the standards and had taken steps to meet the guidelines for patient safety.

The provider had good systems in place for cleaning. During our visit we observed that the practice was clean, and saw records documenting that the premises were cleaned daily by a professional, contracted cleaning service. The provider had in place a standard operating procedure document for each cleaning task, which were developed by the practice manager and the cleaning staff. We saw that cleaning materials were segregated according to use, using a colour-coded system. This meant that patients were protected from the risk of cross-infection.

Patients we spoke with were satisfied with the cleanliness of the practice. One person told us "I have no issues with the cleanliness – even the toilet, and I'm very picky". Another person said "The surgery is always very clean". We saw that clinical staff followed correct hand washing procedures, and that a hand wash sink and appropriate equipment was available in each clinical room. The practice had a policy for hand washing.

During our visit we observed staff wearing appropriate Personal Protective Equipment (PPE), and saw that PPE was available in each clinical area. The practice used only disposable, single-use instruments for procedures, and we saw that these were disposed of appropriately into receptacles earmarked for clinical waste. We viewed documents recording the contracted disposal of clinical waste, and saw that the area in which clinical waste was kept met standards.

Staff we spoke with were aware of their roles in cleanliness and reducing the risk of infection. The practice cleanliness policy outlined staff roles and responsibilities, and staff we spoke with confirmed their knowledge.

## Safety and suitability of premises

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The provider wrote to us on 26 November 2012 and told us they were non-compliant in this outcome. They said they would complete the actions of a premises inspection conducted by NHS North West London (NHSNWL) and then monitor compliance annually. During our visit on 7 June 2013 we found that the provider had taken steps to ensure the premises were safe and suitable for the needs of the service. The service comprised of four clinical rooms, reception, waiting area and WC downstairs, and offices, storage space, a kitchen and a bathroom upstairs. The clinical areas were of a suitable size and appointment.

We found that the premises were well-maintained and in decent decorative repair. We viewed maintenance records, and saw that the actions arising from the NHSNWL inspection had been completed. We saw that the practice had policies in place relating to the practice environment, such as health and safety and an environmental policy, and these were reviewed annually.

During our visit we noted that the practice was accessible to people who use wheelchairs or have other mobility needs. The practice had a level entry and accessible WC, and one of the doctor's surgeries had a widened doorway to facilitate access for wheelchair users. The doctors also provided a domiciliary home-visiting service for patients unable to visit the practice.

## 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 cared for by suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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At the time of our visit the practice had around 3750 patients registered, with two GPs, one Practice Nurse and one Healthcare Assistant. All clinical staff had suitable qualifications and were registered with the appropriate professional bodies, the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). Each had a record of immunisations and annual appraisals, and we saw certificates documenting they kept their professional knowledge updated through Continuing Professional Development (CPD) opportunities.

The practice had a range of non-clinical and support staff, including a Practice Manager, a Secretary, three Receptionists and an Administrator. We saw that the service had recruitment and employment policies and procedures, and saw records documenting that these were being followed in practice. We viewed records of annual appraisals for each staff member, with a professional development plan and recording that the staff member had read and understood all of the practice policies.

During our visit we looked at staff records, and found that these contained information relating to induction, and documents relating to safer recruitment practices such as Disclosure and Barring Service (DBS) checks, CVs and references. We saw records of monthly team meetings and of training undertaken by all staff. Staff told us they felt they could request training, with one person saying "I can ask for training any time". Staff told us they felt well-supported and confident to raise issues with their managers, and the provider had a whistleblowing policy which all staff had signed to demonstrate they had read and understood.

## 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.

People who used this service benefitted from safe, quality care and treatment, due to effective decision-making and the management of risks to their health, welfare and safety.

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### Reasons for our judgement

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The provider had systems in place to assess and monitor the quality of service provision. The provider conducted an annual patient satisfaction survey, and demonstrated they had acted on the feedback received. For example, the practice now used the Healthcare Assistant's room for when a patient requested privacy to discuss issues with reception staff, in response to concerns about confidentiality in the reception area raised in the most recent patient survey.

The practice reported to various outcomes as part of the NHS Quality Outcomes Framework (QOF) performance assessment system. Some data from these reports was available on the NHS Choices website for patients to view.

The provider maintained records of a number of audits undertaken at the practice, including infection control which would now be conducted six-monthly, prescribing and patient records. The provider may wish to note that a comprehensive practice-specific quality assurance policy may be useful to clearly outline the practice's quality assurance system.

During our visit we viewed records of complaints made against the practice. The records were comprehensive and contained the practice's response. One complaint we saw had been investigated as a significant incident for the practice, and this was reviewed at a meeting of all staff, an action plan developed and changes made to the operation of the service as a result. The provider also maintained a record of adverse incidents, colour-coded according to the severity of the impact on patient safety, including responses, records of meetings and action plans. This demonstrated that the practice was conscious of patient safety and had a good system in place for identification and review of adverse incidents.

The practice had a Patient Participation Group (PPG) which met occasionally. The contact details for representatives of the group were available to patients on request, and we saw a flyer advertising this in the waiting area. There was also information and an application form available on the practice's website for patients interested in joining the PPG. We saw

records documenting meetings taking place between the Chair of the PPG and practice staff, and of appropriate information sharing.

## 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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