

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

## Loddon Vale Practice

Hurricane Way, Woodley, Reading, RG5 4UX

Tel: 01189690160

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Loddon Vale Practice
Registered Manager	Dr. David Marshall
Overview of the service	Loddon Vale Practice offers a range of services including minor surgery, antenatal, postnatal care, travel vaccinations and diabetes advice.
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

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an 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 22 October 2013, observed how people were being cared for and talked with people who use the service. We 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 four patients, four doctors, the practice manager and reception staff. Patients told us they were treated with respect and were satisfied with the care and advice they received. We looked at nine care records and saw care and treatment was planned to meet people's needs. We spoke with the Patient Participation Group (PPG). The group represents the views of patients and raises concerns or suggestions to the practice. The PPG informed us the practice was actively involved and was receptive to suggestions raised.

The building was purpose build and met the needs of the patients. Necessary checks were completed to ensure the safety of patients and staff. This included fire safety equipment and electrical checks. We found the building was well maintained and suitable for patients who use wheelchairs.

We reviewed the recruitment policy and found this was in line with regulations. This made reference to a full employment history with written explanation of gaps and a medical questionnaire. Photographic identification and references would be requested including where candidates had worked with children or vulnerable adults previously. Checks with the Disclosure and Barring Service would be completed for specific roles.

We saw effective systems were in place to deal with complaints. Patients were given information regarding making a complaint in a leaflet. This included information on how to receive assistance from an independent advocacy service if required.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We spoke with four patients of the practice. All told us they felt the surgery treated them respect. One person told us, "when I see my doctor, I do not feel rushed. He takes his time with me." We asked patients about the appointment system. Patients could call the surgery for an appointment that day or for the following day but may not be able to request the doctor of their choice. Pre-booked appointments could be booked up to four weeks in advance. This ensured that patients had a choice of either waiting for their preferred choice of doctor or having an appointment on the same day. Most were happy with the current system although all commented that the practice was very busy. One patient we spoke with told us, "if I feel it is an emergency I have always been seen the same day."

We spent time observing the reception area during our visit. We heard patients being spoken to with respect. We heard information been given to the patients so that they could make an informed choice of when they would like appointments. Appointment calls in to the surgery were not taken at the front desk; therefore patients in the waiting room were unable to overhear other patient details. Staff informed us that messages could be displayed on the information screens in the waiting room if doctors were running late. This ensured the patients were kept aware of any delays.

While touring the practice we noticed that when doctors were with patients, consultation doors were closed for privacy.

The surgery offered a chaperoning service. All the doctors we spoke with told us they offered the service where appropriate and recorded this on to the patients' record. A chaperone is a person, usually of the same sex as the patient, who is present at an examination. They may support the patient with reassurance and emotional support during a procedure or examination that the patient may find embarrassing or uncomfortable. We viewed the surgery policy which was current and up to date. Staff we spoke with understood the policy and ensured that people were offered this service. This meant that

patients were supported and did not feel vulnerable during sensitive examinations and procedures. However, the provider may like to note there were no signs advertising the chaperoning service within the waiting room or doctor's surgeries.

Patients who use the service were given appropriate information and support regarding their care or treatment. We viewed nine patients' records and saw notes were easy to understand. Doctors we spoke with showed us information sheets that could be given to patients on various conditions. We were told this allowed the patient to review the information given to them in their own time. If the patient had any questions they could call the practice and discuss this further if needed. Patients we spoke with told us the doctors explained medical problems or treatment to them.

We contacted the Patient Participation Group (PPG) after the inspection. This group act as a communication channel between the patients and practice. They also produce and publish a newsletter, do patient surveys and run health information events. The group also raises money for the practice, which enables them to provide additional facilities of benefit to the patients. Three of the four patients we spoke with were aware of the PPG and their notice board was in the waiting room. The PPG informed us the practice was actively involved in the group and was receptive to feedback and suggestions raised. We were told a senior doctor attended most of their meetings. This meant the practice was listening to patients through the PPG.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

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**Reasons for our judgement**

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We spoke with four patients of the practice. They told us that doctors were sympathetic and explained things to them in a way they understood. All the patients commented that the practice was very busy. This meant that they could not always get the appointment they wanted with the doctor of their choice. However they were always able to get an appointment on the day if they were prepared to see another doctor. Only one patient thought this could affect the continuity of their care.

Care and treatment was planned and delivered in a way that was intended to ensure patient safety and welfare. Patient treatment records were kept electronically. We reviewed the medical records of nine patients. We found they included personal details, allergies, past medical history, test results and referral letters as well as contact with other professionals. Records we saw were easy to use and understand. Efficient and well organised systems were in place to make sure any referrals had been promptly made.

Patients we spoke with confirmed they had time to discuss their concerns during the consultation and that treatment was fully explained to them. One patient told us, "I don't feel rushed; they take the time that is needed." One patient informed us of a home visit. They told us, "we were going to have an emergency appointment but things got worse. The doctor came out quickly to us instead."

The practice cared for patients with chronic diseases including asthma, diabetes, and heart disease. Clinical staff also provided child immunisation and flu vaccines. The practice provided travel immunisation, and minor surgical procedures. Three of the doctors at the practice specialise in providing a minor surgery service. Patients could also be referred by external GPs.

We spent time with the GP who was the diabetic lead. We were informed of what an appropriate treatment plan would consist of for those diagnosed with diabetes. This included an initial referral and yearly assessments with the diabetic nurse. The nurse would ensure the patient received all of the information required and make appointments with specialists. For example, advice regarding diet or appointments for eye screening and the podiatrist. We viewed the records of two patients who had been diagnosed with

diabetes. We found these records evidenced the appropriate treatment plans as discussed with the GP.

There were arrangements in place to deal with foreseeable emergencies. Staff we spoke with told us they were trained to deal with medical emergencies. The practice had emergency drugs, a defibrillator and oxygen available for use in the event of an emergency. These were stored in a central location for easy access. This ensured that the risk to a patient during an emergency was reduced.

**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.

Patients 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 practice was situated in a central location with disabled parking to the front of the building. Patients were seen on the ground floor which consisted of a large waiting room, toilet facilities doctor's surgeries and treatment rooms. The minor surgical unit was also found on the ground floor and included consulting rooms and an office for the surgical unit co-ordinator. The practice is an approved provider of secondary care minor surgery for local Primary Health Care Trusts. We toured the purpose built surgical unit and found it to be clean, well maintained and have adequate hand washing facilities and a ventilation unit. The ground floor had an office for administrative and reception staff. The first floor mainly consisted of offices for staff and included a staff room, kitchen, meeting room and toilet facilities. A number key pad lock was used to gain access to the staff areas. This meant that staff and equipment were protected against unauthorised people from gaining access.

We toured the practice and found it to be well maintained and appropriate for its purpose. Patients we spoke with had no concerns over the premises. The practice was able to accommodate wheelchair users. We saw the reception desk included a low level area for ease of access and there were automatic wide opening doors to the practice. The patient toilets consisted of separate female, male and disabled toilets. The doorway to the toilet area and disabled toilet were wide enough to accommodate wheelchairs and there were also grab rails for the assistance of people who had restricted mobility.

The premises appeared well maintained and there were no obstacles on either side of the emergency exit doors. We saw evidence that the fire fighting equipment was checked annually by a fire safety company. We spoke with the practice manager and senior doctor, who informed us that there was a weekly testing of the fire alarm and this included checking the automatic release of doors. We saw evidence of the tests completed. This meant the practice had systems in place to protect patients and staff from the risks associated with fire.

The practice had a maintenance schedule in place. We saw evidence that this included electrical, water system testing, servicing and repairs. There were arrangements in place for the disposal of clinical and hazardous waste and the practice was registered with the Environment Agency.

We reviewed the business contingency plan. The provider had plans as to how the practice would continue to operate under exceptional and adverse circumstances. For example, failure in computer or telephone systems, or in the event of an epidemic. The plan also ensured that staff were aware of their responsibilities and contained details of suppliers and relevant companies and organisations.

## 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.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We spoke with the practice manager and senior GP lead regarding the requirements to workers. The practice registered with CQC in April 2013 as required. Before this date there was no requirement for the practice to be operating under our regulation for this outcome.

The practice manager and senior GP lead informed us that no new staff had been employed after April 2013. We spoke with the practice manager regarding future staff employment. The practice manager was able to explain the required information as needed under this regulation. This included full employment history with explanation of gaps, medical questionnaire, and photographic identification. We were told that references would be undertaken prior to commencement and staff conduct at previous roles where they worked with children or vulnerable adults would be checked. Disclosure and Barring Service (DBS) checks would be carried out for specific roles. Specific roles would also be checked with the relevant professional body to ensure the person was registered. These checks were to ensure that the people employed by the service were of good character, suitably qualified, skilled and experienced

We reviewed recruitment files for non-clinical staff employed before April 2013. Three files we reviewed contained most of the relevant information. Files contained photographic identity checks and medical questionnaires. We also saw evidence of relevant references and peoples work history. We noted that files contained gaps in employment history however as people had been employed prior to April 2013 there was no requirement for them to contain this information. We spoke with the practice manager who was aware of the regulation for written explanation of gaps in peoples work history for future employees. We noted the new recruitment policy made reference to this as well.

We spoke with the practice manager and senior GP lead regarding staff and Disclosure and Barring Service (DBS) checks. We were informed that administration staff did not complete a DBS check. We were told the practice had made the decision based on a risk assessment of the administrative roles not being in direct contact with patients.

Doctors are DBS checked when they registered with the relevant professional bodies. The practice checked registration against the professional bodies and therefore did not complete their own DBS checks. Nurses had been employed before the regulation of

completing DBS checks. Nurses are registered with the Nursing and Midwifery Council (NMC). Nurses need to register with this professional body yearly and keep up to date with relevant training. The practice checked both the doctors and nurses registration. This ensured that clinical staff had the appropriate skills and qualifications to do their roles. The practice manager and the senior GP lead explained if there were any concerns relating to the work conduct of any of the nurses a DBS check would be completed. We were informed that new nursing recruits would automatically be requested to complete a DBS check and this was reflected in their policy.

The provider may like to note that we were unable to see a written risk assessment as to the decision behind existing administration staff and nursing staff not requiring a DBS check.

We reviewed the recruitment policy and found this to be in line with requirements. We spoke with staff who told us that when staff joined they completed an induction programme and received a staff hand book containing the necessary organisational policies. We reviewed the induction programme and saw an example of the administration staff handbook. This contained policies relevant to the role.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints patients made were responded to appropriately.

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**Reasons for our judgement**

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Patients we spoke with told us they had not needed to make a written complaint. One patient told us, "I am satisfied with the practice, I have no complaints."

We viewed the surgeries complaint policies and procedures. The policy indicated the practice would ensure patients were aware of the complaints procedure, the escalation, if needed, to the Ombudsman and the right to assistance from an independent advocacy service. Patients were able to access this information through a leaflet explaining the complaints procedure. This ensured patients were aware of the time frame of dealing with complaints and who to send the complaint to. It also referred the patient to the Patient Participation Group Complaints Liaison Officer. We saw the leaflet ensured that the complainant knew how to continue the complaint if they were unhappy with the response from the practice. This included contact details for the Ombudsman and the Patient Advice and Liaison Service. Patients were also able to express concerns or complaints on the practice website. This ensured that patients were given correct and up to date information regarding the complaints procedure.

The surgery kept a record of complaints and incidents and the relevant correspondence. We viewed the complaints records and specifically reviewed three. The three complaints we reviewed had been handled in line with the practices' policy. We saw evidence that complaints had been investigated by the complaints lead and the complainant had been responded to in an appropriate time frame. This meant the practice had an appropriate system in place for handling and responding to comments and complaints.

The provider may like to note that correspondence from one complainant was not present and staff were unable to locate it at the time of the visit. We were however able to see the response supplied by the practice.

## 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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