

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

Wallington Family Practice

Jubilee Health Centre West, Shotfield, Wallington,
SM6 0HY

Tel: 02086696186

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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 ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

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

Details about this location

Registered Provider	Wallington Family Practice
Registered Manager	Dr. Ian Wilson
Overview of the service	Wallington Family Practice Surgery provides a range of GP services to the local community, looking after both adults and children. There is also a nursing team with a nurse practitioner. The practice is based in a new purpose built health centre and shares the centre with another separate GP service and other health professionals and services for example blood tests, health visitor clinics, midwives and X-ray services.
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

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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 25 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

What people told us and what we found

On the day of the inspection we spoke with seven people who used the service some of whom were on the patient participation group. We spoke with the practice manager, reception and clinical staff and we observed the reception area. We saw that there were some issues with the layout of the reception area but efforts were being made to address these.

Overall, people were happy with the service they received. Most people we spoke with had been coming to the practice for some time. One person said "We have had exemplary service and support from our GP... We appreciate the new facilities... They represent a massive improvement over the previous centre." Another told us "There are some very good doctors, they are very approachable, they do listen and take time to explain things." Two people told us they experienced problems getting through on the phone to make appointments at times.

People said they were involved in discussions about their care and treatment. They also liked the other services such as the X-ray service and blood testing being available in the same building. We looked at some records and spoke to health professionals. We saw people were given information and involved them in discussions about their care and treatment options. One person said we have been given lots of advice from nurses on "exercise, smoking and eating sensibly."

We found that people were protected from the risk of abuse because procedures were in place at the practice for safeguarding children and vulnerable adults, and staff demonstrated that they were aware of these procedures.

The practice appeared clean and tidy on the day of the inspection. We found that there were appropriate infection control measures in use to reduce the risk of cross infection at the practice.

People were asked for their views and experiences about using the service and this had been used to consider and undertake changes and improvements that people wanted. The provider also undertook audits to monitor and review the quality and safety of the service provided.

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

More information about the provider

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

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

Our judgements for each standard inspected

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. There was a practice information leaflet available at reception that provided details about the practice, types of appointments and opening hours. Information was also available on the practice website.

We saw that the practice had a range of printed information situated within the reception area about health promotion and lifestyle changes. We spoke with the practice manager who informed us that information was also available in different languages and on different medical procedures at people's request.

Most people that we spoke with who used the service were complimentary about both the medical professionals and the reception staff. They said they were happy with the practice environment. People's comments included "The staff at reception are very good. Even when they are busy they try to help", "The doctors I have seen have all been very good", "I like the new building. It's always clean and tidy". One person told us "I didn't want to move to here as I don't like big places but I am really glad I have." Two people told us that they found it difficult to find their way around. One said "Although the receptionists give you directions, it is confusing."

There was a system for routine and urgent appointments. Some people we spoke with during our visit told us they found the appointment system worked well for them but others found they had to wait a long time for an appointment. Two people told us that access to appointments had in their view improved considerably over recent months. One person said "Telephone calls are courteous, prompt and most helpful in the event of queries. We have not been disappointed in getting an appointment."

We spoke with the practice manager who informed us that the practice has been working to develop and improve the appointment system by introducing alternative methods for

appointment booking. They informed us that several methods they have looked at included booking appointments online and through a telephone-based software system.

During our tour of the practice we observed there were large electronic information screens in place around the reception area which provided people with information regarding the practice and alerted people when the doctor was available to see them. We spoke with the practice manager and the registered manager who advised us that the practice had chosen not to use the call sign system as they felt that most people who used the service prefer to be escorted into the consultation room by their GP or nurse. They were currently reviewing this.

All the consulting and treatment rooms we looked at had screens around treatment beds to protect people's privacy and dignity. We observed that all rooms had signs on the doors to denote that rooms were in use or available. We saw that the chaperone policy was displayed in the waiting area and in surgery rooms. The policy allowed people to be accompanied during appointments, for example if they had a carer or needed someone who could interpret on their behalf.

People's diversity, values and human rights were respected. Staff members that we spoke with were aware of confidentiality. There was information about confidentiality in the practice leaflet and online on the website. They were also aware of the importance of consideration of people's individual needs and requirements. We saw that the practice was wheelchair accessible for all the surgeries and there were toilet facilities on each floor. There were disabled parking bays at the front of the health centre. We were advised that following feedback from the local Healthwatch inspection visit a parking barrier was being considered to ensure the bays were exclusively for people with mobility using the health centre.

The practice opened late one evening a week until 8pm and there were appointments available on Saturday mornings. The practice had contact details for an interpreter service that could be accessed by phone or who attended an appointment if necessary. We saw from records that there was a consent policy and a patient dignity policy in place. This demonstrated that the practice respected and involved people who use service as much as possible.

Upon entry to the building we observed the signage in the reception area to be small and placed at an angle that people may not always be able to see clearly. We observed that the reception area was at times busy during the inspection with several people waiting. People's privacy was at times compromised by the reception layout and queues that formed. This had also been noted in the local Healthwatch report. There was a notice at reception to say that a room could be requested to discuss confidential issues; although when the area was busy this notice was more difficult to see. We spoke with the practice manager about this and they said this had been discussed at both practice meetings and with the landlord. Options were being looked at to improve these areas.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us they were very happy with the care they had received from the medical and nursing staff at the practice. One person we spoke with told us "The doctors here are all very good. My doctor always listens to what I have to say and helps me to make choices about my care". Another person told us "The practice nurse service is good. I got an appointment very quickly and was seen the next day". Someone else said "The care is much better here and very thorough, they check my blood pressure regularly and gave me good advice about how to take my medication." One person said that, although the care they received was very good, they wondered if more information could be provided about support that might be available for other services or the community for people with long term health conditions or for their carers.

The practice used an electronic recording system. We looked at some records and saw that they were updated electronically for the patients who had been seen that day. We saw that any allergies or medical conditions were highlighted. There was evidence of discussion about treatment, treatment options and prompt referrals for any further treatment.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. There were arrangements for emergency appointments with a duty doctor system. The duty doctor triaged all calls received requesting to see a GP that day. The registered manager told us GP's triaged people at this point to decide the best course of treatment for each person. There were slots available for home visits for those patients who it was considered needed to be seen that day. We were told that there was a number to contact in emergencies on the website and on the answerphone outside of opening times.

There were arrangements in place to deal with foreseeable emergencies. The practice had procedures in place for emergencies such as the risk of a fire and staff were aware of them. We saw that emergency medical equipment was in place on both floors of the practice where people who used the service attended appointments. These included first aid kits, emergency drugs, defibrillator and oxygen. We looked at one kit and saw that the

oxygen cylinder was in date and accessories were packaged appropriately. The nurse practitioner told us that the equipment on the first floor was checked by this practice and on the ground floor by the other GP practice. We spoke with several members of staff who were aware of the location of emergency equipment on all floors and had received training in basic life support. Training records we examined showed that most staff had received training in cardiopulmonary resuscitation (CPR) to ensure they were able to respond to emergencies appropriately.

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

Our judgement

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 abuse from happening.

Reasons for our judgement

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 abuse from happening. The practice had clear and detailed child protection policy and safeguarding vulnerable adult's policy in place. We observed that the practice had a lead clinician for safeguarding children and another for safeguarding vulnerable adults.

We spoke with the clinical lead in the safeguarding of vulnerable children at the practice. They told us of the steps taken to ensure vulnerable children and families were identified and measures put in place to support them. Discussions with other members of staff demonstrated that they were able to identify and understand the different types of abuse. We asked staff to tell us what they would do if they had any concerns. Staff gave us appropriate responses and told us that they would report any incidents to the practice manager or a GP.

The practice had a whistleblowing policy in place and staff we spoke with knew they needed to take action to report any concerns. We spoke with the registered manager who was familiar with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLs). They understood what their safeguarding reporting responsibilities were and how the local authority's safeguarding referral process worked. The provider may wish to note that the training records we examined revealed that all members of staff had completed frequent training in the safeguarding of children but the safeguarding of vulnerable adults had not been well attended by many staff.

We examined some of the practice's policies and procedures they had in place in relation to the health and safety for all who worked or used the service. Policies and procedures in place included the practice's health and safety policy, fire and evacuation procedures including a fire risk assessment and an accidents, incidents and significant events policy. All the policies we looked at were easily accessible, appropriately recorded and were reviewed on a regular basis.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with several people using the service. People that we spoke with told us the practice always appeared clean and well maintained when they visited. One person we spoke with told us "The new building is great. It has always been clean and tidy whenever I have visited." During our visit we observed the practice to be clean, well lit and hygienically maintained.

We found the practice had clear infection control policies and procedures in place. These included policies on the safe management of sharps, clinical waste and cleaning schedules. These policies and procedures gave staff instructions and guidance about effective safe infection control within the practice.

During our tour of the practice we observed the service was clean and tidy. We visited four treatment rooms. We saw there were adequate provisions of hand hygiene facilities including liquid soaps and moisturisers, disposable hand towels, as well as personal protective equipment such as gloves, aprons, face and eye protection. We were shown the separate dirty and clean rooms for medical equipment. Both rooms had a hand wash sink and the "dirty room" had guidance around infection control displayed and two sinks for the cleaning of equipment.

We spoke with the practice manager who told us that external contractors were responsible for the environmental cleaning of the practice. They said they had changed the cleaning contract in recent months as they had picked up some issues with the previous contractors. Disposal of clinical waste was dealt with across the building by external contractors.

We looked at the records for the cleaning contract in place and saw that the practice was cleaned twice a day, seven days a week. Records included detailed information on the cleaning schedules in place so domestic staff were aware of their cleaning duties and in which part of the practice. We saw that the practice had records of detailed cleaning requirements for all the clinician's rooms. This detailed cleaning tasks completed by the GP in between patients. Cleaning task records included cleaning schedules for medical

equipment such as couches, thermometers and trolleys.

Staff training records we examined confirmed that most members of staff had attended training in infection control and blood borne viruses. Training attended ensured that staff had the knowledge and skills to protect themselves and people using the service from the risk of health care associated infection.

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 we spoke with were aware of how to make a complaint, although most people said they had not needed to do so. Staff we spoke with working at reception were aware of how to advise people who wished to make a complaint. We observed that the provider had their comments and complaints leaflet displayed on the reception desk within the reception area. We saw that this leaflet had details of where people could go if they were unhappy with the response from the practice. We looked at the complaints record at the practice and saw that complaints were responded to within the agreed timescales. The practice also evaluated complaints on an annual basis for learning. We looked at last year's report and saw that a need for additional customer care training for reception staff had been identified. We saw from training records that this had been carried out.

The practice had a patient participation group and we spoke with two members of the group and received written feedback from another. We learned that there had as yet only been one meeting of the group but that another meeting was planned. Members of the group we spoke with were keen for the group to develop and for more members to be recruited and take a full active role in the practice.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. The provider had conducted an annual survey in March 2013, the results of which were available on the practice website. We were shown an action plan that the practice manager had drawn up to address issues that had arisen. We saw that this had been discussed with the patient participation group. We saw from the report that the wearing of identity badges had been raised and these had been introduced. Contact with the surgery and access to appointments had been highlighted as issues. Two people we spoke with said that they felt there had been a recent improvement in the availability of appointments and getting through on the phone. One person said "I have never had any problems getting through or getting an appointment." We found evidence of work done to address this issue including new telephone lines and changes to staff rotas to allow more receptionists at busy times. A range of ideas were being considered to try and minimise these problems.

The practice participated in the NHS quality and outcomes framework (QOF). This scheme involved audits that are carried out by the Clinical Commissioning Group (CCG) covering a number of areas including clinical care, medicines management and referral pathways, for example. The practice held meetings to review their QOF findings.

We spoke with one of the health professionals who said there were regular clinical practice meetings for the GPs to discuss clinical issues and review patient care. Nurses also held monthly clinical meetings that focussed on clinical matters. The practice manager met regularly with the reception team. They also met with the partners at the practice regularly. We saw from records that at the last meeting, held on 6 November 2013, the practice business plan and child protection training had been discussed. The provider may wish to note that minutes of some meetings had not been recorded which could mean that actions identified are not always followed up. As part of the quality assurance the practice manager told us that it had been recognised that there was a need for an assistant practice manager to help with the administration at the practice and this had been recently approved.

We were shown the report from the local Healthwatch inspection in January which had identified issues concerning the new premises. We saw that for some of these action was being taken. A curtain heating system above the automatic doors to prevent the reception area from being cold, and blinds in the waiting area to address any glare and heat in the summer were in the process of being arranged .

We discussed other issues from the report that affected the practice. The practice manager told us they had discussed the report at practice meetings and some issues had been referred to the landlord's agent. Progress had been made concerning the parking, heating and sunlight issues. However we noted other issues such as the signage around the building and hand sanitizer by the touch screen had yet to be resolved. We understood these were being put forward again at the December meeting.

There were sufficient systems in place to monitor the quality of the service and that issues were identified and plans put in place to address them.

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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