

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

## Darley Dale Medical Centre

The Darley Dale Medical Centre, Two Dales,  
Darley Dale, Matlock, DE4 2SA

Tel: 01629733205

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2014

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

<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard

## Details about this location

Registered Provider	Darley Dale Medical Centre
Registered Manager	Dr. Joanne Grant
Overview of the service	Darley Dale Medical Centre provides primary medical services to the local community. The practice also includes branch surgeries in Youlgreave and Winster, both of which offer a dispensary service.
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 23 January 2014, observed how people were being cared for and talked with staff.

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### What people told us and what we found

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At the time of the provider completing their registration for Darley Dale Medical Centre they advised that they were not compliant with the requirements concerning infection control, premises or equipment. They submitted an action plan to tell us what actions they would be taking to ensure they were meeting these standards.

During this inspection we found that patients were being cared for in a clean, hygienic environment and that there were arrangements in place to reduce the risk and spread of infection.

The provider had taken appropriate steps to ensure that patients were protected against the risks of unsafe premises. We saw that patients, staff and visitors to the practice were protected from unsafe or unsuitable equipment.

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

### Cleanliness and infection control

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment

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### Reasons for our judgement

During our inspection we observed that patients were being cared for in a clean, hygienic environment. We spoke with the practice manager and registered manager about the systems in place at the practice to reduce the risk and spread of infection.

We found that the provider employed domestic staff to undertake the cleaning of the practice. Cleaning schedules containing a list of tasks to be undertaken had been issued to the domestic staff for them to follow, however these were not being signed or completed by the domestic staff, nor checked by senior practice staff to ensure that all duties had been undertaken. The provider should note that it is important to have effective systems are in place to ensure that appropriate cleaning is undertaken within the practice to help reduce the risk of infection.

Staff had received training in infection control in June 2013; this had included hand hygiene, the use of personal protective equipment (PPE), sharps and waste management. The training was planned to be repeated on a two yearly basis to ensure staff maintained appropriate levels of knowledge of infection control.

The provider's policy for infection control was freely available to staff and contained appropriate advice and guidance. We saw that an infection control audit had been completed in April 2013 which had identified some areas for improvement. The audit was due to be repeated in April 2014. The provider should note that the audit highlighted that no hand hygiene audits had been completed and that these should be undertaken; however at the time of our inspection this had not taken place. It is important that audits are undertaken to help monitor the systems in place to reduce the risk of infection.

There were some arrangements in place for the recording and monitoring of the immunisation status of staff members. We saw that the practice manager held records detailing the immunisation status of clinical staff members which had been compiled by the occupational health service used by the provider. We did note however, that where the

occupational health service had been unable to identify any evidence of immunisation status, it was not always clear what action had been taken to address this. We discussed this with the registered manager who advised that these staff had been offered immunisations; however these discussions had not been recorded. It is important that such information is captured and acted upon to ensure that staff were free of and protected from exposure to infections.

We saw that there was information about infections displayed within the practice for patients. There was a poster on display in the entrance alongside alcohol hand gel and there was information on hand washing in the patient and staff toilets and consulting rooms. It is important that suitable accurate information on infections is available to help reduce the risk and spread of infection.

**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, 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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We found that the provider had taken appropriate steps to ensure that patients were protected against the risks of unsafe premises. We spoke with the practice manager about the works completed on the practice premises. They explained that whilst necessary maintenance was being carried out, further works were not being undertaken as the practice was in the process of commissioning and building a new purpose built premises which would replace the current building.

We saw that the premises at Darley Dale was accessible for patients with limited mobility or disabilities. There were automatic doors, disabled parking spaces and disabled toilet facilities. We were advised that similar facilities were also available at the branch surgeries in Youlgreave and Winster. Hearing loops were in place at all three buildings. A hearing loop is a system which transmits sounds to hearing-impaired listeners clearly and free of other distracting noise in the environment.

We reviewed the provider's business continuity plan which contained guidance and instructions on actions to be taken in the event of an emergency, including loss of power, the telephone system or staff absence. The provider should note that the plan still contained references to local Primary Care Trusts which had ceased to exist in April 2013. It is important that all information contained within this guidance is current and up to date to ensure that patients and staff are protected.

Environmental risk assessments had been completed for each of the provider's premises, including the main location at Darley Dale and the two branch surgeries. We did note however that the risk assessments had not been reviewed in over 12 months and the provider should note that this is necessary to ensure they contain up to date and accurate details.

We saw that the provider had a contract in place with an external company for the maintenance of the surgeries and for the testing of electrical equipment. We reviewed a selection of risk assessments which were in place for the surgery, including those in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH are general requirements on employers to protect employees and other persons

from the hazards of substances used at work.

A comprehensive legionella risk assessment had been undertaken by an external company for the provider in January 2013. The outcome of this identified actions which needed to be completed to ensure there were adequate safety measures in place. The provider should note that no action plan had been created to ensure these tasks were undertaken, however we were advised that there was a schedule of works to be undertaken. It is important that any risk assessments are acted upon to ensure that people are protected from the risks of unsafe premises.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

Patients, staff and visitors to the practice were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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Patients were protected from unsafe or unsuitable equipment because the provider had taken steps to ensure that equipment used within the practice was maintained and used appropriately. We saw there was a comprehensive medical equipment register in place which included details of all equipment used at all three sites. The register included details of when the equipment was last calibrated or had undergone maintenance and when this was due to be repeated. An external company was contracted to complete the calibration or maintenance of equipment and they were due to return to the practice in March 2014.

We saw that staff working in the practice who used specialist equipment, such as spirometry (a test to measure lung function – how well you breathe in and out) or ECG machines (electrocardiogram – a test that measures electric activity in the heart) had received training to ensure they were appropriately skilled to use the equipment safely. We were advised that user guides were available to staff for all of the specialist equipment available. The provider should note that risk assessments had not been completed for the specialist equipment in use within the practice. These are necessary to ensure that staff and patients are protected from the unsafe use of equipment.

There was resuscitation equipment available at the practice, including defibrillators. We saw that the equipment was checked on a regular basis and that staff had received training on the use of the equipment. This meant that staff would be able to respond appropriately in the event of an emergency, such as a patient collapsing.

There were adequate supplies of consumable equipment, such as gloves and bottles used to collect blood samples. Staff we spoke with advised that there were appropriate arrangements in place to ensure that supplies of equipment were checked and replenished on a regular basis. This is important to ensure that staff have access to suitable equipment in order for them to provide safe, appropriate care to patients.

## 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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