

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

## Davyhulme Medical Centre

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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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Davyhulme Medical Centre
Registered Manager	Dr. Rachel Elsa Howard
Overview of the service	Davyhulme Medical Centre is a partnership which has been in existence for over 30 years. The practice has eight GPs covering a practice of 11600 patients. Davyhulme Medical Centre is recognised as a training practice. It is located on a main road and has a large car park.
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

## 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 unannounced 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 18 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We visited Davyhulme Medical Centre on 18 September 2013 and found that there was a large car park which included disabled parking. The building was easily accessible, clean and welcoming.

The practice had a Patient Participation Group (PPG) which met regularly. There was a website offering newsletters, minutes of PPG meetings and the results of the latest annual patient satisfaction questionnaires.

The reception area and waiting room were well stocked with leaflets and information and there were disabled toilet facilities. There was a self-check blood pressure machine for patients' use.

We observed staff treating patients with respect and courtesy. We spoke with six patients who were on the whole very positive about the practice. One patient told us, "Reception staff are really good and helpful, come any time and they will fix you up with an appointment, they are marvellous." Another said, "They look after you in every way."

Appropriate policies, procedures and staff guidance were in place. We spoke with four staff members who demonstrated an understanding of safeguarding issues.

Staff were well supported with good induction processes, communication, meetings and training. Annual appraisals were undertaken for staff.

A complaints policy was in place and complaints were dealt with appropriately. Systems were in place for the practice to audit the quality of their service, obtain patients' views and suggestions and improve service delivery as necessary.

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.

People's privacy, dignity and independence were respected.

People'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

Davyhulme medical centre had a large car park which included parking spaces for disabled patients. The building was purpose built, accessible for patients with disabilities and had an adjoining pharmacy. A poster was displayed on the outer door outlining opening hours.

There was a large reception and large waiting area and a smaller waiting area. Practice newsletters were available for patients to pick up on the reception desk. Patients had the choice of using an on screen fast track check in service or checking in with receptionists at the desk.

The waiting room was clean and comfortable and there was a range of leaflets available offering advice and information about services available. There were posters on the walls outlining the practice's chaperone policy, pharmacy opening hours and information about forthcoming flu vaccination clinics. Hand washing gel was available in the reception area and there were patient toilets, including disabled facilities.

The practice had set up a Patient Participation Group (PPG) which met on a regular basis and we were shown the terms of reference for this group. The last meeting had been postponed due to some members leaving the group, but it was clear from previous minutes that the meetings were generally well attended and patient ideas and suggestions were responded to. Patients were invited to express their interest in joining the PPG by completing a leaflet at the front desk. The next date for the PPG was yet to be finalised, but was planned for November or December 2013.

The practice had a website which offered an on line appointment and prescription ordering facility, as well as a wealth of information about the practice, newsletters, minutes of the PPG meetings and the results of the latest annual patient satisfaction questionnaires. We saw the analysis of the results of the last questionnaires undertaken in February 2013

which were compared to the previous year and indicated that there was a slight improvement in being able to access the surgery by telephone. Other questions had been around the new on line appointments system and patients' thoughts on this had been sought. A small proportion of patients preferred the traditional methods of making appointments and this was acknowledged, patients still having the choice of which method they would use.

We saw the practice's chaperone policy and noted that patients were given the option of having a chaperone, usually one of the nurses or health care assistants, if they wanted one. We saw that written consent was sought for minor operations and verbal consent was asked for when there were medical students observing consultations. Patients' wishes would be respected if they did not wish to have a student present at their consultation.

Patient confidentiality was taken seriously by the practice, new staff being required to read and sign the confidentiality policy on induction. We observed staff speaking to patients with respect and courtesy and having regard for dignity and privacy at all times.

We spoke with six patients, who were positive about the staff at the practice. One patient commented, "Reception staff are really good and helpful, come any time and they will fix you up with an appointment, they are marvellous." Another patient said, "The staff always look after your privacy and dignity", a third told us, "The reception staff are very good and the doctors have been wonderful."

**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 people's safety and welfare.

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**Reasons for our judgement**

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The practice consisted of eight GPs, two part time nurses, two part time health care assistants and 32 administrative staff. It was a training practice and two of the GPs were trainers, their duties being adjusted according to the needs of students, for example, having slightly longer for consultations to allow them time to explain investigations and treatments clearly to the students.

There was a range of services provided, including immunisations, minor surgery, family planning, health assessments for patients over 75 years and, where GPs felt appropriate, telephone consultations. There was a blood pressure self-check service in the smaller waiting area and we saw a patient using this facility during our visit. A limited number of urgent appointments were available to patients each day.

We looked at a sample of patient electronic records and saw that they included medical histories, treatments and consultation notes. Allergies and important medical information were flagged up in red and there were safeguards around certain drugs which needed monitoring, i.e. the system would not allow a prescription to be issued until certain steps had been taken in order to minimise the risk of mistakes. Results of tests were held on the records and we were told that administrative staff, if asked to ring a patient to give results, were required to give a verbatim message to avoid any misunderstanding.

We saw that appropriate equipment, such as fire extinguishers, was in place and we were shown evidence of weekly alarm tests and regular fire drills. We saw that some staff had recently undertaken fire marshal training as a result of other staff reducing their hours and not always being on the premises. We saw that all staff undertook Cardiopulmonary Resuscitation (CPR) training annually and were up to date with this training.

We were told that the practice had a half day training event every six months when they would meet together and discuss any important changes and updates and undertake some learning development. Communication took place on a day to day basis both verbally and via day book messages which were completed and checked every day. Staff meetings were held on a regular basis and we saw evidence of this in the form of meeting minutes.

We spoke with six patients who were generally very positive about their care and treatment at the practice. One patient told us, "I was referred quickly to the hospital and seen there within two to three weeks". Another patient said, "I came recently and two doctors stayed late to talk to me and explain everything. They look after you in every way." A third patient commented, "The nurses are excellent, the nurse picked up on my symptoms right away. If you only come for a blood test she'll ask how you are and pick up on anything else."

One patient was unhappy with the waiting time for their appointment, commenting that although the staff were no problem the waiting time could be quite long. Another commented, "It is not always easy to get an appointment with the doctor you want to see".

**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 abuse from happening.

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## **Reasons for our judgement**

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Appropriate policies and procedures for safeguarding vulnerable adults and child protection were in place. Staff were required to read and sign these policies and there was guidance for staff around reporting. All staff had undertaken training in safeguarding adults and child protection, the GPs to level 3 child protection and the other staff level 1. One of the GPs was the safeguarding lead for the practice, being responsible for updating and disseminating information as appropriate.

We saw from the sample of patient records we looked at, that child protection issues were flagged up on the system and coded with a priority rating. If appropriate the child protection information was linked to other family members' notes so that the GP undertaking consultations would be aware of the issues.

We looked at the issues of consent and capacity with regard to vulnerable adults and were shown an example of a vulnerable patient who had recently returned to the practice after being registered elsewhere for a while. Efforts had been made to provide continuity of care for this patient, as this was important to them. This entailed always ensuring that they saw the same GP. There had also been multi-disciplinary best interests meetings concerning this patient involving their social worker, named nurse and the local accident and emergency department to share information and ensure good partnership working, as there were some significant health concerns.

We spoke with four staff members who all demonstrated an understanding of safeguarding issues and were confident that they would be able to follow the process if necessary. They were aware of capacity and consent issues, were able to provide examples of when they had dealt with these matters and knew how to access further information should they need to.

The practice had whistle blowing and harassment and bullying policies of which the staff were aware. These had been read on induction and the staff we spoke with were confident that they would be listened to and matters would be dealt with appropriately if they reported any issues.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We saw that staff had annual appraisals and that these were reviewed by managers and actions implemented where appropriate. Various methods were available for staff and line managers to communicate including informal face to face meetings, formal meetings and via the communication day book message system.

The practice had two named GPs who were responsible for staffing issues. Davyhulme, being a training practice, also supported students via their training programme, and time was allocated for the two trainer GPs to use for this purpose.

We spoke with four members of staff who all felt well supported and were happy in their employment. They told us that their induction process had been thorough and we saw evidence of induction programmes which confirmed this.

Staff said that communication was generally excellent and changes and information were given to them as appropriate. We were told that all managers were very approachable and there was an open door policy within the practice. Some staff felt that more meetings, where they could put forward agenda items, would be helpful.

Staff felt that they were also supported by their team colleagues and gave examples of when they had been assisted with difficulties or problems they had encountered, by their team. We were told that training and learning development was on-going and that staff were encouraged and helped to develop their skills.

## 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.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The practice had a complaints policy, information about which was outlined in the practice information on the website. Complaints were addressed in a timely way and the practice held an annual complaints review meeting to look at patterns and learning points from complaints received. We spoke with six patients who all told us that they had not had occasion to complain, but would be confident that their complaints would be addressed appropriately should the need arise.

We saw that there was a business continuity plan to be implemented in the event of an emergency.

The practice had systems in place to deal with significant events. They held quarterly significant events meetings to look at learning from these. For example, a patient had fainted in the waiting room and following this event the visibility from the reception desk had been improved so that the reception staff would be aware of similar incidents more quickly.

A number of audits were carried out at the practice, such as a yearly minor operations audit and health and safety walk rounds. We saw evidence of the most recent health and safety walk round where observations were recorded and issues addressed. We saw evidence of a recent infection control audit, undertaken in May 2013 by the PCT for which the practice had scored 95%.

We saw that patient suggestions and opinions were sought in various ways, such as through the PPG meetings and via annual patient satisfaction surveys. We saw evidence of actions taken as a result of these views and ideas.

## 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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