

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

## Lingfield Surgery

East Grinstead Road, Lingfield, RH7 6ER

Tel: 08444778677

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November 2013

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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✗ Action needed

## Details about this location

Registered Provider	Lingfield Surgery
Registered Manager	Dr. Peter Cliffe
Overview of the service	Lingfield Surgery is a seven-doctor surgery providing GP services to the local population. It runs health and wellbeing clinics for patients, such as asthma, diabetes, childhood immunisation or phlebotomy.
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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## 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 6 November 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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During our inspection to Lingfield Surgery we spoke with six staff, two GPs, one member of the Patient Participation Group (PPG) and four patients. We also collected six responses to a survey questionnaire we left in the waiting area.

People told us that they were treated with dignity and respect. People told us that they felt involved in their treatment and one person told us "It was really good and I felt that I was being kept informed about my care throughout the process."

We found that staff were aware of procedures around safeguarding vulnerable adults and children.

We found that the practice had up to date infection control procedures and most staff had received training.

The staff that we spoke with all felt supported. One member of staff said "100%!" We saw that there was opportunity for regular appraisal and clinical supervision.

The practice had a complaints system; however on the day we noted it was not readily accessible to patients.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 14 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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Patient's privacy and dignity were respected.

We observed that staff spoke to patients in a respectful way during our visit. We watched and listened to how patients and staff interacted during the day and found this to be positive and friendly. We saw that staff were polite and helpful and spoke with people in a way that demonstrated empathy and support for the individual.

Patient's we spoke with confirmed that they were always treated with dignity and respect and that staff ensured they were given privacy. One patient said "When I come to see the nurse, they are always mindful of my dignity being preserved." They added "They always pull the curtain around the bed." Patients told us that staff knocked on doors and waiting to be invited in, however they said they were very rarely interrupted whilst in a consultation. Staff that we spoke with gave us examples of how they ensured they treated a patient with respect and dignity. For example, they told us they would always close the door of the consultation room, or use a towel to preserve someone's dignity.

One person told us about the changes the practice had made at the reception area. They said "There is a red line painted on the floor and you have to wait until you are called forward. This is so the patient in front of you can have some privacy – I think it's a great idea." Staff told us there was a 'quiet' room available for patients who wished to meet with staff privately. In addition, telephone calls to patients did not take place on the front reception desk, but in a back office area. This meant that people's right to confidentiality was respected.

We noted that people were given choice, such as choice of appointment time. Patients could choose to see any GP or a GP of their choice, dependant on how urgent their appointment was. The practice patient survey results showed that of the 235 responses received 35% of people thought the GPs were 'Excellent' in involving patients in decisions about their care and 45% thought they were 'Very good'. This meant that people could be involved in their decision about their care and treatment.

Staff told us that they made sure patients were aware of their choices in relation to their treatment. We saw that leaflets and information was available in the practice waiting area for patients. This included information on smoking cessation, weight loss clinics or mental health awareness. In addition, the GPs we spoke with told us they would print out a patient leaflet which contained health information specific to the patient. The practice held various health clinics, such as COPD, asthma or diabetes. Patients could access health and wellbeing information as well as treatment at these clinics. This meant that patients' had access to appropriate information.

We saw that the practice had a Patient Participation Group (PPG) and they had their own noticeboard in the waiting area. We saw that minutes of recent meetings and general information was displayed for patients. We spoke to one member of the PPG who told us that "We are starting to work together with the practice well." We were told how the PPG had been consulted on a new appointment and telephone system. In addition, they had arranged a first aid course for patients. This told us that the provider ensured that patients were involved in the day to day running of the practice.

**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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The provider was aware of their role in safeguarding vulnerable adults and children.

The practice had a safeguarding lead who was responsible for ensuring information about safeguarding was disseminated to all staff. We saw that most clinical staff had safeguarding training in relation to child protection and safeguarding vulnerable adults. We saw evidence that all staff would be trained on 14 November 2013 during a staff meeting.

We saw that the practice had a safeguarding policy for children. However the provider might wish to note that not all the staff that we spoke with were aware of this policy. We noted that the practice did not hold a safeguarding vulnerable adults policy. We were told by the lead clinician that this would be done. The practice manager explained that there was a desktop icon in clinical rooms which linked directly to Surrey County Council (SCC) safeguarding site. SCC were the lead agency for safeguarding concerns. We were told that the practice had links with the 0-19 years team. Staff ensured they kept up to date information on children on the risk register and this was flagged on a child's medical notes. This meant that staff had access to information when they needed it.

We spoke with staff, including the lead for safeguarding in the practice. Staff were able to describe the types of abuse that may occur and how to respond to a safeguarding concern for an adult or a child. This meant that staff could respond appropriately to allegations of abuse.

We saw evidence that most staff had a current Disclosure and Barring (DBS) criminal records certificate. The provider told us they had carried out a risk assessment for all staff and had made a decision not to obtain a DBS for some of the administration staff. However, following discussion they told us that they planned to ensure that all staff underwent this process. This meant that the provider could ensure that staff who worked at the practice were suitable to work with vulnerable adults and children.

All of the patients that we surveyed told us that they felt safe in the hands of the staff in the practice.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk or spread of infection.

All of the people we spoke with displayed a high level of satisfaction with the cleanliness at the surgery. One person told us "I have no worries about the place being dirty; it always looks fine to me." Patients talked about nurses wearing gloves at times, particularly when undertaking invasive procedures such as taking bloods for example. Patients told us they noticed the staff regularly washing their hands. We saw that each consulting room had hand washing guidance displayed above the sink. We also saw that the same guidance was available in the patient toilet. This showed us that the provider ensured staff followed national guidance.

We looked in all of the consulting rooms and treatment rooms and found these to be clean and hygienic. There were gloves, aprons, hand gels, soaps paper towels, clinical waste bins and sharps boxes. We saw that the practice had a contract with a clinical waste company. We were also given evidence that all clinical staff had an up to date Hepatitis B vaccination. We asked staff what they would do if a patient was infectious or contagious. We were told that they would sit the patient in the 'quiet' room and the GP would personally collect them for their appointment. This meant that contaminated clinical waste was disposed of appropriately and patients were protected from blood borne viruses or infections.

The practice used a cleaner to clean all areas of the surgery and we noted that they followed daily, weekly and monthly cleaning tasks. These were logged and signed for each day.

There was an infection control lead in the practice and we saw evidence that staff had received infection control training. The practice held policies that related to infection control, such as guidance on body and fluid spills, needlestick injuries and sharps bins.

We saw the results of a recent infection control audit, carried out by an infection control lead from the public health team at Surrey County Council. We observed that there was some actions required by the practice. We noted that most of these had been done. For example, new couch curtains had been purchased and new wipeable chairs were placed

in the 'quiet' room. This showed us that the provider acted on relevant guidance.

During our visit we did discuss infection control procedures with one clinician and were told that they would only change the paper sheet on the consulting couch if the previous patient had not had their clothes on. We spoke to the provider about this and we were assured that they would address this immediately.

**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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Staff received appropriate professional development.

During our inspection we spoke with five staff and reviewed training and appraisal records. We saw that all administration staff had an induction when they started work at the practice. We also saw evidence that most had received training in basic life safety, fire safety, health and safety, confidentiality and manual handling. We also saw evidence that clinical staff had undertaken regular training.

Staff attended regular staff meetings which included weekly GP meetings, early closure afternoons for all staff and ad-hoc meetings at the start of a shift to share information related to the practice. We saw minutes of some of the meetings and saw that a range of topics was discussed.

We saw that a system of formal appraisal was in place for practice staff. This showed us that staff had a meeting on an individual basis with their manager. We were given assurance that GPs took part in regular external appraisal, which is a requirement for GPs to meet their revalidation requirements. In addition, we were shown that GPs carried out clinical supervision with the practice nurse team.

We asked patients if they believed the staff appeared competent to do their job. They all commented they felt they were.

The staff that we spoke with all felt supported. We were told "Yes, nice place to work", "Lovely doctors here" and "Good relationships within the practice."

People should have their complaints listened to and acted on properly

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## Our judgement

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The provider was not meeting this standard.

The practice complaints system was not available to patients in an easily accessible way.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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People were not made aware of the complaints system.

On the day of our visit we noted that the practice complaints policy was not displayed in the waiting area. We asked staff about this and were told that it was kept behind the reception desk. However, staff were unable to immediately find the policy. This meant that patients would not know how to make a complaint. It also meant that if patients wished to complain they would have to ask staff for a copy of the policy. We were told that the complaints policy was available on the practice website. However, this would only be accessible to patients who had access to a computer.

We asked patients if they knew how to make a complaint. They told us that they had not seen the complaints policy, but felt they could approach the staff. The patients who completed our questionnaire also told us they would talk to the staff. One person told us "I have been coming to the surgery for many years and have never had to make a complaint. I am confident if I did it would be dealt with immediately."

We asked to look at the complaints log for the practice and saw that there had been five complaints in the last year. Two of the complaints were long standing and had yet to be resolved. We found some difficulty in identifying some of the information and actions that related to individual complaints as some of the paperwork was missing. In addition, one complaint had been made verbally but there was no record of what the complaint was about or when it was received. We were only able to see a response from the practice to the patient. This meant that we were unable to clarify whether or not all complaints were fully investigated and resolved.

The practice had carried out a patient survey during a two-week period earlier this year. The practice received 235 responses to their survey. We saw from the results that 54% of people reported that their experience of the GP surgery was 'Very good' and 18% said 'Good'.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Family planning	<b>Complaints</b>
Maternity and midwifery services	<b>How the regulation was not being met:</b>
Surgical procedures	The provider had not ensured that they had provided patient's with information on how to make a complaint should they wish to.
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 14 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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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