

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

Pemberton Surgery

Pemberton Pcrs, Sherwood Drive, Pemberton,
Wigan, WN5 9QX

Tel: 08444779459

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Date of Publication:
December 2013

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 |
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| | |
|--|---------------------|
| Care and welfare of people who use services | ✓ Met this standard |
|--|---------------------|

| | |
|--|-----------------|
| Safeguarding people who use services from abuse | ✗ Action needed |
|--|-----------------|

| | |
|---|-----------------|
| Requirements relating to workers | ✗ Action needed |
|---|-----------------|

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

| | |
|----------------|-----------------|
| Records | ✗ Action needed |
|----------------|-----------------|

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Pemberton Surgery |
| Registered Manager | Dr. Sheila Shaw |
| Overview of the service | <p>Pemberton Surgery is based within a large health centre in the Pemberton area of Wigan. In addition to the doctors the practice also employs a practice manager, practice nurses, a health care assistant and a number of administrators and receptionists to support patients. The practice also has visiting NHS community staff to meet the health care needs of patients. The practice treats people of all ages and provides a range of medical services.</p> |
| Type of services | <p>Doctors consultation service</p> <p>Doctors treatment service</p> |
| Regulated activities | <p>Diagnostic and screening procedures</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p> |

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

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 20 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with seven patients and staff members. These staff members included receptionists, administrators, the practice manager, nurses and a general practitioner (GP).

The practice provided patients with information about the services available through their website.

Systems were in place to plan people's care and treatment.

We found that systems and information were in place to enable staff to report any concerns relating to children at risk. Improvements were needed in relation to safeguarding vulnerable adults' procedures.

We saw that audits took place to enable staff to measure the quality of the service that patients receive.

Improvements were needed in relation to recruitment processes and how the service managed paper records.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 January 2014, 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.

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.

Systems were in place to promote patients privacy and dignity and to gain the views and experiences of patients on the services provided.

Reasons for our judgement

We spoke with seven patients on the day of our visit. Patients told us that it was 'fairly easy to get an appointment.' One patient told us that when an appointment is needed they phone the surgery and a GP (General Practitioner) phones them back to offer advice or to arrange an appointment. The majority of patients spoken with were aware of information about the different services and clinics that were available the practice.

The provider may wish to note that limited information regarding health and lifestyle was available in the reception area of the surgery. The lack of information on display may result in patients not having access to services and advice available to them. The practice manager told us that as part of the building management the walls of the building could not be used for display purposes. They told us that patients could request information from the receptionists.

We looked at some of the patient leaflets available from the receptionist and saw that several of these leaflets were available in easy read and pictorial formats.

The practice had a website that contained detailed information about the staff and the services available at the surgery. In addition, the website contained information about opening hours; contact details and out of hours contact details for medical services.

The environment of the surgery promoted people's independence. The surgery was situated on the ground floor of a building that was accessible to all. The waiting and consultation rooms were spacious which enabled patients with prams and equipment to aid mobility easy access.

We saw that systems were in place to help ensure that people's privacy was maintained. For example, the service had a computerised booking system. The screens for the computers were positioned in a way that could not be seen other than by the staff team. Rooms were available for patients wishing to discuss and request information from staff in private.

Throughout the visit staff were seen to approach and converse with patients in a respectful manner.

We saw that an on the day appointment system was in place to enable people to see a GP urgently if they required. For the convenience of patients late appointments were available two evening a week.

Patients' diversity was respected. For example, staff had access to information to assist patients whose first language was not English. The language line offers an interpretation service to facilitate communication between different languages.

We saw that patients were given the opportunity to express their views about the service they received. For example, the surgery had a patient participation group (PPG) that met on a regular basis with the surgery staff. The minutes to the patients' representation group were available at the surgery.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in line with patients needs.

Reasons for our judgement

We spoke with seven patients who told us positive things about the service they received from the practice. For example, one patient told us that the GPs are OK when you see them. Another patient told us that they get good service from the GPs and another patient told us that they received a "good service overall."

New patients registering with the practice were invited to book an appointment for a full health assessment as part of the registration process.

People's needs were assessed and care and treatment was planned and delivered in line with their individual needs. We saw that there was an electronic appointment system in place which all staff had access to.

We saw that the electronic booking system had an alert facility that gave the opportunity for staff to highlight and bring to the attention of other staff whether the patient had needs that needed to be managed in a specific way. In addition, we saw that a reminder system was available. Staff demonstrated that this enabled them to contact patients when they needed to make an appointment for example, for a routine blood test.

We saw that patients requiring an urgent appointment were able to contact the surgery before 10am and speak to a GP or the nurse practitioner who would offer advice or an appointment was made. One patient told us that they had made an appointment that morning by visiting the surgery and was given an appointment straight away. Two patients told us that they had had to wait three to four weeks for non-urgent appointments.

Clinics were arranged to support patients where possible. For example, we saw that regular clinics were held in relation to diabetes; babies and children under five; antenatal and postnatal; well woman and asthma.

Discussion with a GP demonstrated that the practice promoted the planning of patients' end of life care and support. They told us that they worked closely in this planning with other local health care providers, for example, the local hospice and district nurses specialising in end of life care.

We saw that equipment was in place to deal with foreseeable emergencies. For example,

we saw that a first aid box; auto-defibrillator; oxygen and emergency medicines were available. The provider may find it useful to note that it took some time for staff to access the medicines cabinet. Although there was no immediate risk, in the event of an emergency immediate access to this equipment should be available.

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

Our judgement

The provider was not meeting this standard.

Patients who use the service were not always protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening of vulnerable adults.

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.

Reasons for our judgement

We saw that a child protection policy and procedures were in place. These procedures offered clear guidance to staff in relation to the referral process for the immediate protection of a child and recognising a child in need. For example, we saw that a referral chart was available to all staff that stated who, when and where needed to be contacted in the event of a concern regarding a child.

Training information demonstrated that the majority of staff had undertaken training in safeguarding children. A designated GP and administrator had the role of co-ordinating issues relating to child protection and children in need. Both representatives from the surgery told us that the regularly attended meetings with school nurses and health visitors. The provider may wish to note that minutes were not taken of these meetings. Although we found no immediate risk failure to record information from meetings may result in important information not being passed onto other agencies.

Patients who use the service were not always protected from the risk of abuse as the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening to a vulnerable adult. We saw that no policies and procedures were in place in relation the protection of vulnerable adults. Two of the staff spoken with demonstrated a good awareness of how to identify and report a safeguarding adults concern. However, training information supplied by the practice manager demonstrated that no staff had received awareness training in the protection of vulnerable adults. Failure to have detailed information about how to respond to a concern may result in a matter not being dealt with in a timely manner.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

Systems were not in place to ensure that staff employed were safely recruited

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

Reasons for our judgement

The practice manager told us that the majority of staff working at the surgery had been employed there for many years. They told us that they rarely had a vacancy. Staff told us it was the role of the practice manager to recruit nursing and administration staff. The recruitment of the GPs' was managed by the registered manager.

The practice had a recruitment policy. We saw that the policy contained information in relation to job descriptions and the advertising of posts. However, the policy failed to state what information was required in order to recruit staff safely. For example, employment history; references and checks that demonstrated that people were suitable to work with children and vulnerable adults.

We looked at a number of recruitment files for clinical staff and saw that they failed to demonstrate that appropriate information had been sought prior to them commencing their role. For example, we saw no evidence to demonstrate that staff's identification had been verified, there were no photographs of the member of staff; no evidence of the qualifications of the staff and no evidence that they were registered as fit to practice with the appropriate professional registration body for their profession.

We found no evidence that Disclosure and Barring Service (DBS) checks had been carried out for staff. The Disclosure and Barring Service aims to help employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA).

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 systems to assess and monitor the quality of the service that people receive.

Reasons for our judgement

We saw that the practice had systems in place to monitor the quality of the service delivered. For example, a monthly practice meeting took place for all staff to discuss issues within the practice and make plans for the future.

The practice had a system to seek and act upon feedback from patients who use the service. For example, a patient participation group (PPG) has been formed. This group is made up of patients that are representatives of the practice population. The main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice.

At the time of our visit the surgery in conjunction with the PPG had completed a survey of 200 patients. Information had been gathered from patients by way of a questionnaire. We saw that patients had been asked to comment on a number of issues relating to the services provided by the practice. For example, opening hours; the telephone triage service; the time and care given by the GPs and would patients recommend the surgery. The practice manager told us that a meeting was scheduled for the end of November 2013 where the PPG and other staff from the surgery would develop an action plan in response to the information patients had shared in the survey.

A comments box was available in the reception area of the service to enable patients to leave any comments or suggestions they may have about the service.

We saw that a number of checks and audits took place to identify, assess and manage risks related to the service and the patients who accessed the service. For example, we saw that prescribed medication audits had taken place and regular checks and audits were made of emergency medicines. In addition, we saw that an audit of significant events had taken place. The provider may wish to note that not all significant events recorded had been followed up. For example, one event recorded in January 2012 stated that it would be reviewed in December 2012; however, we saw no evidence that this review had taken place. There was no immediate risks seen relating to not completing this review, however, failure to review significant events may result in the practice not learning from events or prevent them from happening again.

The practice used information from external audits to support the service. For example, the quality and outcomes framework system (QOF). This was used to monitor the quality of the service in the practice. Staff regularly updated the information on the QOF when required. The GP spoken with told us that any concerns highlighted through the QOF were discussed at the monthly practice meeting.

We saw that a system was in place for senior staff at the practice to record and action any complaints made about the service. The documentation included initial complaints letter and responses made by the practice. The provider may wish to note that a number of patients told us that they were not aware of how to make a complaint about the service. Staff told us that reception staff had the information if patients asked as the complaints procedure was not on display within the surgery. Although this did not pose any immediate risk to patients failure to openly display the complaints procedure may result in people not raising or a delay in raising a concern or complaint they may have.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People's personal information was not always protected.

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

Reasons for our judgement

We saw that protocols were in place to promote the confidentiality of patient's personal information. For example, we saw a procedure was in place for the disclosure of information to a parent regarding their teenage child. This information contained best practice guidance in this area.

We saw that patient's electronic records were maintained in a manner that protected their personal information. For example, we saw that all of the computer equipment was password protected and accessible by the surgery staff only.

Patient's paper records were not kept securely. We saw that many of the filing cabinets in use to store these records were not lockable as the locks were broken. We observed several people employed by other healthcare agencies accessing the area in which the information was being stored.

Staff records viewed during our visit were not accurate or fit for purpose. For example, we saw that information relating to the recruitment of staff failed to demonstrate that appropriate checks had been carried out to demonstrate their fitness to carry out their role.

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 | Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 |
| Maternity and midwifery services | Safeguarding people who use services from abuse |
| Surgical procedures | How the regulation was not being met: |
| Treatment of disease, disorder or injury | Patients who use the service were not always protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening of vulnerable adults. |
| Regulated activities | Regulation |
| Diagnostic and screening procedures | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 |
| Maternity and midwifery services | Requirements relating to workers |
| Surgical procedures | How the regulation was not being met: |
| Treatment of disease, disorder or injury | Systems were not in place to ensure that staff employed were safely recruited |
| Regulated activities | Regulation |

This section is primarily information for the provider

| | |
|--|--|
| Diagnostic and screening procedures | <p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p> <p>How the regulation was not being met:</p> <p>People's personal information was not always protected.</p> |
| Maternity and midwifery services | |
| Surgical procedures | |
| 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 15 January 2014.

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.

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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