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

Dr Mahmood & Partners

Ravensthorpe Health Centre, Netherfield Road, Dewsbury, WF13 3JY

Date of Inspection: 20 January 2014

Tel: 01924351510

Date of Publication: March 2014

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

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<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Dr Mahmood &amp; Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Managers</td>
<td>Dr. Mushtaq Ahmad</td>
</tr>
<tr>
<td></td>
<td>Mrs. Rachael Kilburn</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>The practice is located in Ravensthorpe. There are two doctors, a nurse practitioner and a practice nurse who are supported by a team of administration staff. The practice offer a range of clinics including chronic disease management and childhood and travel vaccinations.</td>
</tr>
<tr>
<td>Type of services</td>
<td>Doctors consultation service</td>
</tr>
<tr>
<td></td>
<td>Doctors treatment service</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
</tr>
<tr>
<td></td>
<td>Maternity and midwifery services</td>
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<td></td>
<td>Treatment of disease, disorder or injury</td>
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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 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

As part of our inspection we spoke with three people who used the service, five staff members; including one doctor, the registered manager and administration/reception staff. These are some of the things people told us:

"Impressive service can't praise it enough."

"I'm very pleased with the staff I see."

"I find the practice amazing."

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

We found care and treatment was planned and delivered in a way that ensured people’s safety and welfare.

Staff had received abuse awareness training and procedures were in place to respond appropriately to any allegation of abuse.

Appropriate recruitment checks were in place prior to the employment of staff. We found people were cared for, or supported by, suitably qualified, skilled and experienced staff.

People had their comments and complaints listened to and where appropriate action had been taken.

You can see our judgements on the front page of this report.
More information about the provider

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's 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.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

We spoke with the registered manager who told us the practice had a Patient Participation Group (PPG). A PPG is made up of a group of volunteer patients who regularly discuss the services provided by the practice. The PPG's role is to discuss what improvements could be made which would benefit people who use the service. We spoke with three members of the group. These are some of the comments people told us:

"I'm very pleased with the staff I see."

"At every meeting we look at how we can improve services."

"It's an impressive service I can't praise it enough, they've never let us down."

When we arrived at the practice we heard the reception staff speaking to people. They were courteous and responded to people's wishes as to when they could attend an appointment of their choice. This showed the staff respected people's needs and responded to their individual wishes where able in meeting their needs.

We also saw the reception desk was not private in the way the reception staff could be overheard talking with patients. There was a sign at the reception which stated if people wished to speak in confidence then arrangements would be made. The reception staff told us a room would be found where the person could speak in private. This showed the practice respected people's privacy.

There was also a computer touch screen where people could confidentially register their arrival to the practice. One member of the PPG told us the patient monitor had been
discussed at the meeting and the practice had responded to this by installing a monitor. This showed the practice had listened and responded to people's ideas on how to improve the service.

People told us treatment options and services available were explained to them prior to receiving treatment; so they could make informed decisions. Staff we spoke with confirmed this. This is an example of how the service was meeting people's needs.

Staff told us how the practice respected the patient's privacy, dignity, religious and cultural beliefs. For example, if the patient requested a chaperone the practice would do their best to comply with the person's wishes. We saw information in the waiting room advising people a chaperone for examinations was available on request if they would like one. The registered manager also told us staff were booked on chaperone training in March 2014.

We asked people about how the practice supported people whose first language was not English and what methods the practice used to communicate with them. They told us they used a range of methods; for example, the practice had a number of staff who could speak different languages for example Urdu and Punjabi and people could also bring a representative with them to translate. The doctor we spoke with confirmed this. They gave us an example where they had used telephone interpreting services to speak with a person in their own language. We saw the practice had information leaflets available in different languages. This meant the practice treated people with dignity and respect and took into account their diverse needs.
Care and welfare of people who use services

Met this standard

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 a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We spoke with three people who used the service and they confirmed this. They told us they were happy with the care they received. Comments included:

"I've been so impressed with the practice. My mother has changed doctors to this practice."

"It's getting easier to get an appointment."

We spoke with one of the doctors who showed us three computer held records, of people who had been seen recently at the practice. We saw information in the records detailed different treatment options and people's choices were recorded. For example, one person's record contained a full explanation of the treatments available and the person's choice of treatment was recorded. People we spoke with confirmed treatment options were explained to them. One person told us "The doctors and nurses offer choices about my care and treatment." This is an example of how people were offered a choice and their wishes were respected.

The registered manager told us how the practice monitored and reviewed the care and treatment of people with long term conditions. They told us the practice had a recall system to ensure people had their reviews when they were required. This showed the practice had a system to recall people with long-term conditions and monitor their health. One person we spoke with confirmed this. They told us "I have an annual check for my high blood pressure."

People we spoke with told us they could usually get an appointment when they needed one. The told us they would be seen the next day if it had not been possible to get an appointment the same day.

We found the practice had employed a female doctor to give people the choice of seeing a male or a female doctor. Where people using the practice had agreed, they told us they received a text message reminding them of their appointment. These are examples of how the service were meeting the needs of people who used the service.
We saw emergency equipment was available in the surgery and this included emergency medication. A list of the medicines were kept and staff had recorded monthly, to show they had checked the drugs were within the expiry date. However the provider may wish to note, the date each specific drug expired and the amount left were not recorded. This meant, the next time a drug was needed, it may have already been used and none left in stock; or the drug could have expired between the monthly checks and therefore out of date.

Staff we spoke with said they had attended, or arrangements had been made for them to attend CPR (cardio-pulmonary resuscitation) training. The registered manager confirmed the next training was due to take place February 2014.
Safeguarding people who use services from abuse  ✔ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The practice responded appropriately to any allegation of abuse.

The lead GP was the designated lead for safeguarding within the practice.

During our visit we looked at the practice’s safeguarding policies and procedures. We saw the policies provided information on both vulnerable adults and child protection and how this should be reported. Staff we spoke with confirmed they were aware of the safeguarding policies.

The registered manager told us one of the doctors was the safeguarding lead for the practice. Staff told us they had received safeguarding training and this included computerized, on-line training and the clinical staff had face to face training. However, the provider might wish to note, not all the staff had received safeguarding adult training. We were told by the manager and staff, they now had a further safeguarding training package which included adults and children and all staff members would complete this.

We spoke with staff who were able to describe their responsibilities on how to safeguard people who used the service. They told us they were aware of the different types of abuse and were able to tell us what they would do if they had any concerns. Staff told us they would report any concerns to the practice manager or most senior person and felt confident that these concerns would be dealt with appropriately. Staff were aware they could escalate to the local safeguarding team directly. This meant that the practice had taken reasonable steps to ensure that people were safeguarded from the risk of abuse.

In the reception we saw notices stating the practice had zero tolerance and supported the NHS policy in relation to abuse. It also stated people who were verbally or physically abusive, would be immediately removed from the practice list. This showed the practice took its responsibilities seriously in protecting vulnerable people from abuse.
Requirements relating to workers  

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

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at the personnel files of two staff who worked at the practice and had been recruited since registration with the Care Quality Commission. We found there was a written policy for recruitment. It included a list of the checks required before employment of new staff and covered all elements of the regulation. In the staff files we looked at we found the provider had undertaken all the appropriate checks. This meant the provider had ways of checking the people they employed were of good character, fit to work and had the qualifications necessary for their role.

We spoke with the registered manager who told us Disclosure and Barring Service (DBS) checks had been undertaken for all staff at the practice. We saw evidence in the two staff files we looked at that DBS checks had been undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. This meant the provider had ways of checking that people were of 'good character'. However the provider may wish to note, when we looked at the DBS disclosure policy, there was no information on what actions or risk assessments the provider would take if a disclosure was made on the DBS check.

We asked the registered manager what checks were made to ensure the GP’s and Nurses remained registered with the relevant professional bodies. The registered manager told us, evidence of continued registration was checked on an annual basis.

We saw evidence in the staff files their identities and information about the person’s health had been checked. This meant the practice had the necessary checks and risk assessments in place to ensure people were protected from potentially unsuitable staff.
Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

The registered manager explained the complaints procedure to us and the action they should take if someone wished to make a complaint. This included the process for receiving, acknowledging, investigating and responding to complaints. We saw the practice had received one complaint in the last eight months. We saw the practice had taken appropriate action and responded to the complaint.

We saw annual reviews of complaints took place and this included a summary of the issues identified, action taken where appropriate, and learning for staff. We were told by the registered manager that all complaints and concerns would be discussed with the practice staff. The purpose of this was to review and discuss any actions or learning they might have from the information.

We were also given assurance the practice monitored their complaints for trends and patterns, as similar complaints could be an early indicator of a wider problem that they would need to address.
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.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>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.</td>
</tr>
</tbody>
</table>
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.