

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

Heath Lane Surgery

Heath Lane, Earl Shilton, Leicester, LE9 7PB

Tel: 01455844431

Date of Inspection: 05 September 2013

Date of Publication: October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Heath Lane Surgery
Registered Manager	Dr. Steven John Morgan
Overview of the service	Heath Lane Surgery is a GP practice in Earl Shilton . It offers general and enhanced services, including minor surgical procedures and family planning. The practice registers patients living in Earl Shilton and Barwell. The service is provided by six GP partners, three salaried GPs, five nurses and two healthcare assistants.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 5 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

One compliance inspector visited the practice. We spoke with eight patients. Everyone we spoke with was satisfied with the service they received. Comments patients made included: "Overall it's a good service.", "I think we're very lucky.", "It's brilliant." And "I'm really impressed with the help and communication I've had with [their child]."

Patients told us GPs and nurses explained if they needed to do an examination or provide any treatment and asked for the patient's agreement. One patient told us they had: "Always been consulted in my experience. [Staff checked] to see if I wanted a chaperone; always been consulted."

We found the service had effective recruitment and selection processes. Patients told us staff were good. Comments included: "People are good. The nurses are good." and "The staff are lovely." Children and vulnerable adults were protected from abuse because the service had appropriate systems for identifying and reporting concerns.

Four of the patients we spoke with were members of the patient representative group (PPG). This is a group set up to represent the views of patients and raise concerns or suggestions about the service. The representatives we spoke with told us: "I think we are valued." "The support we get and the way it works is tops." and "I'm happy and privileged to be part of the practice team." We found the service had systems for checking the quality of the service, including taking account of the views of patients and staff.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Patients told us GPs and nurses explained if they needed to do an examination or provide any treatment and asked for the patient's agreement. A parent told us health professionals always tried to explain things to their child as well as to them, so that their child could agree to examinations or treatments. One patient told us they had: "Always been consulted in my experience. "Always been consulted in my experience. [Staff checked] to see if I wanted a chaperone; always been consulted."

We spoke with five staff members and checked the provider's policies and procedures in relation to obtaining consent. We found that staff understood the policies and procedures and could confidently describe their roles in obtaining and recording informed consent. Staff knew who were trained as chaperones. We spoke with one trained chaperone who had a very clear understanding of their role as a chaperone. This meant patients and staff were protected because there were effective systems to ensure patients agreed to their care and treatment.

Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements. The three health professionals we spoke with demonstrated a good awareness of the principles of the Mental Capacity Act (2005). This is legislation that protects the rights of people who may not be able to make decisions about their care. The practice manager had an excellent understanding so they were able to check the legal requirements were met. They told us staff kept their understanding up to date through training. Patients were provided with care in accordance with their wishes because staff acted in accordance with relevant legislation.

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

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with eight patients during our inspection. Everyone we spoke with was satisfied with the service they received. Comments patients made included: "Overall it's a good service.", "I think we're very lucky.", "It's brilliant." and "I'm really impressed with the help and communication I've had with [their child]." Patients with long term conditions told us they had regular health checks. They received reminders so they did not miss these. All of the patients we spoke with told us they found it easy to make appointments and that they were seen on time. Most of the patients we spoke with used a text reminder service offered by the practice and found this very helpful.

A receptionist explained to us that they always asked patients if they would prefer a telephone consultation or an appointment. They asked for brief information so they could make appointments with the appropriate health professional. Receptionists had information about the skills and qualifications of, for example, practice nurses, so they could make appropriate appointments. Patients saw the appropriate health professional to meet their needs because there were systems to identify who they should see.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. Staff we spoke with were confident they were supported to provide a safe, good quality service. One staff member commented: "Our agenda across the practice is to give a high standard of care to patients and it shows." We looked at the provider's website and found that it provided a range of up to date information. This included information about services offered by the practice and health education. There was a range of information for patients in the waiting rooms. Patients were supported to maintain their health through a range of information sources.

Patients' care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The provider's website linked to an online translation service so that all the information could be translated into a wide range of languages. The patient participation group (PPG) had assessed accessibility for wheelchair users and found this was good. A member of the PPG also told us the practice was also considering whether they needed more than the four disabled parking spaces already available. A practice nurse told us she was the lead nurse for patients with a learning disability. Part of her role

was to ensure patients with a learning disability had regular health checks. Patients who needed support to access the service received appropriate help.

There were arrangements in place to deal with foreseeable emergencies. We saw there were written instructions about how to deal with possible emergencies. These were easily accessible on the walls in waiting areas and reception. All the staff we spoke with knew who first aiders were, knew how to identify a medical emergency and where the emergency equipment was kept. All staff knew when the fire alarms were tested. There had been a fire at the practice the year before our inspection. Records showed the fire procedures had been effective and the fire had been dealt with safely without anyone being harmed. The provider may find it useful to note that there were no arrangements for regular fire drills to check the fire procedures continued to be effective. Patients and staff were protected from the consequences of foreseeable emergencies because the provider had effective systems to deal with them.

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

Our judgement

The provider was meeting this standard.

Patients 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

Patients 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. All of the staff we spoke with had completed or were completing safeguarding training for children and vulnerable adults. The provider's policy identified which level of training each staff role should complete. Staff records showed that training plans complied with the policy. All of the staff we spoke with were able to describe how they would identify and report potential abuse. We saw that the provider's phone directory, issued to all staff, included up to date contact details for reporting abuse. Patients were protected from the risk of abuse because staff were trained and had appropriate information.

The provider responded appropriately to any allegation of abuse. The patients we spoke with said they felt safe using the service. One patient told us they were very confident that any concerns about their children's safety would be raised and dealt with appropriately. The provider had systems for recording and highlighting all children with a protection plan, so health professionals were aware of any risks for individual children. GPs described to us how they worked closely with colleagues in the police and social care to report abuse and protect patients known to be at risk. The health professionals we spoke with were able to give examples of when they had raised concerns and families had received additional support to protect patients, both adults and children. Patients were protected from abuse because the provider worked with other professionals to implement protection plans.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients told us staff were good. Comments included: "People are good. The nurses are good." and "The staff are lovely."

Appropriate checks were undertaken before staff began work. We reviewed the files of five staff. All staff files we looked at had proof of appropriate checks undertaken before staff started work. We saw evidence that all staff had the necessary criminal checks in place to work with vulnerable people. We found that one staff member's police check had not included a check of a list of people banned from working with vulnerable adults (the POVA list). The check was for a longstanding staff member about whom there had never been any concerns, but the practice manager agreed to submit a new check immediately so the records were complete. We also saw evidence that clinical staff had proof of up to date professional registration on their files.

Staff who were no longer fit to work in health or social care were referred to the appropriate bodies. All staff had a contractual requirement to report concerns about health professionals. The staff we spoke with were aware of this obligation. The qualified staff we spoke with were also aware of their professional codes of conduct. Staff were aware how to report concerns internally and to appropriate external agencies.

There were effective recruitment and selection processes in place. The provider had a recruitment procedure which we reviewed on the day of the visit. We talked to three staff about their recruitment. Their descriptions and their files showed that procedures were followed for all staff.

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 an effective system to regularly assess and monitor the quality of service that patients receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients and others.

Reasons for our judgement

The practice had established systems for gathering information about the quality of care provided. The practice manager showed us completed clinical audits which included a controlled drugs self-assessment and a minor surgery audit. The minor surgery audit had identified occasions when consent had not been properly recorded. New procedures had been introduced to ensure completed consent forms were added to medical records and a re-audit was planned to check the action had been effective. We also saw a practice appraisal completed by the Clinical Commissioning Group (CCG) in December 2012. The CCG has some responsibility for checking the quality of GP practices. The appraisal included an action plan and we saw that the practice had completed or was completing action for all of the recommendations.

Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on. Four of the eight patients we spoke with were members of the patient representative group (PPG). This is a group set up to represent the views of patients and raise concerns or suggestions about the service. The representatives we spoke with told us: "I think we are valued." "The support we get and the way it works is tops." and "I'm happy and privileged to be part of the practice team." The group met regularly with senior staff. Members told us their role was to act as a critical friend. The group had made changes to the website, helped to set up a walking group and supported changes in reception as a result of patient comments. Improvements to the service had been made as a result of patient comments raised by the PPG.

An action plan from a patient survey in 2012-13 showed the provider had taken action as a result of patient comments. Some patients had submitted reviews on the NHS Choices website. We saw the provider had responded to the reviews submitted. Patients could make comments in different ways and could be confident the provider would respond and take appropriate action.

The staff we spoke with told us they had opportunities to give their views, and these were

taken into account by the GP partners and the practice manager. One staff member commented: "It's quite open really."

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Staff described to us how they took lead roles. This meant they took responsibility for keeping up to date with practice in a particular area and for updating other staff. Business decisions were made through consensus by the six GP partners. All staff we spoke with had a clear understanding of how decisions were made and who they should go to for advice or support.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. All staff described how all incidents were discussed at practice meetings. They saw these meetings as an opportunity to learn and improve their practice. Minutes from the meetings showed these discussions took place. We saw annual reports showing that incidents were analysed to identify any themes. We saw that systems supported learning for individual staff as well as systems improvements for the practice.

The provider took account of complaints and comments to improve the service. We saw a record of complaints the provider had received, and noted that there were no recurrent themes amongst them. We saw minutes for the practice meeting which included a discussion on complaints for the practice. Although not all the patients we spoke with knew what the provider's complaints procedure was, they were confident they would be able to make a complaint or comment if they wanted.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
