

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

Tenbury Surgery

The Surgery, 34 Teme Street, Tenbury Wells,
WR15 8AA

Tel: 01584810343

Date of Inspection: 24 September 2013

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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
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Tenbury Surgery
Registered Managers	Dr. Nicholas Foster Dr. Wilhelmine Juliane Groning Dr. Christian Gunther Dr. Silvana McCaffrey Dr. Declan Morgan
Overview of the service	The Partners based at Tenbury Surgery provide primary care to people who live in Tenbury and the surrounding area.
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

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 24 September 2013, 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

During our inspection we spoke with eight patients and eight members of staff.

When patients received care or treatment they were asked for their consent and their wishes were listened to. One patient told us: "We discuss the options and I agree the best course of action. I have made choices and the risks have been explained". We found that when minor surgery had been carried out the doctor had obtained written consent from patients before it had commenced.

We saw that patients' views and experiences were taken into account in the way the service was provided and that they were treated with dignity and respect. The patients we spoke with provided positive feedback about their care. Patients' commented: "The care has been excellent". And "Very good, excellent". Patients received their medicines when they needed them and their medicines were regularly reviewed.

Staff had received training in safeguarding children and vulnerable adults. They were aware of the appropriate agencies to refer safeguarding concerns to that ensured patients were protected from harm.

The adapted premises were well maintained and clean. This protected patients from risks of infection.

The provider had systems in place for monitoring the quality of service provision. There was an established system for regularly obtaining opinions from patients about the standards of the services they received. This meant that on-going improvements could be made by the practice 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 practice acted in accordance with their wishes.

Reasons for our judgement

Before patients received minor surgical procedures, care or treatment they were asked for their consent and staff acted in accordance with their wishes. One patient told us: "They usually say are you happy to do that. The decision would be mine". Another patient said: "I came in yesterday and asked to be told every detail. The nurse showed me a chart so that I could see where I am on it". A third patient commented: They said to my husband, would you like to have a blood test". All patients we spoke with confirmed that they were given information about the treatment they had received before it had commenced.

We spoke with the practice managers' personal assistant. They understood the various forms of consent required. We were shown consent forms that patients had signed before they had minor surgery or an invasive procedure. This meant that patients only received treatment if they agreed to it beforehand.

Where people did not have the capacity to consent to treatment, staff acted in accordance with legal requirements. Mental capacity is the ability to make an informed decision based on understanding the options available and the consequences of the decision. If patients were unable to make decisions for themselves staff told us that they involved relatives to support patients in their treatment options. This meant that patients who were unable to make decisions for themselves were given appropriate support.

We looked at the practice booklet that was available at the reception for patients to take home with them. It informed patients that when English was not their first language they should request an interpreter be available by telephone or present during the appointment. Reception staff confirmed they would make the necessary arrangements. This demonstrated that systems were in place to assist patients in understanding what was said to them and their ability to make decisions.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with eight patients who used the service during our inspection. Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One patient told us: "It's exemplary. They are very good. They do everything they can for me". Another patient said: "It's been excellent. I can't think of anything I could complain about". We received comments about staff: "They have been very compassionate and helpful". And: "If they sense that you are struggling about something they go out of their way to be helpful". And: "I find them very compassionate, understanding and helpful".

Most patients told us they were able to get an appointment quickly and were seen on time. Some patients told us they had to wait until a later date to get an appointment but others said they could get them for the same day. One patient commented: "I've never had a problem getting one the same day". Another patient said: "If you want to see a particular doctor you may have to wait but otherwise you are seen on the same day". A third comment received included: "I can get one on the day only if it's an emergency". Patients told us that if they felt they had an urgent need for an appointment on the same day that staff always accommodated their requests. The lead receptionist confirmed this by explaining that the duty doctor did not have appointments so that urgent requests could be accommodated.

During our inspection we visited the Clee Hill branch of the practice. This service reduced the travel time for those patients who lived outside of Tenbury who were registered at Tenbury Surgery. Patients could access the practice without an appointment during specific times Monday to Friday or access the Tenbury Surgery by appointment. This meant that the provider had arrangements in place for patients to choose where they wish to be seen.

The practice managers' personal assistant and lead receptionist told us that all reception staff had been trained in how to carry out chaperone duties. We saw a policy about chaperoning. It advised that clinical staff were asked to chaperone but if none were available a trained receptionist would carry out the role. This was confirmed when we spoke with a practice nurse. Patients confirmed that they were asked if they wanted a chaperone present during their examinations. This confirmed that patients were treated

with respect and dignity when they visited the practice.

There were arrangements in place to deal with foreseeable emergencies and on-going care. The staff we spoke with described the arrangements in place for patients who needed GP visits in their own homes. A GP told us that the visits were shared out between them at the end of the morning surgeries. This demonstrated that patients received assessments and treatments that respected their personal physical abilities.

Some patients told us they had been referred to hospitals for assessment. They all said they were satisfied with the process and the referrals had been done promptly. A patient told us: "They were done very well". Another patient said: "My husband was and he had good attention. The referrals are done quite efficiently". This meant that systems were in place for patients to be assessed and treated by specialists.

We asked the staff about the out of hours service. They told us that patients were able to phone the practice number where they would be given another number to call. One of the patients we spoke with told us: "It was a very quick and professional service". We spoke with a GP who told us that there was a surgery every Saturday morning for patients to access. They said that this assisted in reducing the use of the out of hours facilities.

We talked with a GP and they told us they used the National Institute for Clinical Excellence (NICE) and South Worcestershire guidance for processes involving diagnosis and treatments of illnesses that patients may present with. This meant that patients received up to date tests and treatments for their disorders.

We saw the provider had a system in place to ensure that patients who were on the palliative care (end of life) register were cared for appropriately when the practice was closed. The practice managers' personal assistant and a GP told us GPs met every month with community palliative care staff to discuss the patients and review their care. The GP told us that community staff often dropped in to discuss patients they were caring for. This demonstrated that patients received specialist nursing care that met their individual needs.

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

Our judgement

The provider was meeting this standard.

Patients who used 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

All of the patients we spoke with told us they felt safe when they visited the practice or when they had a home visit. They told us they had confidence in the staff and how they spoke with patients.

The practice managers' personal assistant told us a GP was the lead for safeguarding. They had received safeguarding training for their role. The practice nurse and health care assistant were able to explain the procedures for safeguarding vulnerable adults and children. We spoke with another member of staff at the practice. They told us that they would go straight to the lead GP, or another GP if the lead GP was not available if they had concerns.

We spoke with the lead GP who told us they met with a health visitor every three months to review the patients who were on the 'at risk' register. They had also attended school meetings to obtain further information and help to create awareness for both parties. This meant that efforts were made for ensuring patients safety.

Staff told us they had received safeguarding training for vulnerable adults and children. The practice managers' personal assistant confirmed this and we were shown the training certificates. The staff we spoke with were able to explain the various types of abuse and the appropriate agencies to refer safeguarding concerns to ensure that patients were protected from harm.

The practice managers' personal assistant showed us the policies for the protection of children and vulnerable adults. We saw that the contact details of the agencies who were responsible for carrying out investigations, they included the Care Quality Commission. We spoke with a GP who demonstrated that they knew when allegations should be reported to the Care Quality Commission. Staff were able to describe the content of the policy to us. This meant that staff understood these policies and knew where to locate them if required.

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

Our judgement

The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

During our inspection both practices appeared well organised, clean and tidy. Patients we spoke with told us that the practices were always clean. One patient told us, "When I had an examination they made sure the door was closed and the privacy screens drawn. They always wash their hands and wear gloves before they start the examination". Another patient said: "The sister washed her hands and put on gloves". Staff told us personal protective equipment (PPE) was readily available and we saw that it was and that it was in date. We saw that there was a supply of PPE in each clinical room that we visited.

There were effective systems in place to reduce the risk and spread of infection. We saw that there was an appropriate infection control policy and when we spoke with staff they were able to tell us about it and where to access it. This demonstrated that the systems in place protected patients from infections. The practice nurse had recently taken on the lead role for infection control. They showed us the audit that they had started and said they had more work to do before it could be completed.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We saw evidence that their disposal was arranged through a suitable company. The practice nurse showed us the cleaning schedule that staff needed to complete and that they had signed to confirm they had done the cleaning.

We saw that when incidents relating to infection control occurred, appropriate action was taken by the practice staff. We found that staff had received training in infection control. The practice nurse told us they had done their training a few years ago and was in the process of completing another course.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Repeat prescriptions could be requested for both practices by visiting the practice and placing the tear off slip in a box, by post, computer (on line) or fax. The Tenbury Surgery reception staff told us patients who had difficulties with requesting repeat prescriptions due to reduced mobility or lack of computer access were able to make requests by phone. At the Tenbury Surgery there was a dedicated receptionist who dealt with all repeat prescription requests. Staff at the Clee Hill branch told us that all patients could make requests by phone as well as by the other methods. When we were present at the branch practice we overheard a telephone conversation that confirmed this arrangement.

Patients told us they were satisfied with the system for requesting repeat prescriptions. One patient said: "It's no problem at all". Another patient told us: "It's amazingly easy. I bring in the tear off slip and can collect from here (the practice) after 48 hours or collect it from the pharmacy". They also confirmed that they had regular medicine reviews to check they still needed them and the dosage. We spoke with a GP about the frequency of medicine reviews. They told us that they were done at least annually and for some medicines as often as every time the patient has an appointment.

We saw that all medication was stored securely. Emergency medicines and equipment were available and the practice nurse told us the medicines and equipment were checked weekly and recorded. Staff told us they received training in basic life support and this was supported by training records. This meant that appropriate arrangements were in place to deal with medical emergencies.

We saw that medicines and vaccines requiring cold storage was stored appropriately in fridges. The maximum and minimum temperature of the fridge was checked daily and recorded. The practice nurse showed us the system for stock rotation so that the medicines and vaccines did not go out of date. This ensured the medicines and vaccines remained stable and fit for administration.

We saw that all medicines were stored securely. Emergency medicines and equipment was available and the practice nurse told us the medicines and equipment were checked regularly and recorded. We checked the medicines and equipment and saw that they were fit for use. Staff told us they had received training in basic life support and this was

supported by training records. This meant that appropriate arrangements were in place to deal with medical emergencies.

During our inspection we visited the branch practice. Medicines were dispensed from there. We asked the dispensing staff to explain how they dispensed medicines for patients to collect. We found that all medicines dispensed were checked by the other member of staff. Staff also asked patients to tell them their name and address before they handed the medicines to them. This demonstrated that a safe system was in place.

The dispensing staff had received appropriate training and told us that there were always two staff on duty for checking dispensed medicines and safety purposes.

We checked the controlled drugs at both practices and found they matched the necessary recordings that staff had made. We found that money received for prescription fees were stored with the controlled drugs cupboard at the branch practice. The provider may wish to note that only controlled drugs should be stored in the controlled drugs cupboard. We saw that there were a large number of out of date controlled drugs waiting for destruction at the branch practice. The provider may wish to note that controlled drugs should be destroyed regularly. We raised this problem with the senior GP during our feedback at the end of the inspection. They assured us they would take action to prevent a recurrence.

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.

There was an effective system to regularly assess and monitor the quality of service that patients received.

Reasons for our judgement

The patients we spoke with all expressed their satisfaction with the service they received. One told us: "I am very happy with the practice". Another patient commented: "I would score it an A+, it's one of the best practices I have been to". A third patient said: "I can't speak highly enough about the service I receive. I would score them 10 out of 10".

Two of the eight patients we spoke with were members of the virtual Patient Participation Group (PPG). Their role is to act as an advocate when patients wished to raise issues with staff and to influence the quality assurance systems. They told us they were satisfied with the care they received and one gave us an example of an improvement that was made as a result of the PPG. The practice manager had recently informed the PPG that they would commence annual health checks for all patients who had learning difficulties. This demonstrated that the well-being of patients was important.

Two of the patients we spoke with told us they had periodically completed surveys and two more told us they had done one the week of our inspection. We saw that a patient survey questionnaire had been carried out in 2012 and the overall result was positive. This meant that views of patients using the practice were used to influence changes.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that there were systems in place for the practice to review incidents and action plans were put in place to help to prevent similar incidents occurring again. Staff confirmed that appropriate actions were taken to respond to and prevent further incidents from occurring. We saw from recordings made at staff meetings that serious incidents had been discussed.

We reviewed how the practice responded to complaints and found that these were investigated and resolved appropriately. We saw that where possible staff had learnt from them and had made changes for the benefit of patients. The patients we spoke with told us they had never needed to make a complaint.

We were shown the fire safety risk assessment and saw that fire fighting equipment had been serviced regularly to ensure it was fit for use. Staff told us they had received fire

safety training. There was a risk assessment for the water supply and we were told that the water storage tank had recently been drained. Risk assessments had also been completed for storage of equipment at low level. Systems were in place to protect patients and staff from risks of injuries.

The GP's, nurses and practice manager completed the Quality and Outcomes Framework (QOF). This is a voluntary system and provides a financial incentive. This concerned a range of quality standards for clinical care, practice operational methods, patient experience and additional services the provider may provide. We were shown the latest results which were positive. This demonstrated that on-going improvements could be made for the benefit of patients.

Each GP had completed an annual clinical audit. We spoke with a GP who told us the audits concerned patients care and treatments. They gave us some examples of recent audits, such as, hypoglycaemia (episode of low blood sugar levels in diabetics and osteoporosis (bone weakness in older people). A GP we spoke with described how they had carried out a clinical audit for asthma.

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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