

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

Pulborough Medical Group

Pulborough Primary Care Centre, Spiro Close,
Pulborough, RH20 1FG

Tel: 01798872815

Date of Inspection: 14 February 2014

Date of Publication: March
2014

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

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

Requirements relating to workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Pulborough Medical Group
Registered Manager	Mr. Alan Bolt
Overview of the service	Pulborough Medical Group is a GP practice providing primary care services for people in Pulborough and its surrounding areas.
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

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	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Requirements relating to workers	12
Complaints	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 14 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, received feedback from people using comment cards and reviewed information given to us by the provider.

What people told us and what we found

We spoke with one patient during our inspection visit. We received written feedback from a relative of a patient and we spoke with seven patients on the telephone following our visit. They had all attended the practice on the day of our inspection for an appointment. These patients were randomly selected. We spoke with staff that included; the practice manager, a practice nurse, two receptionists and a general practitioner (GP). We also spoke with two representatives of the Patients Participation Group referred to as the Pulborough Patient Link (PPL).

We used a number of different methods to help us understand the experiences of patients who used the service. We spent time talking with patients and observing the interactions between staff and patients. We reviewed records and systems.

When registered the provider declared compliance with all outcome areas.

We found that patients were treated with respect and had treatment options discussed with them. Patients felt involved in their care and treatment.

We saw that there were effective infection control measures in place to prevent the spread of infection.

We looked at the processes that the practice had in place to ensure the patients who used the service were protected from abuse. These processes ensured staff had an understanding of adult and child abuse and what to do if it was suspected. Recruitment practices protected patients.

We found that patients understood how to make a complaint or how to raise concerns. They were helped to complete this process if necessary. The provider responded to complaints and kept these under review.

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.

Reasons for our judgement

Patients who use the service understood the care and treatment choices available to them. We were shown how consultations were recorded on the computer system. We saw that patients were assessed, sometimes with reference to previous consultations and conditions. The choices and options offered to patients were recorded, as were the individual's decision. We also saw how patients were referred to other services such as secondary care at hospital.

People who use the service were given appropriate information and support regarding their care or treatment. We spoke with patients who used the service who told us they were fully involved in their care and treatment. One patient said, "I am listened to when I speak to the doctor or nurse. I have no concerns about that and feel fully involved when discussing my health needs". Another patient said, "Sometimes we don't have a great deal of discussion due to the time allocated but I feel I get enough information". A third patient told us, "I have a background in health so I go prepared. I feel that I am given all the information I need and the treatments are explained to me".

Another patient said, "I was very impressed recently when the doctor I saw came down to see me while I was having a health screen at the pharmacy. He wanted to give me information he had printed out for me at my recent visit but left behind."

Patients told us that their privacy and dignity was respected at all times. Screens were in place in consulting rooms to maintain privacy. One patient said, "The door is always closed when I see my doctor". Another patient said, "I have never had an issue with the way I am treated. The staff are caring and attentive". We were told that a room was available if patients needed to speak in private to staff. We saw that the appointment call centre was located away from the reception area to improve confidentiality and a notice in reception requested that patients allow the reception staff to deal with one person at a time.

Equality and diversity was considered in the practice and the premises were fully accessible to people with disabilities. Consideration was given to patient's cultural choices such as in requesting a GP of a particular gender.

We spoke with two representatives of the practice's Pulborough Patient Link (PPL). This is a Patient Participation Group (PPG) that has been in operation for many years. The chair of this group also attended the Clinical Commissioning Group (CCG) meetings as the practice's patient representative. Clinical Commissioning Groups are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

They told us about the communication methods used to keep patients informed which included a quarterly newsletter and meetings held with guest speakers on health and community care topics of interest to patients. They told us that the practice was very receptive and supportive and encouraged people to share their views and experiences. Patients we spoke with confirmed that they had received the newsletter and found it very informative. One patient said, "Yes I have had the newsletter since it started, it's very good. I have attended the meetings and they have been good too".

The PPL representatives told us about current issues that will feature in the next newsletter. These included concerns raised by patients about the appointment system and the need for the practice to explain how the system works to improve patient understanding. The group recognised the improvements, in particular repeat prescriptions and the new on line appointment booking system. We noted information on the new shingles vaccination programme provided by one GP and an interview with another one of the GPs.

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

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with eight patients who used the service during our inspection. Most spoke positively about the service and told us they were happy with the treatment and support they received. Patients told us they felt they were listened to.

One patient we spoke with told us, "It's an excellent service, very good doctors and nurses, I have no concerns." Another patient said, "I have been with the practice for many years and I have always received a very good service."

The records we saw confirmed patient's conditions and clinical needs had been assessed. Staff had guidance that prompted them to ensure relevant checks and assessments were completed during the assessment. This ensured that full information was available so that patient's conditions were monitored appropriately and a relevant plan of care was in place.

We saw there were treatment plans in place for managing health conditions that included: hypertension (high blood pressure) and asthma. There were systems in place to recall patients for reassessment of their health care needs. We saw evidence that the electronic system created an alert on the screen which advised staff when patients required a review for their condition or medication. Patients could receive a call to remind them to make a new appointment. One patient said, "I had a call to come in for further tests for an ongoing condition I have".

A relative of a patient said, "This surgery is fantastic. They are proactive and sympathetic, able to deal with complex needs and are kind and friendly".

Some patients told us that sometimes they have to wait for consultations if they wished to be seen by their GP however the system for urgent appointments worked well. We spoke with eight patients about getting appointments and the ability to see a GP of choice. Patients told us that they could see a GP if they needed an urgent appointment. One patient said, "The phone handling system is much better now. I get a call back and speak with the doctor". Another patient said, "I was able to get an urgent appointment without a problem". All said that they had no concerns about getting to see a doctor but they rarely

saw the GP they were registered with. One patient told us that they were not happy with the fact that they did not see their GP at each appointment.

The provider may find it useful to note that whilst no-one said that this had been detrimental to their care and treatment some patients felt that they would like to be able to build a relationship with their GP. One patient said, "Please don't get me wrong the treatment I receive is very good but I don't get to see the doctor I am registered with". Another patient said, "I would like to feel I have built up a relationship with my doctor so I could get to know him". A third person said, "I feel I have to go over things again".

We looked at the systems for referrals to other healthcare professionals and the systems for dealing with letters and information when a doctor is away. The practice manager provided examples of how these issues are addressed and we found that the systems ensured information and requests for referrals were not missed.

There were arrangements in place to deal with foreseeable emergencies. We saw that there was emergency equipment and medication available for emergency use. We spoke with three members of staff who knew where the equipment or emergency drug supply was located. The practice held two automated external defibrillator (AED). An AED is a portable device that checks the heart rhythm. If needed, it can send an electric shock to the heart to try to restore a normal rhythm. We saw that staff had completed AED training. We saw evidence of an up to date calibration of the device. The practice manager told us the second AED was located outside of the building at the main entrance and was a community resource available to the public. Staff received training in emergency lifesaving procedures.

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

Our judgement

The provider was meeting this standard.

Patients 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

Patients 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. We were told that safeguarding was discussed at practice meetings and the provider told us that they were confident in the ability of staff to recognise abuse. They told us that staff would discuss concerns with him.

A child protection register was held and was maintained up to date. This meant the computer system flagged up children at risk to ensure issues would not be missed. Contact details of the local safeguarding team and child protection team were available as was an out of hours telephone number.

We spoke with three staff who told us they would report concerns if they recognised the signs of abuse. They were aware of the steps they needed to take to protect people and knew who had the safeguarding lead in the practice.

Staff confirmed that they had attended safeguarding training and that an information file was available to provide guidance on safeguarding.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We found the provider had effective systems in place to reduce the risk and spread of infection. We were told that one of the practice nurses for the service was the infection control lead. We noted that there were records available, including an infection control policy and an audit of infection control. We spoke with the manager and they were able to explain the steps taken to ensure the service was meeting infection control standards.

Records we saw included a list of actions based on changes to infection control guidance and identified practices that required improvement. For example a programme to change taps in clinical areas and replacing soft furnishing with more readily cleanable to minimise cross infection risks.

We saw hand sanitisers located throughout the premises and hand washing guidance information. Patients who used the service told us they had no concerns about the cleanliness of the building. One patient said, "It's always clean and tidy." Another patient said, "I think the building is in tip top condition. I have never noticed anything of concern".

We looked at the consultation rooms and two treatment rooms during our inspection. The rooms were free from clutter and in a good state of repair. We noted that the GP consultation rooms had linen type privacy screens no longer recommended for use. The clinical areas had rigid screens that can be disinfected.

Cleaning schedules were in place; a checklist was completed to show that tasks had been completed. All clinical rooms, we were told were cleaned down at the end of the day. Examination couches and if needed lamps were wiped down between patients.

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.

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 a sample of three staff records and found that the practice's recruitment policy had been followed. For example we found that all of them contained references. We noted that criminal records checks had been obtained and proof of identity included photographic ID. This meant that the provider had taken the necessary steps which ensured that they employed only appropriate staff at the practice.

We also saw that the provider had checked the status of each staff member in relation to their professional registrations and ability to carry out the work they were employed to undertake.

We also saw that the provider has risk assessed and documented which employees required a Disclosure and Barring Service check. This meant that the provider could satisfy themselves that only staff suitable to work with vulnerable adults and children were employed.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

Patients were given support by the provider to make a comment or complaint where they needed assistance. Patients we spoke with told us they would report any concerns they might have to the GP or practice manager. They told us they were aware of the complaints procedure.

One patient said, "I have never made a complaint. I have had no reason to. I would speak directly to my GP or to the practice manager. I have always found them to be approachable". Another patient said, "I would call the manager to discuss."

Patients were made aware of the complaints system. This was provided in a format that met their needs. We saw information about how to raise a complaint or concern in the practice. This meant that the provider brought the complaints system to the attention of people who use the service in a suitable manner and format.

The practice manager told us that he reviewed and audited all complaints. We saw evidence that complaints had been responded to in an appropriate timescale. We saw that recent complaints had been discussed with the individuals concerned and actions taken as a result of the complaints were recorded.

There were systems in place that ensured a full record of complaints was audited including how these were managed. This showed us that the provider had regard to the comments and concerns expressed by patients who used the service. We noted that the provider's website invited patients to make comments or suggestions about the practice. Information was also available on the PPL.

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.
