

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

Warrengate Medical Centre

78 Upper Warrengate, Wakefield, WF1 4PR

Tel: 01924371011

Date of Inspection: 13 November 2013

Date of Publication: February 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
Requirements relating to workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Warren Gate Medical Centre
Registered Manager	Dr. Patrick O'Connell
Overview of the service	<p>Warren Gate Medical Centre is situated on the edge of Wakefield City Centre.</p> <p>The practice offers a range of clinics including asthma, coronary heart disease and diabetes.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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
What we have told the provider to do	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
Requirements relating to workers	11
Complaints	13
Information primarily for the provider:	
Action we have told the provider to take	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 carried out a visit on 13 November 2013, talked with people who use the service, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We saw steps had been taken to encourage patient feedback as the practice had conducted patient surveys and had a comments box available in the reception area.

During the inspection we were able to speak with eight people who used the service who were happy with the care they received. Comments included:

"I've been here 10 years. It's champion."

"I've never had a problem either getting an appointment or with the doctors. The nurse is really good. She explains everything."

There was a nominated safeguarding lead within the practice. Staff were able to outline the different types of abuse people may be at risk of and explain what signs they would look for to indicate a child or vulnerable adult was suffering from abuse. Staff had received safeguarding children training and were in the process of completing training which focused on vulnerable adults.

The practice had a recruitment policy in place. However, when we reviewed this we saw it was unclear how many references would be obtained prior to confirmation of employment. One of the staff files we looked at did not demonstrate the recruitment policy had been followed.

We saw there was information available for staff and people who use the service and this made reference to the NHS Complaint Procedure 2009.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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 expressed their views and were involved in making decisions about their care and treatment.

When we arrived at the practice we saw the reception desk was staffed by two members of the reception team: one was dedicated to dealing with repeat prescription requests and one to deal with patients arriving at the practice in person, to book or attend an appointment.

We saw there was an interview room located to the side of the reception area which could be used by patients attending the practice who would like to speak to a member of the reception team in private.

There was an office located behind the reception desk where incoming calls were answered. We spoke with the practice manager who told us these telephone lines were to deal with queries and questions.

This meant that conversations could not be overheard by people in the waiting room.

We saw there was a comments and suggestions box on the reception desk, which gave patients the opportunity to provide feedback on the service. The provider may find it useful to note the position of the box may reduce the amount of feedback received as patients may feel their comments would not remain anonymous.

We spoke with the practice manager and two members of the reception team who were able to explain how they would maintain patients' privacy. This included not speaking too loudly and making sure patient information remained confidential. Comments included:

"I wouldn't speak too loudly. If they [patient] have a query on their prescription I'd rather show them."

"If someone wanted to discuss something in private I'd use the room at the side of reception."

We spoke with two doctors and the nurse practitioner who were able to explain how they involved people in decisions relating to their treatment. Comments included:

"We aim to educate and empower our patients in providing care by building relationships and involving them as much as possible so that informed decisions are made."

"Care is about understanding and involvement."

We spoke with eight patients, during our inspection, who told us they were involved in making decisions around their care and treatment. One person told us: "They make you feel as if you're involved. They explain things and will give you options."

This meant people who used the service were given appropriate information and support regarding their care or treatment.

We were able to review the practice website which contained information for patients such as the patient survey results and minutes from the patient participation group meeting.

We were able to review the NHS Choices website which contained information about additional languages spoken by staff at the practice. However the provider may find it useful to note that this was not kept fully up to date. The practice website was not listed, clinics and services offered by the practice were not listed and patient reviews had not been responded to. This meant there was a missed opportunity to address any issues raised by patients.

We spoke with the practice manager who told us they had been trying to obtain log in details to update this information.

We saw there was information available for patients in the waiting area and this included how to request a chaperone and patient survey results.

We spoke with the practice manager who told us they had a patient participation group but this was only attended by a small number of patients. They told us work was on going to increase attendance.

We were able to speak with a member of the patient participation group who told us the meetings had improved recently.

This meant people were given the opportunity to express their views and were involved in making decisions about their care and treatment.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured peoples safety and welfare.

We spoke with the practice manager who told us each of the doctors were responsible for a specific clinical area within the practice. One doctor had a special interest in musculoskeletal disorders and other doctors were responsible for specific areas of the Quality and Outcomes Framework (QOF), for example, asthma and diabetes. QOF is a voluntary incentive scheme which rewards practices dependent on how well they care for patients.

We spoke with two doctors and the nurse practitioner who told us information was available to other service providers through well-established partnership working. For example, regularly liaising with the district nurses, who were located in the same building, palliative care meetings and the health visitor attending practice meetings on a monthly basis. Comments included:

"It's very useful to just be able to talk through anything that's on the horizon with patients that could be problematic."

"We give patients a full service right through their pregnancy to the postnatal period then it's followed on by the health visitor."

"SystemOne [clinical system] makes sharing information, highlighting problems and flagging up risk very easy."

We spoke with the practice manager who told us the practice had strong links with the community falls team to support the practices' older population.

This meant all people involved in a patients care were fully informed of their health needs.

The practice provided a number of services to support patients with long term conditions such as asthma care and diabetes care. This meant patients would have the opportunity

for regular assessments and would ensure any healthcare issues were identified at an early stage. The reviews also ensured patients could access care and treatment to meet their needs.

We reviewed the practice website which advised any new patients wanting to register with the practice would need to complete a registration form to provide medical information such as allergies and existing conditions. This was to ensure the practice were aware of their health needs.

We spoke with eight patients who were happy with the care and treatment they received. Comments included:

"They follow you up when you've been to hospital. I've been to three different hospitals with what I've had and the doctors here always know what I've had and when."

"I've been here 10 years. It's champion."

"I've never had a problem either getting an appointment or with the doctors. The nurse is really good. She explains everything."

We spoke with two members of the reception team who explained the process for dealing with medical emergencies within the practice. This included informing the duty doctor, administering first aid or dialling emergency services if required.

We reviewed staff training files and saw staff had undertaken basic life support training.

We saw the practice had a process in place to report significant events. We were able to review the significant event register and saw this detailed action taken and lessons learned to avoid future reoccurrence.

We were able to review the practice business continuity plan which included plans to cope with adverse situations such as loss of surgery building and system failures. For example, the practice had identified rooms and facilities within local community buildings which could be utilised to provide services. This meant there were arrangements in place to deal with foreseeable emergencies.

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

Our judgement

The provider was meeting this standard.

People 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

The practice had a designated lead for safeguarding within the practice.

During our inspection we observed safeguarding information was available throughout the practice in consultation rooms, office areas and on the reception desk. The information contained contact details for social care direct. This meant staff and people who used the service would be able to escalate any concerns regarding safeguarding without having to discuss these with practice staff.

We saw the practice had individual policies relating to safeguarding vulnerable adults and safeguarding children. These outlined the forms of abuse a person may be subjected to, indications of abuse and the action required if abuse was suspected.

The policies directed people to external organisations for example the Wakefield Clinical Commissioning Group Safeguarding Lead and Social Services. However the provider may find it useful to note that the policies did not contact telephone numbers. This meant staff may be unclear about how to escalate any concerns outside of the practice.

We spoke with two members of the reception team who were able to give examples of what signs they would look for to indicate a person was being abused and these included behaviour, physical marks and a relative or carer talking over a patient.

The receptionists told us they would go to the practice manager or safeguarding lead in the first instance if they had any concerns.

We spoke with the practice manager who told us all administrative staff had completed safeguarding children training and were to complete safeguarding adults training via e-learning that afternoon. The two members of the reception team confirmed they had done this.

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

Our judgement

The provider was not meeting this standard.

People were not cared for, or support by, suitably qualified, skilled and experienced staff.

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

Reasons for our judgement

The provider did not undertake appropriate checks before staff began work.

We were able to review a copy of the recruitment policy which outlined the process the practice would follow when recruiting new members of staff.

The policy indicated references would be obtained for each new member of staff prior to confirming the job offer. However the policy did not make clear how many references would be obtained by the practice to satisfy themselves the person was of good character.

During the inspection we looked at how new staff were recruited and this included a review of two staff records for staff recruited within the last six months. We looked at the recruitment of a managerial role and an administrative role.

The recruitment policy stated a job offer would be subject to receipt of satisfactory references and Disclosure and Barring Service (DBS) check. A DBS check looks at information held on children and adults barring lists and information held by local police forces. This information can assist the provider during the recruitment process to ensure that the person they are employing is of good character.

We saw the recruitment process for the managerial role had followed all steps outlined within the recruitment policy and the staff file contained two references and an enhanced DBS check.

However, when we reviewed the staff file for the administrative role we saw only one reference had been obtained and there was no record of a DBS check having been undertaken.

This meant the provider of the service had not followed their recruitment policy and was not able to satisfy themselves the staff member was of good character, prior to commencing their employment.

We discussed this with the practice manager at the time of our inspection who was unable to explain why the process had not been followed as they were new in post and had not been involved in the recruitment of the staff member.

The practice manager gave assurances that all new members of staff would have the appropriate checks and documentation in place prior to starting work at the practice. They told us they were currently recruiting a new practice nurse and were in the process of obtaining references and an enhanced DBS check.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

The practice had a complaints policy which outlined the practice based complaints process including timescales. Guidance on how to handle complaints was also included in the staff induction handbook.

This meant there would be a consistent approach to the management of complaints within the practice.

The practice had a patient complaints leaflet which outlined the practice based complaints process and the NHS Complaints Procedure 2009. The leaflet contained details of external agencies should the patient not wish to raise their complaint with the practice. For example, NHS England Local Area Team and the Parliamentary Health Service Ombudsman.

We saw there was information displayed in the reception area advising patients on how to make a complaint to the practice. However the provider may find it useful to note the complaints procedure leaflet was only available upon request from reception. This meant that full information was not readily accessible.

We spoke with eight patients who were happy with the information provided about complaints. Comments included:

"There's leaflets there for complaining, but I'd just tell them if I had a problem."

"I've not got any complaints to complain about!"

We spoke with two members of the reception team who told us they would direct anybody wanting to make a complaint to the complaints lead.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The registered person did not operate effective recruitment procedures in order to ensure that persons who were employed for the purposes of carrying on a regulated activity were of good character. Regulation 21 (a) (i)
Family planning	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 08 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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.
