Inspection Report

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

Dr D A Williams & Partners

Blandford Medical Centre, Mace Avenue,
Braintree, CM7 2AE

Tel: 01376347100

Date of Inspection: 26 November 2013

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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dr D A Williams & Partners
Registered Manager	Dr. David Anthony Williams
Overview of the service	Blandford Medical Centre offers general medical services to people in Braintree and the surrounding areas of Essex.
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'.

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 26 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we saw that on arrival at the service people could speak to reception staff or use the touch in booking screen. People told us staff treated them respectfully and were helpful. We saw that consultations were carried out in private treatment rooms. One person told us: "When I come to the GP, I feel the staff do listen to me. Sometimes it can be difficult to get an appointment. It's a busy surgery but I wouldn't want to change." Another person told us they thought the service was nice and the staff were professional.

Information was clearly displayed for people, this included health promotion, access to support services and information about the practice and the services provided. People told us they were happy with the service and felt they received appropriate treatment and support. There were systems in place for dealing with foreseeable emergencies.

During our inspection we saw that medicines were handled appropriately and stored safely. We saw from the records we reviewed that staff were trained and supported in their role. Staff had received supervision and appraisal.

We saw that people's records were accurate and stored securely.

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, and their 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 we spoke with during our inspection told us they felt the GPs and nurses were respectful to them. Not everyone we spoke with felt the reception team were polite to them when they attended the surgery. One person told us: "The receptionist sometimes ignores you while they are waiting on the phone. I feel that can be rude." Another person told us: "It's very busy but generally I am happy with the service." We observed that reception staff were attentive to people as they entered the surgery.

We saw that on arrival for an appointment, a touch screen facility enabled people to register their arrival for their booked appointment. This updated the system so staff knew they were in the waiting room. This was available in different languages to meet the needs of people who used the service. Staff told us there were other translation facilities available for people whose language was not on the touch screen. For example, some staff were fluent in Spanish and others in Polish. There was a language line available for people who spoke other languages. Staff told us that people could be seen away from the reception area should they want to discuss a personal issue. However we saw there was no information in the reception area that told people they could request this.

People were involved in making decisions about their care and treatment. During the course of our inspection we saw that records confirmed people were supported to make decisions about their health care needs. Each person we spoke with said that the GP or nurse they had seen, or been treated by, had taken time to explain their diagnosis and proposed treatment. One person told us: "Especially with my tablets, the GP explained everything."

People we spoke with told us they liked the phlebotomy service at the surgery. We were told: "They take the time to make sure you are comfortable." Another person told us: "I have small veins, they are aware and always take the time and care [to take a blood sample]." And. "They are always cheerful and professional."

Not everyone we spoke with told us they were satisfied with the arrangements for making an appointment. One person told us: "I cannot always see my preferred GP who knows all my issues, so I have to go over them again with the other GP." We were told by staff that emergency consultations and treatments were made available to people. One person told us: "When you phone in, it gives you the option to say when it is an emergency, so you get to be seen quicker."

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

Reasons for our judgement

We saw there was a consent policy that detailed the different types of consent people could give: for example implied, when people hold their arm out for the GP to examine. The policy included guidance [Fraser Competence] for practice staff on consent for children less than 16 years of age. The provider may find it useful to note that not all the staff we spoke with had an understanding or knowledge of the Mental Capacity Act 2005. The practice manager told us that training for this had been scheduled for all staff.

We spoke to a number of people who had seen a GP or a nurse during our inspection. They told us the GP had discussed their treatment with them.

We saw there was information available for people in the reception regarding how people could request a chaperone.

This showed us that the provider had some systems in place for obtaining people's consent and acting in accordance with their wishes.
.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's medical records were electronically based. We looked at people's care and treatment records and saw that these included a clear history of appointments as well as details about the treatment they had received at each consultation. These care records showed that people had been included in making choices and decisions about their health care and treatment.

The planning of care and treatment was evident in people's treatment records. These records identified any health issues and when people were referred to other health professionals, according to their individual needs, such as consultants and community nurses. We saw records of community healthcare meetings held within the service. We saw that people had made choices about different aspects of their health care and had made decisions about their end of life care.

We saw that there were treatment plans in place to manage health conditions such as chronic respiratory disease, asthma, diabetes and heart disease. We saw that people had been recalled to the service for regular health checks, reviews of their health condition and their repeat medications.

We found that the service promoted good health planning and prevention and facilitated health clinics run by external NHS community health services. In one waiting area we saw health promotion equipment. People could use the blood pressure machine to monitor their own health observations. The provider may find it useful to note that this machine was not screened from the view of people waiting in the reception area and therefore did not offer people any privacy when they used it. The practice manager told us that when people used this equipment; the information could be passed to the reception team and added to people's electronic care records.
.

Management of medicines ✓ Met this standard

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.

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

Reasons for our judgement

There were effective systems in place for the safe prescribing and dispensing of medication. During our inspection we saw staff followed service dispensing policy and Dispensing Standard Operations Procedures. We saw medications were stored safely and were in order; staff cross checked and counter signed medication as it was dispensed.

There were protocols in place for the handling of returned and out of date medications. Medication that needed to be stored at a controlled temperature such as vaccines were stored in locked fridges. We saw staff checked the identification of people who collected medication for friends or family members.

There were appropriate processes in place for the secure storage of prescribing paperwork.

We saw that staff had up to date medication training. There were clear guidelines and protocols in place for the dispensing and administration of medication, which included immunisation and processes for repeat prescriptions.

We saw that appropriate medication was available and accessible for emergency use at the service. Records showed that emergency medications were checked to ensure they were fit for purpose. However there were no processes in place to ensure these checks were carried out regularly. The provider may find it useful to note that regular auditing of medication would ensure people were protected from the risks associated with medicines.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

As part of our inspection, we looked at the systems in place to support staff through training, professional development, supervision and appraisal.

We looked at records of staff meetings and supervisions. The manager told us appraisals were performed annually. This gave staff the opportunity to discuss their work and any training and development needs. We saw from the records we looked at that appraisals had been completed and were due to be carried out again. One member of staff told us they had had their appraisal within the last year. They told us they had a personal development plan which outlined their development and training requirements for the future.
The practice manager told us all new staff received induction training when they started their job and were supported by a senior member of staff. We spoke with one new member of staff who told us they felt supported and enjoyed working at the service.

Staff we spoke with told us they had training on child protection and were able to describe the actions they would take should they have a safeguarding concern about people. The provider may find it useful to note that staff we spoke with were not aware of who the lead person responsible for safeguarding at the service was, or of the other services they could contact should they have concerns, such as the local authority or the police. Staff told us they would always speak to the practice manager.

The manager told us they were responsible for mandatory training for all staff, this included practical training such a cardio pulmonary resuscitation and fire evacuation training. Staff also took part in computer based e-learning. The manager told us that although they had evidence of some staff training, they did not have records of the e learning training staff had undertaken or what e learning training staff required.

We spoke with four members of staff who told us they enjoyed working at the service and felt valued and supported in their role.
.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our inspection we saw that people's records were stored securely. There were protocols in place for recording and scanning medical data onto people's records. There were trained staff responsible for summarising and transferring people's medical history records onto the service's electronic computer system when they registered at the service.

Records acquired by the surgery from other agencies which related to people's health care had been scanned into the surgery's electronic care record system and any paper originals had been immediately shredded. This ensured that people's personal data was kept secure and had been protected.

Information received daily by the service was scanned to the computer system, brought to the attention of the GP and the paper copy was then shredded and destroyed. There were policies in place for the storage and shredding of all records.

The records we reviewed related to people's treatment and healthcare needs. These records were electronic computer based records and were password protected. The records contained extensive, clear and detailed information that allowed us to determine that they were appropriate records of people's care.

We could see updates had been made to information, which included risk assessments, to make sure information was current. Confidential records, such as staff records, multi-disciplinary meeting minutes and information about patients' conditions, were kept securely.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk