

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

Park Surgery

Park Surgery, Albion Way, Horsham, RH12
1BG

Tel: 08448151511

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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
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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Park Surgery
Registered Manager	Dr. Muhammad Tariq Jahangir
Overview of the service	<p>Park Surgery is one of the largest surgeries in the South of England with over 23,000 registered patients.</p> <p>As well as its regulated activities the surgery offers services in occupational health, mental health services, teen clinic and nurse practitioner services including acute assessment of urgent issues.</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>

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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 unannounced 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 15 August 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

We spoke with five patients who used the service who had attended on the day of inspection for an appointment. These patients were randomly selected. The receptionists handed out slips to patients asking them if they would be prepared to speak with us either in person or on the telephone.

We spoke with staff that included; the practice manager, a practice nurse, a healthcare assistant, two receptionists and the registered manager, who was the lead general practitioner (GP). We also spoke with the health visitor and midwife who although not employed by the surgery offer a service to patients. We spoke with the chairman of the Friends of Park Surgery.

We used a number of different methods to help us understand the experiences of patients who used the service. We spent time talking with people observing interaction between staff and patients. We reviewed records and systems and looked at the environment. There were comfortable waiting areas and a good number of consulting rooms

When registered the provider declared compliance with all outcome areas.

We saw that patients were treated with respect and had treatment options discussed with them.

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 people 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.

We looked at the systems and processes the practice had in place to review the quality of the service provided. These processes ensured information provided was used to improve the service provided.

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.

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 who use the service were given appropriate information and support regarding their care or treatment. They told us treatment options were discussed with them.

Patients spoken with told us that they often have a long wait for routine appointments. However for urgent matters they generally received appointments for the same day. One patient spoken with told us that there had been an improvement of late since they now had the facility to book appointments on line. There was also a text messaging service which reminded them of appointments. They were also contacted by text if they were overdue for a routine check-up.

Patients spoken with also told us that there was great difficulty getting through to the surgery by telephone in the mornings. They also told us that because they had to hold on for so long the calls became very expensive. One patient told us that on an occasion when they telephoned the surgery they were told they were 22nd in the queue. Another told us they had been told they were 42nd in the queue. The manager told us that the practice had several reception staff answering the calls so they get through them quicker than those numbers suggest.

We were also told by patients that they were very happy with all other aspects of the surgery and the care and treatment they received there. We were told that the doctors and nurses were very caring. One patient told us "I have been looked after very well". Another told us "The surgery staff do their utmost to care for a large number of patients".

Patients' privacy and dignity was respected in the surgery. The reception desks opened directly into the waiting rooms. We observed that staff were mindful of privacy and patient confidentiality. They did not discuss the reason for the persons visit. Telephone calls were similarly dealt with and we did not hear people's names or conditions being spoken about. Patients spoken with told us they felt their privacy and dignity was respected.

This was a busy practice, with people booking in for appointments, asking for directions to parts of the surgery and waiting areas. There were two waiting areas. Staff at reception areas greeted people politely and answered their questions promptly.

Reception staff were observed assisting an elderly frail patient, staff gave immediate support and helped the patient to find the area of the building they required. Staff spent time talking to people when they arrived and handled queries in a professional and sympathetic manner.

The patients we spoke with told us that the receptionists were approachable and polite. One patient told us that in many years at the surgery they had only had one rude encounter with a receptionist. In a surgery survey, we saw that 79 of the 149 patients, when asked, if the reception staff communicated effectively with them, responded 'always'.

We spoke with the chairman of the friends of Park Surgery who told us that their role was mainly fundraising But that they also arranged public meetings at the practice. These meetings covered a range of topics such as deafness, dementia, strokes, and heart attacks. A GP was usually in attendance to hold a question and answer session. This ensured patients were given opportunities to learn about conditions that they may have.

Equality and diversity was considered in the surgery. For example the automated booking in system for patients was available in several languages and all areas of the surgery had access for patients with disabilities. We were told that receptionists had been given training in dealing with patients with communication needs. We spoke with reception staff who confirmed this. Hearing loops were also in place.

There were various leaflets and notices available in the waiting rooms for patients' information.

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 treatment plan.

As well as patients medical consultations the practice nurse service monitored: family planning, child health surveillance, child immunisations, teenage sexual health, travel immunisations and advice, diabetes, asthma, hypertension and coronary heart disease monitoring.

The surgery had a named midwife, health visitor and district nurse team. We spoke with the midwife and the health visitor who confirmed a close working relationship with the surgery. The midwife told us that four of the GPs liked to see their pregnant patients for a check-up once during their pregnancies; otherwise the midwife did all the antenatal care. The health visitor told us that the surgery passed on issues of concern in relation to children.

We looked at the computerised records for five patients, two who had attended on the day and three who had attended previously.

We saw that records contained areas for recording assessments, past medical history, medications, and allergies. They were easy to navigate and understand and had been updated at the time of the consultation.

There was evidence that the doctor and nurse had discussed options and clarified treatment with the patient. This demonstrated that patients were involved in the planning of their care and treatment. We saw evidence that the computer system flagged up routine checks and also medication issues such as when a patient was not taking their medication.

The registered manager told us that there was a choice of hospitals available and that every effort was made to accommodate patient's choice. One patient that we spoke with confirmed this.

We spoke with five patients who used the service. All told us that they felt confident with

the care and support provided by the surgery. All feedback about care and treatment was positive. Patients told us that they felt consulted and involved in the care and treatment provided.

The practice had systems, equipment and emergency drugs on the premises for dealing with emergencies. These were up to date, with the exception of one nebuliser not having had its annual check and one tube of fast acting glucose, which was out of date. Staff spoken with confirmed that they had annual updates in resuscitation and anaphylaxis.

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

Our judgement

The provider was meeting this standard.

People 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

The registered manager told us that GPs received training in adult and child protection. A GP had also been involved in a safeguarding adults investigation following a referral from a nursing home.

A member of staff spoken with, although not having had recent safeguarding training, demonstrated knowledge of the recognition and reporting of suspected abuse.

We spoke with another member of staff who told us that safeguarding issues had been covered in the National Vocational Qualification in Health and Social Care that had been completed. We were also told that there would be no hesitation in discussing and reporting concerns and suspected abuse with the GPs.

The registered manager told us that safeguarding training would be cascaded to all staff at staff meetings. We were told by the registered manager that the staff running the teenage health clinic were alert to the possibility of exploitative or abusive relationships and would report accordingly.

We saw that policies and procedures were available in the practice and there was access to the West Sussex safeguarding policies and procedure on line.

Patients spoken with told us they felt safe attending the surgery and that they had never witnessed or heard untoward behaviour from the staff.

The health visitor spoken with told us that the surgery liaised well with the health visiting service in the reporting of any concerns identified in consultations. The surgery, we were also told, notified the health visitor of changes of address to prevent children falling from professional radar.

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.

People were cared for in a clean, hygienic environment

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. There were appropriate infection control policies and procedures in place. There was an infection control and prevention lead in the surgery who had attended infection control training and who had annual updates.

The treatment and consulting rooms were clean, tidy and uncluttered. The rooms were stocked with personal protective equipment including a range of disposable gloves, aprons and coverings. We spoke with nursing staff who told us that the clinical rooms were decontaminated every morning with high level disinfection wipes. Couches were then all wiped down between patients. All instruments in use were single use and disposable. Therefore the surgery did not have to clean or sterilise equipment.

We found that a supply of antibacterial hand wash, gel and paper towels were available throughout the surgery. One person who used the service told us, "It's always clean here and the nurses always wash their hands." The medical supplies cupboards were clean, organised and well stocked with a range of sterile dressings and single use items. Staff spoken with confirmed where appropriate aseptic technique was carried out. This meant that people were cared for by staff that followed infection control procedures.

We saw that there was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

Sharps bins were signed, dated and were not overfilled. Staff were aware of the procedure to follow if a needle stick injury occurred. Staff spoken with confirmed that they had been immunised against the hepatitis B virus. Staff were also offered measles, mumps and rubella and flu vaccines

During the inspection we visited patient waiting and treatment areas, administrative and office spaces. We found that the practice was visibly clean and uncluttered. One person

who used the service told us, "The surgery is always clean and tidy."

There was a cleaning schedule in place and we saw there was a supply of cleaning products. Mops, cloths and buckets were colour coded to prevent cross contamination and these were stored appropriately in a locked cupboard. This meant that people were cared for in a clean, hygienic environment which protected people from the risk of acquiring an infection.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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

Reasons for our judgement

Patients who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Records showed that the service had comprehensive systems in place for monitoring the quality of the service they provided. Systems included; audits of health and safety, infection control, fire safety, portable appliance testing and clinical governance.

People's feedback and comments were audited from the patient participation group meetings and surveys. The surgery acted on these, for example, the introduction of the electronic appointment booking system.

Comments and complaints received from people and the outcomes were discussed and reviewed with the GPs and staff. This was confirmed by a patient we spoke with. This meant that people's views were being listened to.

Records showed that there was on going quality assurance systems in place. For example, we reviewed the results from an Effective Communication Survey which had been published on the service's website. There was evidence that learning had taken place and appropriate changes and action plans were implemented in response to issues identified. For example the provision of an online appointment system to prevent patients having to make long telephone calls to the surgery.

The surgery was involved in a local Primary Care Research Network and as such had identified patients with certain conditions, for example hypertension, diabetes and high cholesterol. This high awareness of patients conditions meant early intervention and treatment. The surgery had also identified an older patient list and attended monthly palliative care meetings.

GPs attended public meetings at the surgery for a question and answer session for patients on various conditions

The practice used the quality outcome framework (QOF) to measure their performance. The QOF had a range of national quality standards, based on the best available research-based evidence. This system covered the four domains of; clinical, organisation, patient experience and additional services. The results were published on the NHS Choices website. Information collected for submission to the QOF also informed the running of the practice and outcomes for patients.

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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