

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

Dr CSK Singh & Dr. M.B. Kelman's Practice

North Wingfield Medical Centre, Chesterfield
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Date of Inspection: 19 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Safeguarding people who use services from abuse

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Dr CSK Singh & Dr. M.B. Kelman's Practice
Registered Manager	Dr Margaret Barron Kelman
Overview of the service	Dr Singh & Dr Kelman's Practice (which is also known as North Wingfield Medical Centre) provides primary medical services to patients living in and around North Wingfield in Derbyshire.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 June 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection to see if the provider had made improvements to their safeguarding procedures and assessment of risks following our last inspection in December 2013.

At the time of that inspection people told us they were happy with the care they received and felt safe at North Wingfield Medical Centre. One person said "I trust all of the staff here, especially the Doctors." During this inspection we found that the provider had effective systems in place to protect people who use the service from abuse and the risk of harm.

At the time of our last inspection we found that the provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We also found that tests of electrical equipment were not regularly carried out. During this inspection we saw that the provider had appropriate risk assessments in place to minimise risk of harm and that all electrical equipment was maintained and in good order.

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

Safeguarding people who use services from abuse ✓ Met this standard

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

At the time of our last inspection in December 2013 we identified that the provider did not have appropriate systems in place to ensure that people were protected from the risk of abuse as policies were not available and not all staff had received appropriate safeguarding awareness training.

During this inspection we saw that the provider had developed specific safeguarding policies for children and vulnerable adults.

We found the policies contained clear guidance for staff on how to identify signs of abuse and the procedure to follow to escalate a concern. Both policies were written in an accessible way with information presented clearly and concisely.

Staff we spoke with told us they were aware of both policies and had been involved in developing them. One person told us; "Some of the staff have had a hand in updating the new protocols, we discussed them with the practice manager and GP". This was confirmed by other staff and the practice manager. A second staff member told us; "Policies are available on the computer and we have a booklet. We've had an update recently on the adult's policy and training as well". This showed that people were protected from the risk of abuse as staff were aware of the policies and procedures used to raise a concern.

We saw staff training records which showed that all 13 staff employed at North Wingfield Medical Centre had received updated training in safeguarding awareness in February 2014. Staff we spoke with told us they found the training useful and informative. One staff member told us; "The fact that it was attended by everyone, GP's, nurses and receptionists was good. They told us where to go to get advice, what to look out for and what to do". A second person said; "We've had training for adults and children safeguarding".

The practice had a designated safeguarding lead responsible for identifying training, updating staff and acting as the main contact for any concerns. Staff told us they found this helpful. One person said "We see the patients first hand and can observe how they are, how they treat each other. I can go and talk to the safeguarding lead at any time if I have any concerns".

We found that all staff were aware of the signs and types of abuse and could describe their role in raising a concern.

The GP had a weekly meeting with the Health Visitor and Community Midwife to discuss patients who may be at risk of abuse. We saw that where concerns were identified action was taken to share this information with other agencies and staff. This showed that 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.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

At our last inspection in December 2013 we raised a concern the provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

During this inspection we found that the provider had completed health and safety risk assessments for a number of areas, including Legionella, fire safety and exposure to asbestos. We found that where these assessments identified potential risk the provider had taken steps to minimise this. For example, the fire safety assessment identified that a door required a specific type of lock to enable ease of access. We saw that the provider had carried out the work and the door was now accessible. Additionally the assessment identified that staff required updated fire safety training. At the time of our inspection we saw that training had been booked for all staff. This showed that learning from investigations took place and appropriate changes were implemented.

At the time of our last inspection we noted that small electrical equipment had not received recent PAT (Portable Appliance Testing) to ensure it was safe. During this inspection we saw all items that required PAT had been checked in March 2014. Additionally, records showed that all medical equipment had received recent calibration by a qualified technician. This is important as it ensured medical staff would have confidence that any results displayed by the items were correct.

Staff we spoke with told us they had confidence in the provider and registered manager to deal with any problems raised. One staff member told us "I would always go to the practice manager or GP. I've never had a problem raising concerns, I've always been treated well and they have listened". A second person told us; "I could speak to the practice manager and GP at any time. I've raised an issue in the past and they were both very supportive". This was evidence that staff were able to give their views about the service and concerns were acted on.

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

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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