

**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  
Road, North Wingfield, Chesterfield, S42 5ND

Tel: 01246851035

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗ Action needed

## 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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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other regulators or the Department of Health.

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### What people told us and what we found

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We spoke with five patients of Dr Singh & Dr Kelman's Practice during our inspection. We did this to help us to understand the outcomes and experiences of patients who used the practice. Patients told us that staff working in the surgery were kind and considerate and treated them with respect. Their comments included: "I have lost two relatives to cancer and the staff here have been wonderful, so supportive" and, "All of the Doctors, Nurses and Receptionists are lovely and so polite."

We found that patients were involved in their care and treatment which was provided in a way intended to ensure their safety and welfare.

Patients who used the service were protected from the risk of abuse and patients we spoke with told us they trusted the GPs and nurses caring for them and felt safe receiving support from all of the staff at the practice. However we found that the practice did not have up to date policies in place for the protection of children and vulnerable adults.

Staff received appropriate professional development including appraisals and training.

The practice carried out a range of audits to monitor the quality of the service and to learn from any mistakes made. There was a Patient Participation Group at the practice and they were involved in assessing the quality of care patients received. However we found that there were not always arrangements in place to protect the health, safety and welfare of patients, staff and visitors to the practice.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 31 December 2013, 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Patients views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with five patients during our inspection. We did this to help us to understand the outcomes and experiences of patients who used the practice. Patients told us that staff working in the surgery were kind and considerate and treated them with respect. We observed reception staff welcoming patients and checking their identity before booking them in for appointments. Patient comments included; "I have lost two relatives to cancer and the staff here have been wonderful, so supportive," "All of the Doctors, Nurses and Receptionists are lovely and so polite" and, "My Doctor always explains everything to me."

Patients expressed their views and were involved in making decisions about their care and treatment. All of the patients we spoke with told us that the GP's listened to them and involved them in decisions about their care or treatment. Patients said that the GPs did their best to explain any care or treatment they needed and gave them some time to ask questions. One patient told us they had been pleased that the healthcare assistant had explained the reasons for the blood tests they needed.

Staff were able to access an interpreter service for patients whose first language was not English. However staff told us this was very rarely needed as they did not have any patients who needed an interpreter.

We observed that the reception desk where patients checked in for their appointments was in the waiting area and as such offered limited privacy to patients. We spoke with staff about this and they advised that there were separate rooms available should patients wish to speak with them more confidentially. None of the patients we spoke with expressed any concerns about the location of the reception desk; however we saw that some patients had raised concerns about this during the last patient survey. We spoke with the Practice Manager about this who explained they were in the process of trying alternative ways of working to improve patient confidentiality.

We saw that notices were displayed around the practice advising that patients could ask

for a chaperone if they wished to be accompanied during their appointment. Some of the patients we spoke with told us that they were aware of this service; however they said they had never needed it. Staff we spoke with were familiar with the rights of patients to have a chaperone. It was practice policy that reception and administrative staff, as well as nursing staff, could act as chaperones. However we found that these groups of staff were rarely asked to fulfil this role as there was usually a member of the nursing staff available. We did note that the reception and administrative staff had not received adequate training to fulfil this role and we discussed the need for these staff to receive further training with the Practice Manager and the Registered Manager should they be asked to take on this role.

The practice was accessible for patients with restricted mobility or for those who used a wheelchair. Car parking facilities were available, with designated disabled parking spaces. The consultation rooms within the surgery were all on the ground floor and there was a toilet suitable for patients with mobility problems. We did note that the doors at the entrance to the surgery were not automatic and could therefore make entering the surgery more difficult for people with restricted mobility.

A selection of patient information leaflets were available in the waiting area and these included information on flu vaccines, smoking cessation and healthy eating. Additional information on common medical conditions and treatments was available at request from reception.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

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**Reasons for our judgement**

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Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we spoke with five patients and they all told us that they were happy with the care and treatment they received at the practice. Their comments included, "I come regularly for my injections and they always ask how I am doing and make me other appointments if I need them" and, "When I went away on holiday I forgot my medicines and the staff here arranged for me to pick up an emergency supply so I didn't have to worry, I was very grateful."

Some of the patients we spoke with said they sometimes had to wait a little longer for an appointment but only if they wished to see a particular doctor and that they didn't mind doing so. All of the patients we spoke with said they had been able to access appointments on an urgent or emergency basis without any delays. All of the patients told us the receptionists were caring and considerate and would go the extra mile to help them.

We found that there were appropriate systems in place to ensure that patients with long term conditions such as diabetes, asthma and hypertension (high blood pressure) were seen on a regular basis.

We found that the clinical team at the practice worked well together and that there were arrangements in place to review patient care on a regular basis. The practice also had arrangements in place to ensure patients received appropriate end of life care and worked with the District Nurses and Macmillan Nurses.

The practice was taking part in a local initiative where they provided dedicated care and treatment for two local care homes. We saw that two of the GPs visited the care homes on a weekly basis to undertake a ward round and that, wherever possible, they took responsibility for any care or treatment these patients needed. The practice was also part of a virtual ward; along with four other local GP practices and health care professionals such as community matrons. Virtual wards provide support in the community to people with the most complex medical and social needs. The virtual ward team met on a fortnightly basis and reviewed the care of people in their own homes, with a view to reducing the need for hospital admissions.

There were arrangements in place to deal with foreseeable emergencies. We saw there was emergency medication at the surgery and staff had received training in basic life support. We saw that there were systems in place to ensure that the emergency medication was checked so that it was fit for purpose in the event of a medical emergency. We did observe that the practice did not have a defibrillator and we discussed this with the senior partner. The provider may wish to consider that current external guidance and national standards advise that it is considered best practice to have a defibrillator in the surgery.

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

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## **Our judgement**

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The provider was not meeting this standard.

Patients who use the service were not always protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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.

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## **Reasons for our judgement**

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Patients we spoke with told us they trusted the GPs and nurses caring for them and felt safe receiving support from all of the staff at the practice. They said, "I trust all of the staff here, especially the Doctors." Staff we spoke with told us they felt confident that they could discuss any concerns with their colleagues, the GPs or the Practice Manager.

The provider responded appropriately to any allegation of abuse. We found that the GPs at the practice worked with other agencies, including social services and health visitors, to ensure patients were protected from the risk of harm. The practice's GP lead for safeguarding held regular meetings with the health visitor attached to the practice and reviewed the care of any patients felt to be at an increased risk of harm.

Patients who used the service were not always protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that the practice had access to local county council policies for the protection of children and vulnerable adults; however these were old and had not been reviewed for some time and therefore contained out of date advice and guidance for staff. In addition, there were no internal policies in place relating to the safeguarding of adults or children. We did note that staff did have access to up to date contact details for local agencies that they could raise any concerns with. It is important that such policies are available to ensure that staff are able to recognise signs of abuse and take appropriate action if they identify any concerns.

We did find that all of the GPs working in the practice, including the GP lead for safeguarding, had completed safeguarding training up to the required level. The Practice Manager had recently obtained training materials for the reception and administrative staff and was in the process of arranging training for this group of staff. All of the staff we spoke with during our inspection were familiar with the types of abuse they needed to be aware of and how to raise any concerns.

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

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### **Our judgement**

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The provider was meeting this standard.

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

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### **Reasons for our judgement**

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Staff received appropriate professional development. We found that all reception, administrative and nursing staff working at the practice received an annual appraisal with the practice manager. Staff were encouraged to complete a self-reflection questionnaire prior to their appraisal and received constructive feedback on their performance.

We spoke with five members of staff during our visit, including the practice manager and everyone told us that they felt the practice staff worked well as a team. Their comments included, "The Doctors are happy to help if we have any questions, we work well together as a team," "We're a close knit team that support each other" and, "We have a great support system here which really benefits our patients."

We looked at staff training records and found that staff had completed a selection of training sessions plus some informal training during practice meetings. We noted that some of the training had not been repeated in some time and was out of date. The provider should note that it is important that staff receive training on a regular basis to ensure on-going professional development and to equip staff with new skills and to improve upon their existing practices.

## Assessing and monitoring the quality of service provision

✕ Action needed

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

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### Our judgement

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The provider was not meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received. However effective systems were not in place to identify, assess and manager the risks to the health, safety and welfare of patients and others.

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

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### Reasons for our judgement

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The provider took account of complaints and comments to improve the service. We reviewed the practice complaints records and found that five complaints had been received in the 12 months prior to our visit. We saw that complaints were recorded, investigated and responded to in a timely manner. We saw that actions were taken as a result of complaints to improve the service.

People who used the service, their representatives and staff were asked for their views about their treatment and they were acted on. There was a Patient Participation Group (PPG) in place at the practice. A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice. We met with the chair of the PPG during our visit and they told us that the group met regularly with representatives from the practice. The chair told us that the practice management team were very responsive to feedback and told us about actions that had been taken as a result of feedback, including work on reducing the number of patients failing to attend appointments.

Before our visit we saw the results of a national independent patient survey that suggested patients were happy with the time they were given with doctors and how they felt listened to. A survey had been conducted by the practice PPG shortly before our visit. The PPG chair and the practice manager were in the process of analysing the results at the time of our visit.

Staff meetings were held on a regular basis and a brief summary of the matters discussed were documented and made available to all staff members. Staff members were able to participate fully in discussions, which included the review of incidents. There was evidence that learning from incidents took place and appropriate changes were implemented where necessary.

The provider was required to carry out audits as part of Quality Outcomes Framework (QOF). This included a range of quality standards for clinical care, practice operational methods and patient experience. This showed that on-going improvements could be made for the benefit of patients.

We found that there were not always effective systems in place to identify, assess and manage the risks to the health, safety and welfare of people using the service and others. Risk assessments were not always in place, such as for the risk of fire, legionella and there were no arrangements in place to meet the Control of Substances Hazardous to Health Regulations 2002 (COSHH). COSHH are general requirements on employers to protect employees and other persons from the hazards of substances used at work. We also noted that tests of electrical equipment used in the practice had not been completed for some time. These systems are important to ensure that patients and staff are protected from risks to their health and welfare.

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 Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b> <b>How the regulation was not being met:</b> The provider did not have suitable arrangements in place to ensure that patients are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs. Regulation 11 (1) (a)
Regulated activities	Regulation
Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b> <b>How the regulation was not being met:</b> The provider did not have systems in place to identify, assess and manage risks relating to the health, welfare and safety of service users and other who may be at risk from the carrying on of the service. Regulation 10 (1) (b)

**This section is primarily information for the provider**

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 31 December 2013.

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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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