Inspection Report

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

The MWH Practice

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Date of Inspection: 20 February 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The MWH Practice
Registered Manager	Dr. Sandar Cho
Overview of the service	The MWH Practice provides general medical services to approximately 6,000 patients. There are three female and 2 male doctors working from the practice. The doctors are supported by two practice nurses, a practice manager and reception / administrative staff.
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 carried out a visit on 20 February 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with ten people using the service, the principal GP, the practice manager, a practice nurse and three members of the practice's Patient Participation Group. The people we spoke with all told us they were very satisfied with the services they received. Their comments included "it's an excellent practice. The doctors always take time to make sure you understand your treatment" and "very, very good. My whole family come here and we've never had any complaints."

People also told us they were given enough information to make decisions about their care and treatment.

Staff working in the practice understood the local arrangements for safeguarding children and adults using the service and had been trained to recognise possible abuse.

The provider carried out checks when appointing new staff to work in the practice.

The provider had procedures monitoring the quality of services provided to people using the practice.

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 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 told us the doctors and nurses they saw always gave them information about their health care needs. They also told us treatment options and risks were explained and discussed. One person said "the best thing about the practice is they take time to explain everything to you."

People also said their doctors and nurses told them what to expect from medicines prescribed and what to do if their condition changed. This meant people had the information they needed and were aware of any follow up action needed.

We asked people using the service about their experience of referrals on to other services, for example hospitals and community health services. They told us when referrals were needed, these were made efficiently and promptly. One person said "two of my family have needed urgent hospital referrals and they were seen very quickly, thanks to the GP referring straight away." Another person told us "yes, I needed a hospital referral and it was done very efficiently." This meant the provider worked with other services to make sure people received the care and treatment they needed without delay.

People's diversity, values and human rights were respected. The practice was accessible to people with additional mobility needs. There was level access to the front door and access to the reception / waiting area and treatment rooms used by the GP's and nurses. The provider told us staff working in the practice spoke a number of languages and could interpret for patients, if this was needed. We also saw some information from the local health authority was available in other languages and formats, if required. This meant the provider acknowledged people's diversity and had systems in place to respond to their different needs.

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.

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

Reasons for our judgement

The people we spoke with were very satisfied with the treatment they received. One person commented "I can only say good things. I have to see the doctor regularly and there's never any problem." I've been coming here for many years and would recommend the practice to anyone."

We saw a selection of information leaflets in the waiting room for various medical conditions, including diabetes and cancer. Information on lifestyle choices, including smoking, use of alcohol and healthy eating was also available. We saw some of the leaflets were made available in other languages.

People told us they were usually able to see the GP when they needed to. One person said "I've never had a problem getting an appointment. In an emergency they will always see you the same day." Another person said "I can usually get an appointment in 5-6 days or immediately if it's an emergency." Two people also said the doctor had visited them at home when they had been unable to visit the surgery. One person said "the doctor came to see me at home several times when I was very ill and came to the hospital as well when I was admitted."

People told us they saw their GP or nurse in private and their privacy and dignity were always respected by staff in the practice. The practice nurse told us she had completed chaperone training to enable her to support patients. This meant the provider was aware of people's cultural needs and had systems in place to respect these.

We spoke with three members of the Patient Participation Group (PPG). They told us a group of patients met with the GP's to discuss the running of the practice and possible improvements. One member commented "the doctors are very involved and seem to listen to what we say. We have talked about waiting times, opening times and appointments." Another member said "the group works very well. All the doctors attend and they take it very seriously." This meant the provider involved people using the service to obtain their views and agree ways to improve the quality of services provided.

There were arrangements in place to deal with medical emergencies. The practice manager confirmed all doctors, nurses and administrative staff had completed basic life

support training. We saw emergency equipment kept in the practice was checked and serviced regularly. Emergency drugs were securely stored and all those we checked were in date. The provider told us there was no defibrillator in the practice. The provider might find it useful to note that current external guidance and national standards see defibrillators as best practice and practices should be encouraged to have them.

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

We saw the practice had policies and procedures for safeguarding children and adults using the service. We also saw flowcharts with the local arrangements for reporting safeguarding concerns and contact numbers for the local children and adults safeguarding teams were also available. The provider told us the service's electronic patient record system would notify staff if a child attending the practice had an individual protection plan in place. This meant staff working in the service had the information they needed to make sure children using the service were safe.

The training records we saw showed that all doctors working in the practice had completed safeguarding children training to Level 3. Practice nurses and reception staff had completed safeguarding children training to Level 2. Training records also showed all staff working in the practice had attended a workshop on safeguarding adults awareness in February 2014.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with people using the service but their comments did not relate to this outcome area.

We saw the provider had a policy and procedures for staff recruitment that had been reviewed in 2013. We also saw evidence the provider had recently used an employment consultant to manage staff recruitment.

We looked at the staff recruitment records for clinical and non-clinical staff working in the practice. We saw each of the records included an employment history or CV, identity check, criminal records check, proof of professional registrations with the General Medical Council or Nursing and Midwifery Council and references. This meant that the provider was carrying out the necessary checks to make sure that all staff were suitable to work with people using the service.

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.

Reasons for our judgement

We spoke with people using the service but their comments did not relate to this outcome area. We saw that information from the National Patients' Survey and the provider's own capacity survey completed in January 2014 had been discussed with the Patient Participation Group. The provider told us a number of issues were addressed, including extended opening hours and different ways of making services easier for people to access, including a telephone triage system. The principal GP also told us she was working with the Clinical Commissioning Group (CCG) and other GP's to apply for additional funding to improve access to services.

We saw another survey had been carried out in 2013 – 2014 to get people's views on the reception service at the practice, the appointments system, opening hours, the patients' views of the GP's and nurses working in the practice and their overall experience of using the practice. This meant the provider had systems in place to seek the views of people using the service and these views were acted on.

Information from the Quality and Outcomes Framework (QOF) showed the practice had met targets for treating patients with asthma, coronary heart disease care or hypertension. The QOF measures achievement by GP practices against a set of indicators about the quality of the clinical care and organisation of the practice. The practice manager told us she had lead responsibility for overseeing data collection for the QOF and reporting to NHS England. This meant the provider had systems in place to monitor standards of care and treatment against nationally agreed targets.

We saw other audits had been carried out by the practice, including the prescribing of antibiotics and the use of multi-vitamins. The audit of the prescribing of antibiotics identified lower than average prescribing rates. As a result, the principal GP told us a system of ongoing monitoring had been set up to maintain these prescribing rates. This meant the provider had systems in place to monitor and audit services provided to ensure good standards of care and treatment for people using the service.

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

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