Inspection Report

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

Lisle Court Medical Centre

Brunswick Street, Leamington Spa, CV31 2ES

Tel: 01926425436

Date of Inspection: 22 October 2013

Date of Publication: November 2013

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

Respecting and involving people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Lisle Court Medical Centre
Registered Manager	Dr. Nigel Madagan
Overview of the service	Lisle Court Medical Centre provides primary care services to adults and children living in Leamington Spa and the surrounding areas. The types of clinics provided at the practice include antenatal, diabetic and smoking cessation.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We spoke with five patients who identified satisfaction with the care and treatment received at the practice. Two people told us that they attended the patient forum group which was linked to the practice. One patient told us, ''Patients feedback and they listen. There have been positive changes. A disabled toilet has been installed, large print information is available and a sign has been put in reception advising the patient that confidential discussions can take place in a separate room''.

We spoke with four staff, the provider and five community health professionals who had worked in collaboration with the practice. The community teams we spoke with identified that good working relationships existed between themselves and the practice. We found that patients had been cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We found effective communication and referral pathways existed between the practice and other healthcare professionals. Patients told us that their GP had supported them throughout the referral process. We saw that patients had been involved in making decisions about their care and treatment.

Systems and guidance were in place to protect vulnerable adults and children. Staff were able to identify what constituted a safeguarding event and what to do should a safeguarding event take place.

We saw effective systems in place to assess and monitor complaints at 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.

Patients' privacy and dignity was respected. Patients' 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

We spoke with five patients who told us they felt respected and had been involved in their care. We asked patients about their experiences, some comments included, " My GP listens to me and explains everything to do with my treatment". Another patient spoke about their experiences with the practice nurses. "Amazing! They explain everything they do beforehand and my dignity is always maintained during examinations".

We looked at the measures in place to accommodate patients' equality, diversity and information needs. The practice manager told us that language interpretation facilities were available to assist patients. We saw that a wide range of information could be accessed through the practice website in different languages. The practice manager told us that they and one of the practice nurses had attended a study day informing them how they could support patients with learning disabilities. The measures in place showed that the patients' equality and diversity needs could be supported to enable them to make an informed decision about their care and treatment needs.

We asked patients whether they had been kept informed and involved. The patients we spoke with told us how they had been informed and consulted throughout their treatment and that they had received appropriate support. We also spoke with a member of staff who told us that they had encouraged patients who had attended their clinics to "do most of the talking." This was so patients were able to raise any concerns or queries relating to their condition or treatment. This approach had informed the healthcare professional of the patient's understanding of their condition and why their condition had been managed in the way it was. This showed that patients had been treated with consideration and respect, were involved in their care and had been kept fully informed during their consultations and subsequent investigations. This meant that patients had the information and support available to them to enable them to make an informed decision about their care and treatment needs.

We looked at patient choice and involvement. Three patients spoke about their

experiences of referrals. They said that they had been given a choice of hospitals and consultants and explanations had been given for why the referral was required. This showed that patients had been involved in this process and had been given choices as to where to receive their investigation or treatment.

We asked what measures had been put in place to ensure patient privacy and confidentiality. The practice manager told us guidance was available for staff to follow and that staff had signed confidentiality agreements on starting work at the practice. We were told that when patient referrals had been made secure computer systems had been used. During the inspection we observed that patient consultations took place in closed rooms thereby ensuring conversations could not be heard.

We asked how patients' access needs to the practice had been accommodated. The practice manager identified a patient intercom located at wheel chair level which was present at the entry to the building. This meant that patients could summon assistance from the practice without having to enter the practice. A disabled toilet, treatment and consultation facilities were located on the ground floor of the practice. We saw a ramp on entry to the practice which allowed patients easy access. These actions showed that the practice was aware of patients' individual access needs and had put the necessary measures in place to support them.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Patients' health, safety and welfare were protected when more than one provider were involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We saw that patients' health, safety and welfare had been protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others. We spoke with three patients who provided us with positive feedback about the service and staff at Lisle Court Medical Centre when other providers had been involved in their care. These patients told us that either their own or a member of their families care needs had been met when other healthcare professionals had been involved in their care. Two people told us that they had had a number of referrals. Throughout these referrals their needs had been met by both the GP and the hospital consultant. They told us that the reasons for their referrals had been discussed with them and they had been aware of what to expect of the process. One patient concluded, "I've seen them a number of times for support relating to my chronic condition and for preparation prior to minor surgery. I have been treated very well".

We spoke with five community health staff who confirmed that they had developed effective working relationships with the practice. The community health staff described their experiences working with practice staff as receptive, helpful and inclusive. We were told that effective communication pathways existed. These pathways took the form of prearranged meetings and telephone calls. One healthcare professionals experience of communicating with the practice was described as, "They are really nice. They always include you – keep you in the loop." This showed that effective communication pathways existed between the practice staff and the community teams.

We looked at one patient referral with the provider to ascertain whether effective systems existed between providers when more than one provider was involved in their care. We looked at how the patient's referral had been managed and whether the patient had been seen within two weeks as this was a referral which had to be actioned within two weeks. Patient records showed that clear communication pathways existed between the GP and the healthcare professional receiving the referral. We noted that the referral and response time back from the hospital had taken 12 days. This meant that the patient had been seen within two weeks of the referral being submitted by their GP and suitable arrangements were in place to protect the health and safety of the patient.

We saw that GPs at the practice had been kept informed of patients' needs when the practice was closed. The provider told us that patient information was shared with them each morning for those patients who had been seen outside of normal practice hours. This information was then reallocated to the other GPs at the practice to follow up and / or action as appropriate. The provider said that this information had been scanned onto the patients' electronic medical records so that a full patient history was available. This showed that GPs had been kept informed of patients' who had been seen by the out of hours GP when the practice was closed.

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.

Patients who used 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

Patients we spoke with said they felt safe care had been provided at the practice and that they would feel confident should they need to raise a concern.

The provider is the safeguarding lead at the practice. The practice manager told us there had been one safeguarding event in the last 12 months. We discussed this event with the provider who confirmed that they had been contacted by the child protection team to provide information which would inform a planned child protection conference. We saw evidence of continued sharing of information by the provider to the child protection team two months following the initial information request. This showed that effective communication systems had taken place to protect the child.

We looked to see what systems were in place to identify a patient who was at risk so that staff and GP partners would be aware of them. We were told that children would be identified through the presence of a flag on their records. We reviewed two children's medical records and saw evidence of multi-disciplinary team discussions relating to both children's child protection status. We noted that one child had been taken off their child protection plan. These discussions showed that there had been effective multi-disciplinary involvement and reflection against the children whose records we reviewed. This meant that safeguards were in place to protect those children.

We spoke with three community health professionals about the protection of vulnerable adults and children. They told us that they had been involved in discussions with the GPs either by telephone or at prearranged meetings held at the practice. We also saw there were systems in place for sharing information.

We looked to see what training and guidance was available at the practice for staff to access on child protection and vulnerable adults. We saw from the practice document 'staff requirements' that the provider had completed an advanced training in child protection and vulnerable adults. We also saw confirmation that 15 of the staff which included the GPs had attended child protection training in November 2012. We were told that there were two staff new to the practice who required this training. We spoke with both of these staff who

confirmed some knowledge of safeguarding and were aware of how to access policy guidance and what to do should any concerns be raised.

We saw that vulnerable adult training had been completed by 12 staff in March 2013. These training sessions had included attendance by the GPs from the practice. We were told that one GP had previously completed vulnerable adult training in September 2012, therefore did not need to attend the March training session.

We saw that the practice had a copy of the ''Keeping children safe and healthy''. These are interagency child protection procedures from the Warwickshire Safeguarding Children's Board. The staff we spoke with were able to inform us of where this policy was kept. We saw the child protection flowcharts with their associated contact names and numbers. Warwickshire Interagency Safeguard Vulnerable Adults guidance was also available. This meant that staff had access to who to contact and how to manage the process in a potential safeguarding situation. The provider may like to note that the practice did not have an identified gift policy in place. This meant there was not clear guidance in place for staff to follow regarding gifts.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

We found that patients had been cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We asked for feedback from the five patients we spoke with about the staff, their skills and manner. The patients we spoke with told us that they felt that both nursing staff and GP partners performed competently within their roles.

We spoke with four staff and the provider about how they had been supported and what professional development they had received. Two of the staff were relatively new in post. Both staff told us they had been well supported by the practice team. They told us about their induction process which had included completion of an induction checklist. Both staff said that they had completed their induction plan. We saw a copy of both people's induction checklists and noted that they had signed to confirm they had completed each task. We saw that some of the induction tasks included a tour of the building, introductions to other staff, health and safety, their job description and an overview of the training programme. The practice manager told us that following a new member of staffs initial induction they would complete a three week induction plan which would incorporate areas to develop or learning. The practice manager said that these plans were personalised to the needs of that person and a follow-up interview took place with new staff after three months in post. Both staff confirmed that they had received this three month follow-up interview and we also saw written evidence confirming these three month interviews had taken place for both staff. We were also told that on their first day new staff had received their training plan and a copy of the staff hand book.

The provider had a training plan dated 2013 /14 in place which identified key training and appraisal processes for staff at the practice. We noted that the next staff appraisals would take place in January 2014. We spoke to one staff member about their appraisal experience. They described it as 'quite useful', commenting that they also identified the areas in which you want further development in. We looked in three staff members personnel files and noted that personal development plans and appraisal documentation had been completed in 2012 and 2013. The provider may like to note that for one person there was minimum feedback provided by the appraiser as to that person's clinical performance for 2013. All we saw were some hand written notes by the appraiser.

We asked a member of staff whether they had received clinical supervision. This is where

clinical aspects of a nurse's practice are discussed. This person told us that formal clinical supervision was not in place, although, clinical concerns and training were identified in practice meetings attended by the GP partners. This was therefore a forum where informal group clinical supervision existed. We also asked about the availability of on-going training. The provider may like to note that we were told that training availability could improve. This person however said that the limited training was not the fault of the practice but because of the current changes in the health economy therefore making it difficult to access training.

We asked about any other support mechanisms in place. We were told that the practice was very supportive to its staff and in turn staff supported each other. We were told of a number of meetings which had taken place at the practice. For example: six weekly nurses meetings, monthly GP and practice meetings and two monthly practice meetings had been held with the community health teams. This showed a system of internal and external support was available to staff at the practice.

We spoke with the provider about the appraisal, supervision and support processes in place for the GP partners and salaried GP. The provider confirmed that GPs completed on line appraisals where they entered information related to their learning throughout the year. They said that each GP had an external GP appraiser. We saw the name of the external GP appraiser documented on the providers on line appraisal document and some evidence of continuing professional development since their last appraisal. We saw that this evidence included the completion of self-reflection documentation relating to the provider's communication skills.

The provider told us that the salaried GP also had an annual review of their performance completed by the practice, alongside completion of their on-line appraisal process. The supervision process for this person included monitoring of referrals and case reviews.

Should a locum GP be employed the provider said that all relevant checks would be made by the practice manager before that person started work at the practice, for example, GMC registration checks. We were also told that any referrals made by locum GPs were checked prior to being sent. We were not shown the checks which had been carried out.

We saw that the practice had clear procedures in place in relation to bullying and harassment; whilst a protocol for violent and abusive incidents was also seen to be in place. This showed that staff were supported to do their work in a safe working environment where risk of violence, harassment and bullying are assessed and minimised.

We also saw that the provider had identified the risk to staff from the premises, equipment or work that they do and that the necessary measures had been put in place. We saw health and safety risk assessments in place which identified the risks and precautions taken. This meant that the necessary measures had been put in place to protect staff from any risks.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints patients were responded to appropriately.

Reasons for our judgement

None of the patients we spoke with identified that they needed to raise a complaint with the practice. Patients told us that they would approach their GP with any concerns.

The practice had a complaints policy and procedure in place (dated April 2013). A copy of the complaints policy was seen displayed on the reception desk window. The complaints policy identified the timescales for responding to and dealing with complaints. We looked to see whether the practice adhered to its complaints policy. We looked at two patient complaints with the practice manager. We found that the complaints had been dealt with appropriately and within the timescales set out in the practice's complaints policy. We noted that for one of the complaints 'ways of working' had been changed at the practice as a result of this complaint. The change was to identify the time of a patient's first appointment when they were being seen by the practice nurse and then the GP. Documentation of the time informs the GP how long the patient has been waiting.

We spoke with three practice staff about how patient complaints had been managed. One member of staff told us patients complaints had been discussed with staff at practice meetings and where necessary changes to the way they worked had been implemented. One such change described related to the management of appointment availability. These changes showed that patients' concerns had been listened to and acted upon.

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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