

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

SurreyGP

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

Details about this location

Registered Provider	SurreyGP Limited
Registered Manager	Dr Rachel Margaret Lewis
Overview of the service	Surrey GP is a private general practitioner provider located in Guildford. It was offering a range of services including regular consultations and vaccinations.
Type of service	Doctors consultation service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services 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 16 October 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

A single inspector carried out the inspection. The focus of the visit was to answer five key questions: is the service safe, effective, caring, responsive and well-led.

Below is a summary of what we found. The summary describes what patients and staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

Patients had confidence in the service and the knowledge and skills of the clinical staff. There were regular reviews to discuss clinical issues, and in particular following adverse incidents to learn from, and improve safety.

Staff demonstrated a good understanding of their responsibilities in relation to safeguarding.

There were arrangements in place for the safe storage of medicines and also arrangements for checking equipment.

We found the service to be safe.

Is the service effective?

Records demonstrated that people's consent was obtained and other professionals were kept informed of patient's needs and progress.

Patients told us they appreciated that staff had time for them and they did not feel rushed and we saw they were seen on time during the visit.

Some patients told us they were returning to the clinic due to previous positive experiences and others were attending because the specific treatment was only available privately.

We found the service to be effective

Is the service caring?

One patient described the staff as "brilliant" and other feedback described how people felt they could "trust" the staff.

We observed staff talking to people in a friendly, professional and courteous way and one patient said the staff made them "feel like a real person".

Staff spoke with confidence about how they were required to provide people with a high quality service and how the needs of the patient are paramount.

We found the service to be caring.

Is the service responsive?

We were told that patients could be offered appointments very quickly, and the same day if necessary. We were told the clinic was open at weekends to enable people who were at work or school to attend. Patients confirmed they had been offered appointments in a timely way.

We found the service to be caring.

Is the service well-led?

Staff told us their managers were approachable and supportive. They felt able to raise any ideas or concerns with them.

We saw there were detailed reviews following incidents and actions were made and implemented to reduce the risk and improve safety.

Patient's complaints were addressed and detailed feedback provided to the complainant.

We found the service to be well-led.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence was respected.

Reasons for our judgement

Patient's privacy was maintained. For example, consultations took place in a private room and we saw there were blinds on the external windows. We saw the door was kept closed during consultations to ensure patients had privacy. Staff ensured patient information was not on display and computer screens were positioned so they could not be seen from the reception area.

Staff demonstrated a good understanding of dignity and how they showed regard for patient's dignity as well as respect for them. Staff told us that providing a high standard of care was the most important part of their job.

One patient told us they would be "forever indebted" to the staff and felt they were fully involved in the decisions about their care and given the options to enable them to make an informed choice.

We were told that "nothing is too much trouble" for the staff and described how the staff went over and above what they needed to do. For example, they made telephone calls to check on their wellbeing outside of appointment times.

Patients were seen on time and we saw that letters were sent to other professionals if necessary, following consultations. Some of the comments made as part of the feedback process noted that some patients were not seen on time but we noted that one person commented that the quality of the appointment made the wait worthwhile.

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

Our judgement

The provider was meeting this standard.

People experienced care and treatment that met their needs and protected their rights.

Reasons for our judgement

Patients told us they were given a clear explanation of the treatment options available to enable them to make an informed decision. Staff confirmed they were able to give options to ensure patients had a choice in their care. For example, the choice of vaccinations, onward referrals and blood tests for example.

We saw records were made of the consultations and these were made on an electronic system that could be accessed by any of the team. One patient told us their regular doctor had given a full explanation of their needs to another doctor they were seeing to ensure care was delivered in the most effective way.

Patients told us they found the clinical staff were skilled and knowledgeable and were "confident" about their skills.

Consent was obtained prior to any treatment. For example, when a carer accompanied a child to the clinic, written confirmation was required from the parents to enable the treatment to proceed. Staff were confident that all patients attending the clinic did so of their own free will and demonstrated a good understanding of the importance of obtaining consent and patients capacity to do this.

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

Our judgement

The provider was meeting this standard.

People 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

We saw there was a safeguarding adults and children's policy available for staff as well as information on how to contact the relevant safeguarding teams. A notice was displayed in the office with the contact numbers for the local safeguarding teams. Staff we spoke with were able to tell us, with confidence, the action they would take if they suspected a person was at risk or being abused.

Staff told us about a clinical situation some time ago which resulted in a referral being made to the local safeguarding team which demonstrated that staff did understand their responsibilities in relation to safeguarding.

We looked at the training records for some staff and saw that safeguarding training had been completed. Clinical staff had completed a higher level of training.

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.

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

Reasons for our judgement

Staff we spoke with told us they felt valued, appreciated and supported in their work. One staff member told us how an idea they had to improve one aspect of the day to day functioning of the clinic had been adopted after the manager had listened to the staff member. For example, they had noticed that blood collections were sometimes delayed while staff prepared the envelopes, and the staff member suggested that a supply of addressed envelopes be stored alongside the blood samples to eliminate such delays and we were told the system worked well.

We were told that staff meetings took place and also more informal discussion happened on a daily basis as necessary. We saw the notes from one of the staff meetings and noted that both clinical and non-clinical staff contributed.

We saw that staff had appraisals and records were maintained of staff's development needs as well as a review of their progress.

Staff told us they felt they had enough time to carry out their work and patients told us they appreciated the friendly environment and not feeling they were being rushed.

Staff told us they found the managers "very easy to talk to" and felt able to raise any ideas or concerns.

Clinical staff were able to access professional support from peers working in other practices as part of their continuing professional development (CPD) or on a more ad hoc basis as necessary. We saw that training was recorded in staff files and the files we reviewed demonstrated staff were up to date with their training. We saw staff had completed training in areas including moving and handling; first aid; resuscitation; safeguarding and infection control.

We saw that incidents were discussed amongst the team to identify any support or training needs as well as to identify if any changes were needed to practice.

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 received.

Reasons for our judgement

People who used the service were invited to give their views about their care. We were shown the comments made following feedback from patients. We noted the comments were mostly positive, noting the professionalism of the clinical staff and the helpfulness of the reception staff. Most people stated they would recommend the service to others and were appreciative at being seen promptly. For example "We are delighted with the quality and scope of service we receive. Your practice is highly efficient, everyone is extraordinarily courteous and helpful and we are so pleased we found you". Negative comments included the location of the clinic, especially the stairs. Other negative comments included delays in being seen; signage and the cost of the consultations. For example "disgraceful pricing policy.. will not use again". The same patient went on to say "I stress again Dr great". Staff told us that if people had difficulty with the stairs, either they would assist or make arrangements to see people in a different room. Patients we spoke with confirmed that other arrangements were made if the stairs posed a difficulty. Staff told us the charges were clearly displayed on the website and also communicated verbally to patients at the time the appointment was made. Patients confirmed that they were given information about the charges of the treatments.

We saw that reviews were held following clinical incidents. For example, one patient developed an allergic reaction to a vaccine that necessitated urgent treatment. We saw a full review had taken place and as a result the way emergency drugs were stored had changed and all staff were aware of the changes.

We also saw that all vaccinations are clearly marked if they are suitable for children or not with a red sticker to minimise the possibility of error.

There was a complaints procedure and we noted that following receipt of the only complaint on file, the details were investigated and a report produced. A letter was sent to the complainant apologising for the incident and upholding the complaint. At the time of the visit there were no on-going complaints.

There was emergency equipment available and records were maintained of their checks.

We saw that all of the equipment in use at the clinic had been recently serviced to ensure safety and effectiveness.

Patients and staff we spoke with were satisfied with the housekeeping within the clinic.

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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