

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

The Colliery Practice

60 Hednesford Street, Cannock, WS11 1DJ

Tel: 01543435390

Date of Inspection: 16 December 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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Colliery Practice
Registered Manager	Dr. Judith Holbrook
Overview of the service	The Colliery Practice and their branch surgery at Colliers Way, provide primary medical services for patients living in Cannock.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning 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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Management of medicines	12
Assessing and monitoring the quality of service provision	13
<hr/>	
About CQC Inspections	15
<hr/>	
How we define our judgements	16
<hr/>	
Glossary of terms we use in this report	18
<hr/>	
Contact us	20

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 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and took advice from our pharmacist.

What people told us and what we found

On the day of our inspection we spoke with eight patients and seven members of staff. Before our inspection we spoke with a spokesperson from the patient participation group (PPG). PPGs are an effective way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. One patient told us, "The staff are absolutely excellent. They are polite and courteous". Another patient told us, "I don't think you would get a better service anywhere else". The provider delivered maternity and midwifery services but had not registered with us to do so. We informed them to take immediate action.

We saw that patients' views and experiences were taken into account in the way the service was provided and that patients were treated with dignity and respect. Patients told us they experienced care, treatment and support that met their needs.

Staff had received training in safeguarding children and vulnerable adults. They were aware of the appropriate agencies to refer safeguarding concerns to ensure that patients were protected from harm.

We saw that patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

We saw the provider had an effective system to regularly assess and monitor the quality of the service that patients received. They worked with the PPG to effectively gather and act on the views of patients who used the service.

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.

Patient's privacy and dignity were respected. Patient'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

All the patients we spoke with on the day of our inspection told us they were treated with dignity and respect. One patient told us, "The staff are very pleasant and helpful". Another patient told us, "The GP very much so respects my wishes and choices". On the day of our inspection we saw that patients were communicated with in a polite, professional and friendly manner both on the telephone and face to face at the practice.

Patients expressed their views and were involved in making decisions about their care and treatment. One patient told us, "The doctor listened to me and gave me options. I felt involved with the treatment options and the doctor gave me written sheets today to back up their advice". Another patient told us, "I have medication reviews every six months with the nurse. When they changed the dosage they explained why. Last time they asked me if I wanted to stay on a particular tablet. I said it wasn't doing me any good so she stopped it". We asked staff how they involved patients in the decisions about their care and treatment who had communication difficulties. Staff told us that they had access to a translation service if patients could not speak English. The provider informed us that there were few non-English speaking patients registered with the practice but there was a growing Polish community. They informed us that a Polish speaking GP had recently been appointed to meet the needs of the Polish patients. This meant that the provider had taken reasonable steps to ensure that patients understood the need for their treatment.

Patient's privacy was respected. We saw that consultations took place behind closed doors which meant that they were private. Patients we spoke with confirmed that their consultations were rarely interrupted and if they were staff knocked on the door and never entered the room unless it was appropriate for them to do so. There were privacy curtains around the examination couches and all the patients we spoke with confirmed that they were used. Some patients informed us that they had received a sensitive examination by a doctor and a chaperone was present. One patient told us, "The doors are always closed so it is private. If the GP examines me they draw the curtains and call a nurse to chaperone. I'm not particularly embarrassed but for people who are it would be very reassuring".

Another patient told us, "When I have needed an intimate examination I have requested a female doctor and they accommodated my wishes".

Patient's diversity, values and human rights were respected. The practice was situated on the ground floor and accessible to patients with additional mobility needs. The corridors at The Colliery Practice were quite narrow for patients in wheelchairs. Staff told us that they encouraged patients to attend their other branch practice if they had additional mobility needs because there was easier access into and around the practice for patients in wheelchairs. This meant that the provider had made arrangements to ensure that care and treatment was provided to patients with regard to their disability. We saw that there was play equipment available for children in the reception area to help pass the time.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs.

Reasons for our judgement

We spoke with eight patients, three doctors, two nurses, a receptionist and the practice manager. We did this to help us to understand the outcomes and experiences of patients who used the service.

Patients we spoke with were happy with the care and treatment they received. One patient told us, "I can't speak too highly of them. It's the best practice in Cannock. I'm very fortunate". Another patient told us, "If you have a problem they give you printed information. They do do that a lot. The doctor gave me a print out about my son's condition. That was very helpful because it helped me to understand things. That's fantastic".

On the day of our inspection, patients told us that there were no problems getting an emergency appointment at the practice. We found that patients had mixed experiences in gaining access to non-urgent appointments. Comments ranged from, "It's very good. When you ring for an appointment you usually get an appointment that day or the next" to, "It's a very professional surgery but the main problem is getting an appointment when you need one. You have to wait till the following week sometimes". The provider informed us that they had introduced a nurse triage system to address some of these issues. We saw evidence that the triage system was audited to monitor further ways of improving access to appointments for patients. This meant that the provider had taken reasonable steps to enable patients to have access to care and treatment at a time suitable for them.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We asked the provider what systems they had in place to ensure that patients with a terminal illness were cared for appropriately when the practice was closed. One GP told us, "The district nurses attached to the practice are based here. We have monthly multidisciplinary meetings with them and use the gold standard framework to monitor patients' needs". The practice manager showed us evidence of this. This meant that patients with a terminal illness received continuity of care because appropriate agencies were informed of their care needs.

There were arrangements in place to deal with foreseeable emergencies. Emergency equipment and drugs were available for adults and children and were accessible to staff

when they needed them. Staff we spoke with had received training in the use of the equipment. They had also received resuscitation training and demonstrated a good knowledge of what to do in the event of a medical emergency. This meant that staff were able to respond quickly and appropriately if a patient experienced a medical emergency. We saw signed schedules that demonstrated when the emergency drugs and equipment had been checked to ensure that they were in date and fit for purpose.

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 it from happening.

Reasons for our judgement

We saw that the provider had policies in place for the safeguarding of children and vulnerable adults. Staff we spoke with were aware of the information contained in the policies and where to locate them. This meant that staff were supported in their decision making about the safe protection of patients because they had guidelines to refer to. Staff we spoke with demonstrated a good knowledge of what whistle blowing was and why it was important to protect patients from harm. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected.

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 it from happening. Staff we spoke with on the day of our inspection confirmed that they had received safeguarding training for children and vulnerable adults. The training records we viewed confirmed this. Staff we spoke with were aware of the various types of abuse and the appropriate agencies to refer safeguarding concerns to ensure that patients were protected from harm. There were alerts within the electronic record system to inform staff if there were safeguarding concerns about a child or vulnerable adult. We saw there were systems in place for the provider to share information with the local authority if a child had a child protection plan in place. This meant that there were effective systems in place to share information of concern and protect patients at risk from abuse.

We saw that there was a chaperoning policy in place for patients who required a sensitive examination by a doctor. There were posters displayed throughout the practice informing patients of their right to be accompanied by a chaperone if they required a sensitive examination. Staff we spoke with demonstrated a good knowledge of their chaperoning responsibilities and were able to describe to us what they would do if they had any concerns regarding an examination. One member of staff told us, "I am there to make sure the doctor is examining the patient in the right way. If I was concerned I would tell the doctor to stop and report it to one of the other GPs". All the patients that we spoke with on the day of our inspection who had received a sensitive examination told us that a chaperone was always present. This meant that there were systems in place to keep

patients safe during a sensitive examination.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. We saw that there were Patient Group Directives (PGDs) in place to support the nursing staff in the administration of vaccines. A PGD is a written instruction from a qualified and registered prescriber, such as a doctor, for a nurse or appropriately trained person to administer a medicine to groups of patients without individual prescriptions. We saw that the PGDs had been signed by all the nurses who administered the vaccines and were authorised by a manager. This meant that staff and managers were informed of any changes to the PGD.

Vaccines were stored safely. We saw that there was a system in place to monitor the temperature of the fridges used to store temperature sensitive vaccines in. We saw that the fridge temperatures were checked daily and that the correct temperature range was maintained. This meant that vaccines were stored in line with the manufactures guidelines so that patients were protected from harm.

Appropriate arrangements were in place in relation to the obtaining and disposal of medicines. We saw that systems were in place to record when medicines and vaccines expired and when they needed to be replaced. We saw that emergency and controlled drugs were stored in a locked room but the code to the door was clearly displayed on the wall of a GP consulting room. The provider informed us that they would remove the information from the wall and had plans to store the emergency and controlled drugs in an alternative locked cupboard. This meant the provider was responsive and acted to remove any risk.

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 patients received.

Reasons for our judgement

The provider had a system in place to regularly monitor the quality of its service.

Patients who used the service were asked for their views about their care and treatment and they were acted on. This included the use of surveys to gather views of patients who used the service. We saw that there were systems in place for the provider to analyse the results of the survey for information so that any issues identified were addressed and discussed with all staff members. The practice had an established PPG in place. A spokesperson from the PPG told us, "The practice manager always attends our meeting and a GP chairs it. Through our survey we identified some problems with confidentiality in the waiting room at the Cannock site. The doctors have now made a partition between the reception area and the office so telephone conversations cannot be overheard". On the day of our inspection we saw that this had been done. This meant that the provider took account of patients' comments to improve the service.

We saw evidence that learning from significant events took place and appropriate changes were implemented. We saw that there were systems in place for the practice to audit and review significant events and that action plans were put in place to help to prevent them occurring again. We saw that one GP had used their appraisal to reflect on some of these significant events. This led to audits within the practice to improve the quality of care that patients received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service. We saw risk assessments in place for such hazards as fire, handling clinical waste and the safe storage of oxygen. We saw evidence that testing for the legionella virus was completed. The practice manager was in the process of developing a business continuity plan to assess the risk to patients in the event of such occurrences as an information technology failure, loss of domestic services or a flood.

We saw that audits had been conducted, such as audits into the long term prescribing of antibiotics, the prescribing of warfarin, infection control and the effectiveness of the triage

system. All audits were evaluated and action plans to improve quality were put in place where needed. All the patients we spoke with on the day of our inspection told us they received a high quality service from the practice. One patient told us, "The quality is excellent and that's everything". Another patient told us, "I don't think you would get a better service anywhere else". This meant that patients experienced the quality of service that met their needs.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
