

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

Park Grove Surgery

94 Park Grove, Barnsley, S70 1QE

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ 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	Park Grove Surgery
Registered Managers	Dr. Christopher Bridger Dr. Sumanth Chikthimmah Dr. Che Tadi
Overview of the service	<p>Park Grove Surgery is registered to provide doctors consultation services and doctors treatment services. The practice is located within walking distance of Barnsley town centre. There is a branch practice located at the Roundhouse medical centre, New Lodge, Barnsley. There are four general practitioners and a team of other healthcare professionals who are supported by reception and administrative staff. The practice offers a full range of primary care services including chronic disease management.</p>
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'.

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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 carried out a visit on 12 November 2013, 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 found patients were fully involved in decisions relating to their treatment and care. We found patients privacy and dignity was maintained whilst attending the practice. Patient's overall experience when attending the practice had been positive. For example patients told us "[Staff are] friendly and sort you out", "Fabulous here" and "They know you as a person and they know my whole family too."

We found processes were in place to safeguard patients from the risks of abuse.

We conducted a tour of the premises and found it was clean and tidy. There were systems in place to reduce the risk and spread of infection.

We found staff were adequately supported because they received regular training sessions and an annual appraisal.

We found there were effective systems to regularly assess and monitor the quality of service that patients receive.

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 were respected. 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

We talked with six patients during our inspection visit. Patients told us their privacy and dignity was always respected when attending the practice. For example, patients confirmed the consultation room door always remained closed. During a period of time spent in the patient waiting area we did not hear any confidential personal information being discussed at the reception desk. Patient's overall experience when attending the practice had been positive. For example patients told us "[Staff are] friendly and sort you out", "Fabulous here", "Everything gets sorted out...great", "They show an interest in you as an individual and treat you well" and "They know you as a person and they know my whole family too."

Patients we talked with explained the doctors and nursing team always discussed different treatment options where these were available. Patients also told us that the doctors and nursing team explained their health condition at an appropriate level of understanding. Both of the doctors we spoke with talked through examples of how they had supported patients to make an informed decision about their treatment choices. This meant patients were fully informed and involved in decisions relating to their treatment and care.

We found the practice had a range of health promotion and other information for patients located in the waiting area and some available within the consultation rooms. The practice had its own patient information leaflet, which outlined areas such as opening times, appointments, on line access, emergencies, home visits, confidentiality and the complaints procedure. The practice had a detailed website which contained a range of information for patients about the practice and patient participation. The practice had also developed and periodically published a newsletter which contained useful information and was available on the website. This meant patients were provided with a range of information which kept them informed about the practice.

The management team talked through how accessible the practice was for patients.

Patients were able to access an online repeat prescription ordering and appointments service via the "SystemOne" system. Alternatively patients could call the practice for appointments or order repeat prescription requests via the post or calling into the practice in person. Patients we talked with told us that staff usually sorted their appointment requests out promptly. The practice had full disability access to the ground floor consultation rooms. The practice manager told us that clinical staff who were located in an upstairs room would come down to the ground floor to see patients who were not able to access the upstairs rooms.

We found the practice regularly sought the views of patients via a range of methods. There was a 'complaints and suggestions' poster located within the reception area which encouraged people to feedback either in writing or by speaking to a member of staff. The practice manager explained how they operated an 'open door policy' for patients and members of staff. Patients were also able to leave feedback via the NHS Choices website. We found the practice regularly sought the views of patients via a patient survey questionnaire. The management of the survey was led by the practice manager and the patient participation group. We found surveys had led to changes in practice following their completion. This demonstrated that the practice listened to the views of its patients and made changes to improve the patient's experience.

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

The practice followed the appropriate local authority procedures for safeguarding children and vulnerable adults. The practice manager explained members of staff accessed these electronically when required to ensure they used the most up to date procedure. We reviewed a Barnsley Clinical Commissioning Group (CCG) safeguarding assessment visit which had been completed during October 2013. The report highlighted areas of good safeguarding practice and noted no areas of concern. This meant there were processes in place to support and protect patients who may be at risk of abuse.

The practice had a nominated safeguarding lead. We talked with the safeguarding lead which was one of the doctors. They were able to confidently outline the correct processes for handling safeguarding concerns within the practice. We talked with another doctor who was able to explain how a plan was put in place for all patients who were subject to safeguarding procedures and described the processes for handling safeguarding concerns. We checked training records which showed the lead doctor and practice manager had undertaken level three safeguarding training. Other staff had received suitable safeguarding training according to their job role. Staff we spoke with confirmed they had undertaken safeguarding training and demonstrated awareness of what they should do should a safeguarding concern occur.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our inspection visit we conducted a tour of the premises and found it was kept clean and tidy. We found all consultation rooms had hand-washing facilities available and foot operated clinical waste bins available to ensure standards of cleanliness and infection prevention were maintained. We talked with six patients who explained they thought the practice was kept clean and tidy. The provider may find it useful to note that the floor coverings and wall paint coverings throughout the practice appeared stained and worn in places. There was no direct evidence of any actual risk to patients; however these premises may pose a potential infection control risk.

There were systems in place to reduce the risk and spread of infection. We found the practice had its own infection control policy. In addition, the practice had access to Barnsley Hospital's infection prevention policies and procedures. A daily, weekly and monthly cleaning schedule was in place for the practice. We found the practice had completed a detailed yearly infection control audit in June 2013. We talked with the practice manager about cleanliness/infection control checks who said they would introduce more regular checks. There was a contract in place for the safe disposal of clinical waste and household waste. The home had a nominated infection control lead which was the senior practice nurse. We talked with the senior practice nurse who confirmed they had undertaken training to undertake this role. This meant there were systems in place to reduce the risk and spread of infection.

We checked training records and found clinical staff had received infection training during 2012. Clinical staff we spoke with confirmed they had undertaken this training. We talked with three members of reception staff who confirmed they had not received any form of awareness training regarding infection control although they were able to describe how they safely handled patient specimens. The provider may find it useful to note that reception staff had not received infection control training and sometimes have to handle patient specimens. There was no evidence of any risk to patients however staff should receive training to ensure they have adequate awareness of ways of reducing the risk of infection.

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

Discussion with the practice manager and review of personnel files showed staff had undertaken various training over the last 12 months. Training had covered areas such as resuscitation, safeguarding, infection control and mental capacity act training. Additional training had also been provided for some staff from external speakers. For example, Barnsley Council's learning disability team had provided a training session on learning disabilities. Some groups of staff such as the doctors had regularly attended training sessions provided by the Barnsley CCG. We talked with two doctors, two nurses and three reception staff who gave examples of the types of training they had undertaken over the last 12 months.

During our review of this standard it was not always clear what training had been undertaken by the different groups of staff because there was no completed training record or matrix available. We talked with the practice manager who explained they would introduce a matrix record so that training uptake could be collated and effectively monitored. We found all the doctors and other staff had received a regular appraisal. The two doctors we spoke with talked through the appraisal process and along with their plans for meeting continuing professional development over the next 12 months. We talked with two nurses and two administrative staff who confirmed they received a regular appraisal and that their personal learning needs was identified during the process. Staff we talked with told us they felt fully supported by each other and the practice manager. This meant staff received appropriate professional development and support.

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

During our inspection visit we reviewed how quality of care was monitored and safety maintained. We found effective systems to regularly assess and monitor the quality of service that people had received. We found a patient survey had been undertaken and the feedback from these surveys had led to changes in practice where this had been highlighted. For example, The "Local Patient Participation Report 2013" outlined the findings of the last survey. The patient group in partnership with the practice had identified and highlighted four areas for improvement based on feedback from the survey. The items included the introduction of a newsletter, additional receptionist time to answer telephones for an hour each morning, more proactive management of 'did not attend' appointment patients and tidy up various notice boards. This meant patient's opinions about their experience at the practice had been monitored and had led to improvements.

The practice coordinated a 'patient participation group' which currently had approximately 13 patients as members. The practice manager explained how the group operated and told us how the practice worked closely with the group. Two members of the group came to talk with us during our inspection. They told us how they were able to influence positive changes at the practice. The group members felt listened to by the practice manager and thought views contributed by the group were considered and developed into action. The practice had produced a previous report and action plan for this group which were available on the practice website.

We found some audits had been undertaken within areas such as an annual infection control audit. Specific regular checks were made and captured in the fire and emergency evacuation records along with daily checks such as fridge temperatures. The Roundhouse branch practice was located in a building managed by an external provider who provided regular reports on the cleanliness and safety of the building. The practice manager explained environmental and safety audit checks were currently done visually at the 'Park Grove Surgery' location and not recorded. We discussed this matter with the practice manager who explained they would introduce a regularly recorded environmental and cleanliness audit to provide assurance that the surgery met best practice guidance relating to a general medical practice.

We found various clinically focused audits had been undertaken. For example, all the doctors had completed clinical audits as part of their annual appraisal process. We reviewed one clinical audit which demonstrated that the doctor had identified an area for improvement following the audit and subsequently introduced a change to practice. We reviewed other externally led clinical audit which had been undertaken within the last 12 months. We talked with one doctor who provided examples of how audits had led to changes clinical practice management for patients. This meant audit had been undertaken which had directly led to health improvements for patients.

The practice conducted investigations of incidents and complaints by utilising the 'significant event analysis' (SEA) approach. The practice manager explained how these reviews were discussed at the weekly practice meetings and provided examples of how these reviews would lead to changes in practice where identified. We spoke with two doctors who confirmed SEA events were discussed at the weekly staff meetings. This meant incidents were recorded, investigated and learning points identified by the practice when they had arisen.

The practice manager explained weekly practice meetings were held. Attendance at these meetings had included the practice manager, the doctors and occasional attendance of the nurse advanced practitioners. The practice manager explained that wider staff meetings were not currently held. Staff had received regular updates and communication via email. We talked with one advanced practitioner, two practice nurses and three reception staff. They all confirmed they felt informed via the current email communication approach but all members of staff stated they would appreciate the development of a staff meeting which included all members of staff. We fed back these staff views to the practice manager who stated they would look at the possibility of developing staff meetings. All members of staff we spoke with confirmed they felt very well supported by the practice manager and thought they all worked well as a team to ensure patients care needs were met.

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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