Inspection Report

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

Drs Cox Pinto and Rigby

Cross Street Health Centre, Cross Street, Dudley, DY1 1RN

Tel: 01384459044

Date of Inspection: 24 September 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
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Drs Cox Pinto and Rigby
Registered Managers	Dr. Gillian Cox Dr. Stella Pinto Dr. Harvey Rigby
Overview of the service	Drs Cox Pinto and Rigby is a medical practice providing primary medical services to the local community.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

On the day of our inspection we spoke with seven patients and five members of staff. One patient said, "They are very good, smashing doctor." The patients we spoke with said they were unable to obtain appointments at a time to suit their needs and that they had to wait a long time once they arrived at the practice. However, all the patients we spoke with said they felt the quality of care they received was good and they never felt rushed.

We saw that patient's views and experiences were taken into account in the way the service was provided and that they were treated with dignity and respect. One patient told us, "The doctors are very helpful and supportive." We saw that patients experienced care and treatment that met their needs. Patients told us and we saw that care was delivered in a clean environment.

Staff were knowledgeable about safeguarding and were aware of whom to report concerns to.

There were good systems in place to assess and monitor the quality of service that patients received.

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, dignity and independence were respected.

Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. One patient said, "They always listen and they are friendly." Another patient told us, "They explain things and go through your results." We saw that staff spoke with patients in a friendly and courteous manner both on the telephone and in person at the practice. We asked staff how they involved patients with communication difficulties in their treatment planning. The staff we spoke with told us that they had access to a translation service for patient's whose first language was not English. The practice had a hearing loop system installed at the reception for patients with hearing difficulties. We saw that supporting literature was available in large print for patients with visual impairment. This meant that the practice used a variety of methods to ensure that they were able to communicate effectively with their patients.

Patients who used the service were given appropriate information and support regarding their care or treatment. All of the patients we spoke with said that the GPs and nurses gave them supporting written information when necessary, to aid their understanding of their condition and treatment options. One patient told us, "They are very amenable, helpful and knowledgeable." One of the doctors said, "I listen to what patients say and try and understand from their point of view." This meant that patients felt supported in relation to their care and treatment.

We saw that patient's dignity and privacy were respected. Consultations took place in private rooms behind closed doors. The staff we spoke with explained that they always offered people a chaperone or another member of staff of the same sex when performing sensitive examinations. Patients we spoke with confirmed that they were offered a chaperone if an examination was required. This meant that patients felt their dignity and privacy were respected during consultations. The provider may find it useful to note that the reception staff had not received training in how to chaperone. This meant that they may be unaware of what was required if they were required to be a chaperone.

The consulting rooms were on the ground floor of the practice making them accessible to

patients with reduced mobility. We saw that access to the practice was suitable for patients who used a wheelchair and there were designated disabled car parking spaces outside the practice. This meant that the practice had made arrangements to ensure that care and treatment was provided to patients with regard to their disability.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients experienced treatment, care and support that met their individual needs. The patients we spoke with said that they were not always able to obtain appointments at times that suited them. They told us that they had to wait a long time before being called for their appointment once they arrived at the practice. However, they told us that they felt they had enough time within their consultations and did not feel rushed. One patient said, "I don't feel pushed off, they investigate everything." The provider may find it useful to note that some patients expressed to us that they would have appreciated an apology when doctors had run late.

Patients we spoke with were happy with the care and treatment that they had received. One patient said, "They understand you." Another patient told us, "It is great, lovely, I have been coming a long time." We observed the reception staff being polite and very patient with patients at the desk. This meant that patients felt well cared for.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. We saw that systems were in place to ensure continuity of care for patients with a terminal illness when the practice was closed. The GP explained how they liaised with the community teams and provided comprehensive hand overs to ensure patients receive continuity of care. This meant that patient's with critical care needs received continuity of care outside the opening hours of the practice.

There were arrangements in place to deal with foreseeable emergencies. We saw there was emergency medical equipment and medication at the practice and staff had received training in their use. We saw that the emergency medication was in date and there were systems in place to ensure that it was checked regularly by the nursing staff. This meant that there were appropriate arrangements in place to deal with medical emergencies.

There were emergency plans in place in the event of a fire. Staff were aware of how to keep patients safe and informed us that fire drills were performed regularly. We saw documentary evidence of this.

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 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 patients we spoke with all said they felt safe and trusted the staff within the practice.

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. One of the doctors we spoke with explained how they would report concerns to the health visitors and community safeguarding teams. They explained that there was good communication between the practice and the community nursing and safeguarding teams. This meant that patients could be assured that processes were in place to protect patients at risk of harm.

The staff we spoke with had received training in the safeguarding of vulnerable adults and children. The staff were knowledgeable about the different types of abuse and to whom to report any concerns they had. There was a safeguarding policy which staff were aware of and knew how to access. This meant that patients could be assured that abuse would be reported and dealt with appropriately.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of the inspection the practice was clean. The patients we spoke with said that the reception area and consultation rooms were always clean. One patient told us, "It is always a clean practice."

There were effective systems in place to reduce the risk and spread of infection. Staff told us that personal protective equipment such as gloves and aprons were readily available and we saw that this was the case. Patients confirmed that staff wore this protective equipment when needed and that the doctors and nurses washed their hands and wore gloves when necessary. Hand cleaning gel was available for staff throughout the practice.

There was a designated infection control lead for the practice. There were arrangements in place for another member of staff to provide advice when the designated lead was not available. We saw that there was an appropriate infection control policy and that staff knew where to locate it. The Primary Care Trust had conducted an infection control audit and made a few recommendations. These had all been carried out. The provider may find it useful to note that the internal audits that the infection control lead had conducted had not been documented. This meant that it was difficult to evidence. Thus the practice had systems in place to protect patients from the risks of infection.

There were systems in place for the safe removal of clinical waste and sharps such as needles. We saw evidence that their disposal was carried out by a suitable company. We saw that guidelines were displayed for staff to inform them what to do in the event of a needle stick injury. The practice manager confirmed that the clinical staff had received the relevant immunisations and support to protect them from the infection risks posed to them. We saw documentary evidence of this. This meant that the provider had taken reasonable steps to protect staff from the risks of health care associated infections.

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

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke to the chair of the Patient Participation Group (PPG). A PPG is a group of patients that have regular meetings with a representative from the practice to input into quality improvement. They explained to us that regular meetings took place where they were able to raise any issues that they perceived required improvement. They told us how they ensured that the practice had carried out the actions they had recommended by documenting all the meetings. We saw evidence that these meetings had taken place. They told us, "The doctors listen to our concerns." This meant that the practice had active patient engagement to improve the quality of service that they delivered.

The practice had also administered a patient survey. We saw evidence that the practice had tried to improve the waiting times and ability to obtain an appointment in a timely fashion. They had introduced 'free slots' into each surgery to enable patients to book at short notice. The practice had also carried out an access audit to analyse the causes of patient delays and accessibility to appointments. We saw evidence that the practice had discussed the recommendations from this audit at their practice meeting and had made some changes in response to this.

There were established quality monitoring systems in place. The practice had discussed the results from their 'Quality Outcomes Framework' (QOF) at their regular practice meetings. QOF is a government initiative based around targets to achieve on chronic disease management. Results of these audits had been discussed at regular practice meetings which we saw written evidence of. The provider may find it useful to note that there was no evidence of a practice action plan to address the areas where improvements were required. This meant that there was not a structured approach to meeting targets. The practice manager explained that they were currently in the process of updating their risk assessments. We saw an action plan in relation to this. This meant that the practice was aware of issues that required improving and had started to develop plans to address them.

There was evidence that learning from incidents and complaints took place and appropriate changes were implemented. The provider may find it useful to note that not all

patients we spoke with were aware of how to make a complaint. We saw evidence that both incidents and complaints were analysed and improvements required discussed at their practice meetings. This meant that the practice had a culture of learning and made appropriate changes to practice to improve the service they delivered to their patients.

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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