Inspection Report

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

The Firs

26 Stephenson Road, Walthamstow, London, E17 7JT

Tel: 02082239842

Date of Inspection: 08 November 2013

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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
Cleanliness and infection control	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Firs
Registered Manager	Ms. Rehana Meeajane
Overview of the service	The Firs Medical Centre is a general practice in the Walthamstow area. People can expect to receive health checks, family planning, cytology, maternity, immunisation and vaccination and child health surveillance services.
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 carried out a visit on 8 November 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

Most people had been attending the surgery for over 10 years and were very positive about all the staff at the practice. One person said "I love my doctor, I've recommended friends to come here."

People's privacy was maintained as people told us that staff did not walk in during consultations and the doctors told us that unless it was an emergency they did not want to be disturbed while seeing patients.

People were given time to speak to the doctor and to the nurse and people advised they did not feel rushed and the doctor answered all their questions.

Staff could tell us how to safeguard people at the surgery as they had a clear safeguarding policy for adults and children and could tell us how they would respond. Furthermore people at the practice told us they felt safe while seeing the doctor and never feel uncomfortable.

The surgery had procedures to maintain the cleanliness of the surgery and ensured staff had infection control training.

People told us they never had any reason to complain but would approach the reception staff or practice manager if they had concerns. The practice responded to complaints and followed their procedure to ensure they were investigated to people's satisfaction.

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.

Reasons for our judgement

We spoke to seven people on the day of the inspection and they all told us they felt their privacy and dignity was respected when they spoke to reception and were seen by either the doctor or the nurse. We observed members of staff knock on doors to consultation rooms before entering. People said to us that the nurse closed the curtains around them to maintain their privacy. People told us they were able to discuss private matters in a separate room and the practice manager advised a private room was available or people could come to her office which was on the first floor.

The practice manager told us reception staff had received internal training on how to answer the telephone. Reception staff we spoke to explained how they did not disclose people's names when speaking over the telephone in the reception area and instead asked them to confirm their date of birth.

People who use the service understood the care and treatment choices available to them. There was a practice guide which gave detailed information about the services provided for example immunisation clinics, new patient health checks, family planning, maternity and child health surveillance clinic. People told us they knew what care they could receive at the practice as the nurse or doctor explained this to them. Other choices available to people were whether they would like to be seen by a male or female doctor. The people we spoke to said "I don't mind who I see they are all good." The practice ensured that the choice of a female doctor was still available by bringing a replacement doctor when their only female doctor went on maternity leave. This demonstrated the practice respecting people's preferences.

People's diversity, values and human rights were respected. The practice had ground floor consultation rooms and minor surgery room to enable access for everybody. The practice manager told us how they would ensure people who were deaf and blind were involved with their care and would contact their local clinical commissioning group for details on how to provide information in braille or sign language.

Staff we spoke to told us that they were able to obtain an interpreter for people who needed one by calling an external line. However people could come with their own interpreter if they wanted.

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 people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. All new patients were seen by the nurse for a full health check. This would identify whether there was any concerning information that needed to be addressed by the doctor. People told us when they saw the doctor they were given time to explain what was wrong and the doctor listened to them. People felt that the doctor and the nurse gave them treatment that helped them and advice they understood. One person said "I have diabetes and the nurse gave me a leaflet to read."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The doctors told us that they wanted to ensure people understood the information they were given about their condition and did not want to cause unnecessary anxiety. Also to ensure people's safety and welfare during consultations, the doctor advised if people presented with a number of concerns they would go through them with the person and with the issue that caused them the most concern. By doing this it ensured the doctor dealt with the health issue that was most concerning at the appointment. People were advised they would have to make a later appointment to address other concerns.

People we spoke to told us they had been able to get an appointment by calling up on the same day and some said they walked into the practice to make an appointment. However some people did explain that they had trouble making an appointment through the telephone. We did find that there were extended opening hours which helped people access care where may be unable to come during the day. Furthermore for people who were unable to come into the practice, home visits were available.

There were arrangements in place to deal with foreseeable emergencies. Non clinical staff completed medical emergency training every three years and clinical staff did so every year. We saw that staff were up to date in their training. Staff we spoke to were able to explain how they would respond in an emergency. For example if a person in the waiting room collapsed the reception staff advised they would call for help from the doctor and then call the emergency services if necessary. The doctors we spoke to knew how to respond in an emergency to ensure people were kept safe either until the emergency

services arrived. We were shown the emergency drugs kit and the checklist that showed the medication was in date. This showed that the emergency drugs was checked regularly as we saw evidence that new medication had been obtained before the previous one expired to ensure an emergency could be responded to.

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.

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

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. People we spoke said to us "I feel safe with the doctor" "I have never felt uncomfortable with the doctor."

We viewed the practice's safeguarding policy for both adults and children. We found these policies to provide detailed guidance on how to identify and escalate allegations of abuse. Staff were supported in obtaining training in safeguarding and we saw evidence that staff had completed courses safeguarding adults and children. The practice manager also showed us in their training room that a further training session on safeguarding had just been completed the day before our inspection. This demonstrated the practice's commitment in ensuring all staff were up to date in their safeguarding responsibilities. We spoke to staff at the practice and they confirmed the process for reporting suspected abuse. They were able to tell us the signs they would be alert to for further investigation, for example if adults or children were withdrawn or had unexplained bruising.

The provider responded appropriately to any allegation of abuse. One of the general practitioners (GP) explained an example where they reported abuse to the relevant external agencies as they had concerns but was escalated any further. The GP told us that had they not reported their concerns they would have been negligent in their duties, this further supported the practices awareness in protecting adults and children at all times should an allegation be raised.

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.

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

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The practice manager showed us confirmation that they employed an external cleaning company to clean the practice. However the provider may wish to note that we were unable to see any cleaning schedules to identify what was meant to be cleaned. This could impact on cleanliness as the provider cannot ensure the areas specified have in fact been cleaned. One of the GP partners did advise us that they checked their consultation room and if they noticed anything unclean such as an empty waste bin they would raise this with the practice manager. All of the people we spoke to said the practice was clean. However they did comment on the carpet and chairs in the waiting area having stains on them. We raised this with the practice manager and they advised that they were aware of this and would be looking further into this.

The practice toilets, consultation rooms and minor surgery room were clean and free from litter or clutter. There was anti-bacterial gel and hand wash available which was accompanied with guidance on the correct hand washing technique and posters encouraging hand washing to reduce the spread of infection.

Staff observed good infection control practices and told us they would wash their hands, wear protective gloves and use the disposable paper roll for people to lay on. People we spoke to confirmed this. One person said "the doctor is good 'X' cleaned the thermometer before using it on my son." The practice manager explained to us that all equipment used during minor surgery was single use and disposed of after each patient. This reduced the risk of cross infection.

We found that clinical waste was collected weekly and we saw the collection schedules to confirm this. Sharps bins and waste paper bins were not overflowing which confirmed that waste was being collected.

The practice carried out internal infection control checking to ensure they protected people from the risk of infection. The provider may wish to note that the checklist specified that

there was a checklist for cleaners to follow however there was no evidence of this. The practice had completed an infection control audit in March 2013. Action points were given for the practice to improve for example to ensure 'tiger bags' were available for the disposal of nappies in the baby changing area. The provider may wish to note that these were not present in the baby changing area on the day of the inspection.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We found information on making a complaint displayed in the practice medical guide. The guide advised people on who to contact and the time frame for acknowledgment. People we spoke to said "I have no reason to complain" " If I was not happy I would speak to the receptionist or the practice manager." This was the same information as provided in the practice guide. Some people told us they would complain directly to the doctor if their concern related to the doctor.

There was also a complaints leaflet with a complaint form. People were given details on where else to complain should they not be satisfied with the response from the practice for example the Parliamentary and Health Service Ombudsman.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We asked for and received a summary of complaints people had made and the provider's response. We looked at complaints 4 complaints from 2013. We found that people received an acknowledgment to their complaint and final resolution. The practice manager told us they would offer people the opportunity to come to the practice to discuss matters further. This was found by the practice to be a good method for resolving a lot of complaints.

We were shown on-going complaints and saw evidence that people were kept informed of their progress. This helped to make people feel that their complaint had not been forgotten about.

The practice manager told us how the practice discussed a summary of the complaints that had been received for the year. To confirm this happened we saw evidence of the meetings that took place with the doctors and reception staff. At the end of the summary it was stated that people were satisfied and the complaints resolved.

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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