Inspection Report

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

Belmont Hill Surgery

The Surgery, 36 Belmont Hill, Lewisham, London, SE13 5AY

Tel: 02088528357

Date of Inspection: 07 February 2014

Date of Publication: March 2014

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
Requirements relating to workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Belmont Hill Surgery
Registered Manager	Dr. Quyen Nguyen
Overview of the service	Belmont Hill practice is a partnership of four GP's, two female and two male, and provides general healthcare services to adults and children. The practice also employs a practice nurse, two practice managers and a number of receptionists.
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'.

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 unannounced 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 7 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and used information from local Healthwatch to inform our inspection.

What people told us and what we found

We spoke with six patients. One patient told us, "The GPs are lovely. They treat me as a person and spend enough time with me". Another patient told us, "I find the GPs nice. They take their time and explain things".

We saw the GPs kept patients records up to date. Patients told us they were satisfied they were referred on to specialists when needed, and that they were also able to get test results back quickly and easily.

Staff were provided with policies and procedures relating to child protection and the protection of vulnerable adults, and they were able to describe possible signs of abuse and knew who to report concerns to.

The practice had recruitment and selection processes in place but we found they were not robust enough. Not all appropriate checks were undertaken before staff began work.

The practice had a number of systems in place to assess the quality of the service it provided, including surveying patients to gather their views. It had a patient participation group, which gave us positive feedback during our inspection.

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

What we have told the provider to do

We have asked the provider to send us a report by 22 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 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

People expressed their views and were involved in making decisions about their care and treatment. We spoke with six patients. One patient told us, "the GPs are lovely. They treat me as a person and spend enough time with me". Another patient told us, "I find the GPs nice. They take their time and explain things".

People who used the service were given appropriate information and support regarding their care or treatment. There were a number of noticeboards in the waiting area. These had different sections, covering older adults; teens; mums and babies; carers and the patient participation group. There was also information about the practice, such as how to book appointments, and a confidentiality statement. The practice also had television screens which provided information on various health related topics. One patient commented, "I like the screens. It is good to be given information".

The practice had an information leaflet which outlined, for example, what the practice could offer, how to make appointments and how to get test results. The leaflet was only available in English, although the practice manager told us that they would try to offer a translated version if it was requested. Where necessary a translator could be booked. One of the GPs told us that they also made use of an internet instant translation programme if they had any doubts about a patient's understanding of their diagnosis or treatment.

People's dignity and privacy were respected. We saw patients being talked to in a respectful manner, and being greeted in a friendly way on arrival. All of the patients we spoke with felt the receptionists were polite, although several felt they were asked to explain in more detail than they wanted why they were requesting an appointment. Consultations took place in private, and patients felt that it added to the 'looked after feeling' when some of the GPs came out to personally call them in for their appointment.

The practice was set over two floors, with no access for people with mobility difficulties to the first floor. The practice manager told us that whenever necessary, GPs with consulting

rooms on the first floor would use a vacant room on the ground floor if one of their patients was unable to climb the stairs. The practice had carried out a disability audit in 2012, and as a result had made the reception desk more accessible to people who used the service.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
GPs used a computer system to record details of consultations. We reviewed several of these electronic records and found them to be up to date and contained an appropriate record of ongoing treatment. Patients told us they were satisfied they were referred on to specialists when needed, and that they were also able to get test results back quickly and easily. The receptionists told us that GPs would flag up if they needed to see a patient with regard to a test result, but if the outcome was normal they (the receptionists) would relay this to the patient.

Feedback from NHS Choices and previous patient surveys had indicated that patients were unhappy with the appointment system. The practice manager told us this had been reviewed, and patients were now able to book on line for appointments up to four weeks in advance. They could also take advantage of early morning appointments from 7am once a week; and later day appointments up to 7.30pm also once a week.

Patients could also make use of telephone consultations. An electronic check-in system had been introduced, which patients told us they liked. Patients could call for a same day appointment if it was an emergency. The practice did not operate out of hours. A specific out of hours provider covered the practice in the evenings and at weekends.

Feedback from patients about the appointment system was mixed. All felt the system had improved, but a number were dissatisfied as they felt it was difficult to get to see the GP of their choice, which meant that there was not always continuity of care. Patients found this frustrating. They all said that there was no difficulty in getting an appointment, provided you could be flexible about the time and which GP you saw.

Several of the patients we spoke with had had appointments with the practice nurse. They all were complimentary about the service they received, but again there were mixed comments regarding the ease of access, with one patient stating it was hard to get an appointment.

Patients told us that they were not usually kept waiting more than 15 minutes past their appointment time, however the provider may find it useful to note on the day of our visit we noted that one patient waited over 30 minutes, and another waited nearly an hour. No-one kept them informed about the delay or the likely time they would be seen.

The practice had systems in place to deal with foreseeable emergencies. It kept emergency drugs to treat anaphylactic shock. We examined these drugs and found they were in date.The practice kept a supply of oxygen, which was regularly checked and we saw a record of these checks, but did not keep a defibrillator, falling out of line with national guidance which considered the availability of both to be good practice. All staff had attended cardiopulmonary resuscitation training within the last two years.

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 used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staff were provided with policies and procedures relating to child protection and the protection of vulnerable adults, including the pan-London multi agency safeguarding procedures. Information relating to child protection, including emergency contact telephone numbers, was displayed in the staff office, for ease of reference.

We talked with a number of staff about safeguarding. They were able to describe possible signs of abuse and knew who to report concerns to. We were initially told that non-clinical staff received safeguarding training every 3 years, however their records did not reflect this, and when this was pointed out we were told staff received updates during staff meetings. Subsequent to this inspection we were sent copies of the minutes of two staff meetings where we saw safeguarding had been discussed.

Clinical staff received more regular training, the most recent was for child protection in 2013. We saw certificates to confirm this. We also saw evidence of discussions staff at the practice had had with other health professionals, such as the district nurse, where safeguarding concerns had been raised. This meant that the practice was kept abreast of potential safeguarding issues, and it was able to discuss any concerns with multi agency health professionals.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The recruitment and selection processes in place were not effective.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The recruitment and selection processes in place were not robust enough. Not all appropriate checks were undertaken before staff began work.

We reviewed the records for two, non-clinical staff who had commenced employment at the practice within the last 12 months. Both records contained proof of identification, a copy of a photograph, confirmation of the right to work in the United Kingdom, where this was appropriate, and two references. One had undergone a criminal records check, the other had one in progress.

Both employees had supplied a copy of their curriculum vitae (CV) which included their work history. Both had gaps in employment which had not been explored by the practice. Neither record contained evidence that the employees had been asked if they had any health issues, and the practice manager confirmed that this was not something that they undertook. This meant the practice could not state with any certainty that the staff they employed were wholly suitable or medically fit for the work they undertook. This potentially placed patients at risk.

The practice manager told us that clinical staff were able to maintain their continuous professional development by periodically attending courses. Training in the last year had included child protection, mental health and an access workshop (which reviewed how easy it was for patients to use the practice) with the local clinical commissioning group.

There was a policy in place regarding the use of locus GPs. This included checking a locum's General Medical Council (GMC) registration, the performance list, requesting a CV and a criminal records check. We were told that the practice regularly checked with the GMC and the Nursing and Midwifery Council that the professional registrations of their clinical staff were up to date. We were unable to see these records as staff were unable to locate them.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice had a patient participation group (PPG) which met on a regular basis to discuss the services on offer, and how improvements could be made for the benefit of patients and the practice. One member kindly came to the practice to meet with us during the inspection. Their feedback was positive. They said the GPs listened to the PPG, one of them always attended their meetings and they felt that notice was taken of their feedback. For example, the group reported patients were unhappy at the introduction of a premium rate number which they had to call to make an appointment. The practice had explained that this had been introduced to reduce patient waiting time, but in response to the feedback they had re-introduced an additional, local rate, phone number.

The PPG had also fed back that patients were not pleased that the phlebotomy service had been withdrawn from the practice, which meant that patients had to travel to an alternative clinic for blood tests. The practice had responded by arranging to train one of the receptionists as a phlebotomist, thus providing an in-house service.
The provider had an effective system to regularly assess and monitor the quality of service that people received. The provider took part each year in the Quality Outcomes Framework, which rewarded GP practices for its level of achievement against a range of clinical and non-clinical indicators. These indicators included asthma, coronary heart disease, diabetes and hypertension care, and clinical and organisational measures. We saw from the latest report published on NHS Choices for 2011-12, that the practice had scored between 82% and 100% for each of these indicators. We saw evidence which indicated the practice was in the process of submitting data for the 2013 analysis.

The practice carried out a survey recently to ascertain patient satisfaction with the appointment system. As of result changes were being made to the appointment times, including the introduction of one early morning and one late evening surgery. At the time of this inspection the practice was in the process of carrying out a further survey, developed in partnership with the PPG, to determine if patients were satisfied with the ease with which appointments could be made.

There was a complaint and suggestion box in the waiting area, with forms for patients to complete if they so wished. The practice manager told us that as well as patient surveys, they also considered comments left on the NHS Choices website and the results of the National Patient Survey. At the time of this inspection the practice manager said there was one ongoing complaint, and they had a meeting the following week with the complainant. We saw records of the five complaints that had been recorded in the last 12 months, including the outcome and action taken. We saw they had been dealt with effectively.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. A significant event log was maintained, and we were told by one of the GPs that this was reviewed every month. We were provided with copies of reports of events, along with the action taken and the learning that came out of it. For example, there had been some confusion over one patient's medication, and the regular blood tests that were needed to ensure levels of medication were appropriate. Staff had not been fully aware of the required frequency of these tests or where the results should be recorded. As a result of the investigation, new guidelines were put into place, including a specific log to record results.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The registered person did not operate effective recruitment procedures. (Regulation 21 (a) (b))

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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