

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

Drs. Gittens, Longwill, Sinha & Vijayakumar

Kingsway, Billingham, TS23 2LS

Tel: 01642554967

Date of Inspection: 15 August 2013

Date of Publication:
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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Drs. Gittens, Longwill, Sinha & Vijayakumar
Registered Manager	Dr. Malcolm James Gittens
Overview of the service	The practice is a modern double storey building situated in the centre of Billingham. There is easy access to all main transport links and there is parking at the front of the building. The building has disability access and parking near the main entrance.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 15 August 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

During the inspection we spoke with seven patients who use Kingsway Medical Centre. Without exception all of the patients we spoke with were positive about the practice and the care and treatment that they received. They told us, "I love this practice it's the best I have been to," another person said, "This is the best practice, I have taken part in the questionnaires , the staff are excellent they always talk to you and try and get the best for you ."

We observed the experiences of patients who used the service. We saw that staff interacted and communicated well with people.

We found that patients were safeguarded against the risk of abuse.

We found that the staff received appropriate training and had regular supervision and appraisals.

We found that systems were in place to monitor the quality of the service provided.

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 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

During our visit we observed patients arriving into the reception area of the practice, the staff interacted well with patients and were polite and welcoming. We saw that a variety of information was clearly displayed within the waiting area. This included health promotion leaflets and information about the services available at the surgery. We also saw information displayed about how to order repeat prescriptions, confidentiality, chaperoning and access to medical records. This ensured that patients were provided with information about accessing services in the practice.

We spoke with two doctors, the acting practice manager, a practice nurse and a receptionist who explained the systems that were in place to maintain patient's confidentiality. We saw that a confidentiality policy had been developed and staff were aware of this.

We saw that there was a large television in the waiting area which played health promotion information. We spoke to one of the reception staff who told us that the television provided background noise which helped to reduce the possibility of private conversations being overheard and provided people with good information. We observed that when people came to the reception desk they were asked to stand behind a barrier until the person speaking to the receptionist had finished. This provided some confidentiality for people speaking to the receptionist. Staff told us that if patients wanted to speak confidentially they would be taken into a room near reception. We spoke with seven patients who confirmed this.

We saw that calls into the practice for appointments or requests to speak to clinicians came into a private office behind reception reducing the possibility of being overheard.

We saw an analysis of a recent patient questionnaire displayed in the waiting area which had positive results. There was a total of 320 completed forms. An example of the questions asked were 'how easy is it to get an appointment ', 70 % said it was fairly easy

and 23 % said it was very easy. The actions the practice had taken to improve the service were also displayed. An example was the practice had extended opening hours on some evenings and on a Saturday, people could also book appointments and prescriptions online. Five of the seven people we spoke with said that they found booking an appointment easy. The other two people we spoke with told us that it was only a problem when they wanted a particular doctor at a particular time but that staff always tried to accommodate them. This meant that patients had their views and experiences taken into account in the way the service was provided and delivered.

In the waiting area the number of wasted appointments each month was displayed on the wall, last month there were over 200 wasted appointments. The staff we spoke with told us the actions they were taking to address these issues. An example of this was that the practice text people a reminder of their appointment and online appointment booking was available. We were also told that patients who repeatedly failed to attend appointments would be contacted to discuss this further.

The practice had an on-line patient participation group (PPG); there are currently twenty members of this group. A PPG is made up of a group of volunteer patients who meet or communicate regularly to discuss the services on offer and how improvements can be made for the benefits of the local patient population and the practice. We spoke with a representative from the PPG who told us, "I find this practice a forward thinking practice always, improving and developing. I recently saw that there was a notice in the reception area that said, ask the reception staff about extended hours and Saturday opening, I contacted them and suggested that the information about extended hours was displayed and put on the web site. The staff made the changes and rang me that day to tell me what they had done." This showed that patients had opportunities available to them to become involved at the practice development.

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 patients safety and welfare.

Reasons for our judgement

We spoke with seven patients and looked at the care records for five patients. We looked at care pathways and the patient's journey. The patient's journey or care pathway is a process that has been developed for specific long term conditions for example asthma and diabetes. The care pathways have been developed to make sure that patients receive the best care and are referred for appropriate treatment at the right time. The patients we spoke with were all very positive about the care and treatment they received from the doctors and practice staff. One person told us, "My husband and I stopped smoking because of this practice, we are very happy here and there is always lots of information provided." Another person said "They always discuss everything and explain things to you. They always ask if you are happy."

We looked at the management plans for adults with long term conditions. Examples of these are chronic chest problems, diabetes, and dementia. We also looked at the care records of a child and saw that it included a plan for immunisation. We saw that clear treatment plans were in place for people, dependent on their condition and these were managed by the doctor and the practice nurses. We saw that systems were in place to manage patients care and recall systems to ensure patients were regularly assessed. The practice had an electronic record system which alerted staff when a patient required a vaccination or test. Examples of these were medication reviews, immunisation and cervical smear tests. We spoke to one patient who told us they were very happy with the care that she and her baby had received from the practice. She said, " We get good care here for both of us, appointments are easy to get and the staff always explain things to me and ask if I have any questions."

During our visit we saw that patients had access to a range of services provided in the practice, examples of these were counselling and osteopathy. This enabled people to have many of their care and treatment needs attended to in one place. The practice had equipment for managing medical emergencies. The practice had oxygen and other resuscitation equipment available. We saw that equipment was checked on a regular basis to ensure that it was safe for use. The manager told us that they also had a practice disaster and support plan in place. This ensured that the practice would still continue to function in the event of an emergency or outbreak of disease.

We saw from the patient records we looked at that patients received timely treatment and there was evidence of referrals to and from other health professionals.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit we spoke with the acting practice manager, two doctors, the practice nurse and one member of the reception staff. The staff we spoke with were knowledgeable about safeguarding and were able to describe the different types of abuse. They understood their role and were able to describe the appropriate action to be taken if abuse was suspected.

We saw there was a safeguarding policy which had been updated in January 2013 and the staff we spoke with were familiar with this policy. We saw that staff had received safeguarding training. The practice had a nominated safeguarding lead for adults and children. Staff confirmed that they were aware of who the nominated lead was in the practice.

The staff we spoke with told us that they received regular safeguarding training and felt supported. One member of staff told us that following their training they were more able to recognise the signs of abuse. This had led to them raising concerns which led to a safeguarding referral. We saw in the patient records how safeguarding information or concerns were recorded and referrals made.

A whistleblowing policy had been developed and the staff we spoke with told us they were aware of this. The staff said they were confident that if they raised any issues with the management team they would always be listened to and acted upon. From what we witnessed and were told, we found that patients who used the practice were protected from the risk of abuse.

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.

Patients were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We discussed training and supervision for staff with the acting practice manager. They told us that that all staff had undergone a range of training and received regular updates. Examples of the training undertaken were cardio pulmonary resuscitation, safeguarding, fire and chaperoning. The staff we spoke with confirmed this and we found evidence to support this.

We were told that the practice was a 'training practice' for general practitioner (GP) training and there was a GP who was the nominated lead for this. This means that the practice has been approved to train and be involved in the final stages of training new GPs (known as GP Registrars). GP Registrars are qualified doctors who are experienced in hospital medicine and are undertaking further training to become a GP. The practice being approved as a 'training practice' gives recognition that they provide good quality of care as well as the educational opportunities available for GP Registrars. Their year in general practice completes their training to become a GP.

We spoke with the GP trainer who described the training process for Registrars in the practice. They told us that the trainer is responsible for 50% of the training for trainees whilst they are in the practice. At the time of the inspection the practice was hosting two GP Registrars. We were told that patients were given the choice of whether or not they were happy to be seen by the GP Registrar.

We looked at the appraisal, supervision and training records of five members of staff. We spoke with the acting practice manager, practice nurse, two GP s and a member of the reception staff who told us that they had regular training, supervision and an annual appraisal. The staff we spoke with during the inspection confirmed that this was the case. The staff we spoke with told us that staff meetings were held regularly and we saw evidence to confirm this.

The staff we spoke with explained that the manager does the supervision of non-clinical staff and supervision for clinical staff is done by clinicians. This is to ensure that clinical staff have access to clinical supervision and support.

The GPs we spoke with told us that each day they met at coffee time which provided them

with an opportunity to discuss any concerns they had or seek the advice of their colleagues. We spoke with the practice nurse who told us they can also access this time to seek advice or raise any concerns regarding patients.

The registered nurses in the practice are registered with the Nursing and Midwifery Council (NMC). To maintain their registration they must undertake regular training and updating of their skills. The GPs in the practice are registered with the General Medical Council (GMC) and are also required to undertake regular training and updating of their skills. This ensures that clinical staff in the practice are registered to deliver care and treatment to patients

The staff we spoke with told us that the management team were supportive and approachable. One member of staff told us, "It is not a case of us and them we all work together and we are all responsibilities for different things." Another member of staff told us "We get quite a lot of training I like it as it helps me do my job better." All of the staff we spoke with told us they felt supported in their roles by the team.

We saw that staff were supported and received appropriate training to help them deliver care to people accessing the practice.

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 use the service and others.

Reasons for our judgement

During the inspection we discussed with the acting manager, two GPs, the practice nurse and one member of the reception staff how they monitored the quality of service delivered in the practice. They told us they undertook regular patient surveys and had developed a patient participation group (PPG). Following the survey, actions plans were developed to ensure improvements were made to the practice. The meant the provider had an effective system to regularly assess and monitor the quality of service that people received.

The practice had a complaint policy in place and this contained detail of external agencies should the complainant not wish to raise the complaint with the practice or be unhappy with the outcome. The provider might find it useful to note that the information had not been updated to reflect the recent changes in organisations. We saw that there was information available in the practice waiting area encouraging patients to raise comments, complaints or suggestions good or bad. We saw that patients were advised to hand this to a member of staff or place it in the repeat prescription box. The seven people we spoke with were confident that they would raise concerns with the practice if they had any.

The acting manager told us that any issues identified in the audits, comments or complaints were discussed at staff meetings. We looked at the records of the staff meetings and found evidence to support this. One member of staff told us, " We have regular meetings were we discuss and share things such as concerns, questionnaires, and audits. ". Another member of staff said, " We look at patient surveys and audits and action plan together as a practice."

We were told and saw evidence that audits were undertaken and following this action plans were developed. Examples of these were, monthly environment audits, prescribing, admissions and referrals to acute hospital care. Audit is a process used to monitor and improve quality. It uses a systematic process of review against set criteria. Following audit any areas that do not meet the criteria are identified and an action plan is developed to implement the changes required to meet the agreed criteria.

We saw that a range of Policies had been developed and reviewed in the practice. Examples of these were chaperoning, confidentiality, health and safety and risk

monitoring. We saw that staff were asked to review the policies and share their ideas of how the policy could be improved upon or understood better. An example of this was we saw that the confidentiality policy had been reviewed by a member of staff and presented to the practice by the member of staff. They had made lots of suggestions such as advising staff to be careful when opening mail at the reception desk that it could not be seen by patients standing at the desk. They also reminded staff to ensure that when discussing patients they cannot be overheard.

We spoke with two GPs about their revalidation with the General Medical Council (GMC). We were told that one of the two doctors had started their revalidation and the other had completed the process. The Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice. Validation aims to give extra confidence to patients that their doctor is being regularly checked by GMC. Part of this process is to gain patient feedback about their experiences when visiting the doctor.

We looked at how the practice monitors the Quality Outcome Framework (QOF). The Quality and Outcomes Framework (QOF) is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. We saw that the practice holds meetings every three months to monitor the practices performance and look how they can improve the quality of the service delivered to people.

Information about significant events, that may reflect good or poor practice was captured to find out what learning could take place about the quality of care and to show what improvements may be needed at the service. One of the doctors showed us an example of how this worked in practice and how actions that would influence improvement were captured.

We found that the staff and management of this practice fully understood the quality assurance processes, identified areas for improvement and took action to ensure they continually developed their practices. The provider had an effective system in place to regularly assess and monitor the quality of service that people received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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