

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

The Steven Shackman Practice

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Date of Inspection: 18 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
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Steven Shackman Practice
Registered Manager	Dr. Elizabeth Hermaszewska
Overview of the service	The Steven Shackman Practice provides primary medical services through a PMS contract to approximately 11,000 people in the local community. The practice is supported by four GP partners, three salaried GP's, a practice manager, two nurse practitioners, three practice nurses, a health care assistant and a large team of admin and reception staff. The practice is also a GP training practice.
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'.

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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with seven people using the service, the practice manager, a GP who was the senior partner, a nurse practitioner, a practice nurse, a health care assistant and two reception staff. The majority of people we spoke with were satisfied with the service provided. However, three people told us that sometimes they had to wait a long time to get a routine appointment and the doctors were usually running late on the day of their appointment. Comments included, "I sometimes have to wait up to two weeks for a routine appointment" and "Once I had to wait more than one hour in the waiting room to see the doctor."

People told us that although sometimes they waited longer than they expected to see the doctor their consultations were never rushed even though the doctors were running late. People said the doctors always listened to them and they were involved in their treatment. One person said, "the doctors explain my medical conditions and the treatment options in detail."

Procedures were in place to manage cross infection risks and ensure the risks were minimised. The practice was clean, hygienic and well equipped and staff had been adequately trained in infection control procedures.

Staff had received appropriate support and training to ensure they were able to meet the needs of people using the service. This included mandatory training, training specific to the job role, a comprehensive induction programme when they started working at the service and annual appraisals to monitor performance.

Systems were in place to monitor the standards of care and treatment provided including annual patient satisfaction surveys and a range of clinical audits. Where shortfalls were identified, improvements to the service had been made. Risk assessments had also been carried out to ensure the environment was safe for people using the service.

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

People who use the service were given appropriate information and support regarding their care or treatment. All the people we spoke with told us the doctors and nurse's involved them in their treatments. One person said, "the nurse's are very good, they always explain things in detail, they give me a lot of advice on how to manage my son's condition." Another person said, "all the doctors are very pleasant and explain your conditions and treatment options, they listen and don't want to rush you."

Information was available in the practice and on the website. This meant that people had the necessary information to make informed decisions about their health and lifestyle. There was information on different services available such as screening services, local hospital services and other relevant health services. The complaints procedure was displayed and the contact details of the NHS complaints advocacy service. This meant people were made aware of the procedure if they needed to make a complaint. Fees for non NHS treatments and the procedures for ordering prescriptions were also displayed. The provider ran a Health Station with the help of three local volunteers. The purpose of the Health Station was to educate people on different medical conditions and keeping fit and healthy. This included a library service allowing people to borrow books to improve their knowledge and use internet to explore health related topics. A suggestion box was available at the reception so people could comment on the service provided. Information posters were displayed on a variety of health conditions including Alzheimer's disease, dementia, stroke and recognising meningitis in babies.

People's diversity, values and human rights were respected. People we spoke with told us that both reception staff and clinical staff were polite and well mannered. One person said, "they are all very pleasant." Another person said, "the staff are always polite when you telephone and always helpful." People's medical records were stored confidentially in a locked room and people were consulted by the doctors and nurse's with the consultation room doors closed. There was also a separate room where people could hold confidential conversations with the practice manager when appropriate. This meant people's privacy was respected. All members of the community could use the service. For example access

to the practice was available for people with mobility needs and toilet facilities had been modified to accommodate them. A deaf loop was available to assist people who were hard of hearing and an interpreter service was available for people whose first language was not English to help them with their communication needs. A home visiting service and a telephone consultation service were also available for members of the community who were housebound.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The majority of people we spoke with told us that they were happy with the appointment system. However, three people said that it took too long to get a routine appointment and on the day of their appointment the doctors were usually running late. Comments included, "I sometimes have to wait up to two weeks for a routine appointment" and "I've frequently had to sit in the waiting room for more than one hour to see the doctor." However, people said that they could usually get an emergency appointment when they needed one and felt their needs were prioritised. The practice manager told us that the team were aware of the problems and had extended the practice opening hours to improve waiting times. In addition a nurse practitioner led triage system had been implemented to prioritise people's needs. An out of hours service was also available for people if they needed an emergency appointment when the practice was closed.

Clinics were run by the nurse's to ensure people's medical conditions were being monitored and managed appropriately. These included clinics for diabetes, heart disease, asthma and travel immunisations. There was also a smoking cessation clinic led by the health care assistant to help people stop smoking.

Where people required more specialist treatment, procedures were in place to ensure they were referred to other health services or secondary care promptly. One person told us, "I've been referred on a couple of occasions, it was done within a week and I was given a choice of hospitals by the doctor." Referral protocols were followed by the doctors and an internal system was in place to ensure referrals were managed appropriately.

There were arrangements in place to deal with foreseeable emergencies. The provider had emergency equipment and medicines available for use in the event of an emergency. We were shown the emergency provisions by a staff member. This included an oxygen cylinder, an Automated External Defibrillator (AED), an Ambu bag, masks to attach to the oxygen cylinder and a hypothermic blanket. There was also a cupboard well-stocked with emergency medicines. All the emergency provisions had been checked regularly and recorded as evidence. This was to ensure they were in date and suitable for immediate use. Resuscitation protocols were displayed for staff to follow and all staff had received training in basic life support. We noted that clinical staff had received additional training in

the management of anaphylaxis reactions and the use of the AED. Staff we spoke with were aware of their role in the event of an emergency and an alarm system was available to alert other staff members in an emergency situation.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

People we spoke with said the standards of hygiene were adequate and had never had any concerns about infection control risks in the practice. One person said, "the hygiene is good."

There were effective systems in place to reduce the risk and spread of infection. The provider had a designated staff member who was responsible for ensuring cross infection standards were being followed and clinical staff had completed training in infection control.

The consultation rooms were clean, hygienic and well equipped. A nurse showed us how the clinical areas were cleaned and disinfected after people's treatments and at the end of the day to minimise the risk of cross infection. There were hand wash sinks available with an adequate supply of soap and paper towels. Hand wash posters were displayed above the sinks for staff to follow the correct hand wash technique. We saw there was an adequate supply of gloves and plastic aprons to protect staff and people using the service from cross infection risks. There were dressing packs and equipment for minor operations appropriately stored in sterile pouches in drawers until time of use. The nurse told us that all equipment was strictly single use.

Waste had been segregated and stored safely including plastic containers for sharp objects and plastic sacks for clinical waste. A waste contract was in place with a professional waste company in accordance with current legislation. A needle stick injury procedure was displayed for staff to follow in the event of an injury and nurse's had been vaccinated against Hepatitis B.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff we spoke with told us they received adequate support to carry out their role effectively and meet the needs of people using the service. A receptionist we spoke with said, "I've always received plenty of support, I have a supervisor who is very good, I feel very comfortable talking to her about any issues." Another staff member said, "the partners give me a lot of support, they fund me for training courses to improve my skills and knowledge."

Staff received appropriate professional development. We noted that staff had completed training in mandatory topics and topics specific to their role. For example, all staff had completed training in basic life support, safeguarding children and adults and fire safety. The nurse's had completed training in topics such as immunisations, travel health, cervical screening and infection control. Training was also a topic in staff meetings and the meeting minutes we viewed confirmed this.

Staff had completed an induction training when they started working for the service. Induction training lasted two weeks and included an introduction to the policies and procedures of the service, health and safety training and role specific training. Staff we spoke with confirmed the induction training was comprehensive and prepared them to meet people's needs.

Annual appraisals had been carried out for all staff to assess staff performance and identify development needs. We viewed four appraisals. Each appraisal contained areas of achievement, strengths, weaknesses and agreed targets. Staff we spoke with said they felt valued by the partners and their appraisal helped them develop their skills and knowledge to provide a service that met people's needs.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Patient surveys were carried out annually to gain people's views on the service. The practice manager told us that each year the survey had a different theme depending on comments and complaints received from people using the service in the previous 12 months. The themes were also decided with input from the Patient Participation Group (PPG). For example, the 2013/14 survey was focused on the prescription service and the 2012/13 survey was focused on Dementia awareness. The results of the surveys had been analysed, where shortfalls were identified, improvements had been made as a result. For example, from the 2012/13 survey it was found that people were not aware of the prescription process. People said they were not informed of the procedures for ordering prescriptions and their prescriptions were often delivered to the wrong pharmacy. To rectify this more training had been provided to staff and more information made available to people using the service. From the 2013/14 survey it was found that there was shortfalls in people's knowledge of dementia. To improve people's knowledge a coffee morning had been arranged to raise people's awareness. In addition posters and information leaflets had been made available educating people on dementia issues.

Audits had been carried out to further monitor the quality of service provided. These included audits of medicines, cytology, prevention of infection in people with a specific medical condition, minor operations and infection control. The results of the audits had been analysed and action points recorded. We also saw examples of audits of referrals to other health services and secondary care. The senior partner told us that regular meetings took place with other GP's in the local Clinical Commissioning Group (CCG) to discuss referrals and share best practice and the senior partner was attending one of these meetings on the day of our inspection.

A fire risk assessment and other health and safety risk assessments had been carried out to ensure the environment was safe for people using the service. The risk assessments had been reviewed appropriately and where risks had been identified, control measures were in place to minimise them.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. We viewed six incidents. Each incident had been recorded, analysed and action taken to reduce the likelihood of reoccurrence.

The provider took account of complaints. The service had received approximately 15 complaints in 2013. We viewed a sample of six complaints and found that they had been acknowledged, investigated and resolved appropriately.

About CQC inspections

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

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

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

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

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

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

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

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

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


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


How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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