Inspection Report

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

Wideopen Medical Centre

Great North Road, Wideopen, Newcastle Upon Tyne, NE13 6LN

Tel: 01912362115

Date of Inspection: 05 November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Wideopen Medical Centre
Registered Manager	Dr. Paul Morris
Overview of the service	Wideopen Medical Centre is a primary care centre offering a range of primary medical services. It is based in Wideopen, Tyne and Wear. There are five consultation rooms and a treatment room within the practice, which has approximately 7,000 patients.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 November 2013, talked with people who use the service and talked with staff. We were accompanied by a specialist advisor.

What people told us and what we found

Wideopen Medical centre is a practice with just over 7,000 patients, five GP's, two practice nurses and clinical and administrative support staff. The practice offers a wide range of services and can refer patients on to other healthcare providers when necessary.

Patients told us that they were extremely happy with the care, support, treatment and service that they received from the medical centre. One patient said, "My doctor has always looked after me really well." Another patient said, "The doctor actually listens to what you say. I feel included in the diagnosis and treatment not just told what to do. I can't see any faults with the practice."

We found that patients' privacy and dignity were respected and they were involved in decisions made about their care.

Care and treatment was planned and delivered in line with patients' needs.

Patients told us they felt safe when in receipt of care and we saw that the provider had measures in place to identify abuse and prevent abuse from happening.

There were effective systems in place to monitor and control the spread of infection. Patients received care in a clean and hygienic environment.

Appropriate checks were carried out before staff began work and patients were cared for by suitably qualified, skilled and experienced staff.

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. 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

Patients told us they were treated with dignity and respect and felt involved in decisions made about their care. They said they were informed about services available to them and other healthcare providers that they may be referred to. One patient said, "Everything is explained to you fully, I have had no problems with that whatsoever. The doctor went onto a website on the computer to show me some stretching exercises for my foot. I have been given leaflets also. The staff are always courteous and nice. They go that extra mile for you. The reception staff are good too." Another patient told us, "I go in with my husband and they are respectful of that. They always include him in everything. I couldn't speak highly enough of the surgery and the doctors." A third person told us, "I feel involved. I see the practice nurses mainly and they explain everything to me. Each time I go I am treated very well. They ask me if I want to ask anything and they give me an explanation and printouts with information on. Things are a choice to me. Reception staff listen too, I am impressed with them."

On the day of our inspection we observed staff treated patients with dignity and respect and their privacy was respected. For example, we saw staff knocked on consultation rooms before entering, when they needed to speak to the doctor or practice nurse. Staff interactions with patients were polite and positive. We saw that there was an enclosed private area behind the reception desk which had a sliding hatch via which people could speak to reception staff in private, should they prefer to do so. In addition, within each consultation room there was a curtain in place around examination beds or the doorway in the treatment room to ensure people's privacy and dignity was respected.

We reviewed information available to patients of the practice. We saw that the provider had a website which informed the reader about a range of things from the practice opening hours, to services on offer, and 'self help' information. Within the reception area of the practice we saw an electronic notice board which the provider used to communicate important messages to patients. There were a large variety of leaflets available to patients

within the waiting area and information about other healthcare providers, to whom they could either refer themselves or request referral through their doctor. These included information on smoking cessation, sexual health, cancer and support for family carers.

Patients and staff told us that doctors sometimes used a facility on their computer as a source of information to explain certain medical conditions. Patients said that doctors either displayed such information on the screen during consultation, or printed it off for them to take away. In addition, we saw 3D models were available within doctors surgeries, to be used as aids to explain medical conditions to patients. For example, in one surgery we saw a 3D model of a heart and a model of the base of the spine. This showed that the provider sought to provide patients with appropriate information and support regarding their care and/or treatment.

People told us doctors and nurses explained different treatment options to them when necessary, and they made their own independent and informed choices about which treatment they received. The practice manager told us that the practice had access to the NHS 'Choose and Book System'. One general practitioner told us that patients could opt to travel to other hospitals but many wished to be seen locally. Clinical staff told us they were happy to accommodate patients' choices. We found that patients expressed their views and were involved in making decisions about their care and treatment.

The practice manager told us that the provider catered for patient's diverse needs. We saw that there was disabled access for all patients, both into the main entrance of the surgery and the consultation rooms, which were all located on the ground floor. The practice manager told us that one patient had a hearing impairment and they communicated with them via fax. An interpreter was made available to them when they attended the practice in person. One patient told us, "I have a child with special needs and the way they treat people with disabilities is great." The practice manager also told us that patients could either book their appointments online or by ringing up the surgery. They said the provider was also currently trialling a new mobile phone 'app' with a group of patients which gave information about the practice and links to other 'apps' related to, for example, lifestyle choices. This showed that the provider was aware of patient's diverse needs and respected their diversity, values and human rights.

We also noted that the provider had a patient participation group (PPG) in place within the practice. A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer within their practice and how improvements can be made, for the benefit of the local patient population and the practice. The practice manager informed us that this group had been established for three years and they met approximately four times annually. The existence of this group showed that the provider sought to include patients in decisions made about the delivery of care and services they provided.

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

Patients told us they were extremely happy with the care, treatment and service they received from Wideopen Medical Centre. One patient said, "I really couldn't speak highly enough of our surgery. From the doctors and nurses to the reception staff, I really do think we have a great surgery and we are very lucky. I feel special to them, they know who I am and they are very very good." Another patient told us, "I have been quite happy. I have had some very good treatment." Other comments included, "I couldn't fault them" and "I hate needles, they know it and they never leave a mark on me."

We looked at services on offer within the practice. There was a variety of different appointment types. These included urgent appointments, 'one the day' appointments, pre-bookable advanced appointments and telephone consultations. Reception staff told us that if appointments ran out on any one day patients could either be booked in as 'extras', for example, if they were ill children, or they would be telephoned by a general practitioner (GP) at the end of surgery. Home visits by a GP could be requested and these were shared out amongst the GP's on duty within the practice that day. Similarly, GP's visited patients in residential care homes as and when requests arose. Patients could make appointments by phone, online, in person or via a mobile phone 'app'. We noted that the practice had extended opening hours, with early opening hours two days a week and late surgeries on two evenings.

The practice offered a range of chronic disease management appointments and many enhanced services such as; minor surgery (injections only), diabetes, end of life care and a range of vaccinations. Patients who attended chronic disease management appointments were recalled annually based on their birthday date. A GP we spoke with explained that practice nurses ran the chronic disease management clinics using guidance devised by the GP's. When necessary, patients were referred on to GP's where there were any issues which needed discussion or onward referral to other healthcare providers. Blood tests and cervical smear tests were also performed in the practice. The practice manager confirmed that different GP's take the lead on different clinical areas such as diabetes, Chronic Obstructive Pulmonary Disease, known as COPD, end of life care and female sexual health. One GP confirmed that training and feedback was regularly given to staff at monthly meetings.

The local district nursing team had an office based at the practice which promoted joint working. In addition, a health visitor team ran a baby clinic once a week. The minutes from monthly practice meetings demonstrated that there was a close working relationship between these healthcare professionals and the GP's and practice nurses within the practice. For example, there were regular discussions around certain individual patients and their care, and health visitors raised safeguarding issues related to families and children.

We viewed a sample of patient records held electronically and some records retained in paper form. These records reflected the patient's personal details, full medical history and care and treatment. Where it was necessary, markers had been placed on patient's records, for instance where they were attending chronic disease management clinics or they were at risk of abuse. We found that patients' needs were assessed and care and treatment was planned and delivered in line with these needs.

We saw that arrangements were in place to deal with foreseeable emergencies. The practice had oxygen cylinders and an emergency drugs kit in place, should they be required in the event that a patient was to become unwell. The defibrillator was checked annually when Cardiovascular Pulmonary Resuscitation (CPR) training was carried out. We saw training certificates to evidence that staff had been trained in CPR within the last year. The practice manager confirmed that there were no intermittent checks on the defibrillator equipment. They considered it would be beneficial to include a check on this equipment more regularly, to ensure it remained in a serviceable condition. A checklist, completed by the healthcare assistant at the practice, confirmed that the emergency drugs kit was checked regularly and we saw that these drugs were all within their expiry date.

Staff confirmed that there were no pull cords or emergency buzzers in place within the practice should they need to attract attention in an emergency situation. They told us there was a 'computer alert system' in place whereby staff members could alert other colleagues by messaging them and requesting assistance. A member of reception staff gave two examples of emergency situations that had arisen recently, where this 'computer alert system' had been used effectively.

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

Patients told us that they had never felt unsafe when visiting the practice or receiving care or treatment from the doctors or practice nurse. One patient said, "I have never felt unsafe. I know that you can have a chaperone if you want or a family member to go in with you, that is made clear by reception." Another patient told us, "I have never felt unsafe, it has always been lovely."

We viewed the provider's safeguarding policies and found that there was one in place for both protecting vulnerable children and adults. These were very comprehensive and included guidance for staff on what constitutes a vulnerable child or adult, the different types of abuse, indicators and signs of abuse and appropriate actions that must be taken in each case if abuse is suspected. There were contact details for the local authority safeguarding teams held electronically and all staff had access to these. In addition, we saw that the practice had a whistleblowing policy in place and a chaperone policy. The chaperone policy gave patients a choice if they wanted an independent person to be present when receiving an examination or consultation from a doctor or nurse, if, for example, they felt nervous, intimidated or vulnerable. There were posters bringing this facility to patient's attention, throughout the practice.

We spoke with staff about safeguarding vulnerable adults and children. They were able to explain to us the different types of abuse and the actions they would take if they suspected abuse. This reflected instructions set out in the provider's policies. We viewed training records and certificates which confirmed that all staff had completed training in safeguarding children and dates of when this training needed to be renewed were recorded. We asked the practice manager if staff had received separate training on protecting vulnerable adults and they confirmed that they had not, although some of the course applied to safeguarding adults also. Staff were able to give us examples of what constituted a vulnerable adult. We viewed minutes from a meeting held within the practice within the last few months, which evidenced discussion about a vulnerable adult. This showed that staff, both clinical and non-clinical, had a good awareness of safeguarding and their personal responsibilities in relation to reporting potential abuse of both children and adults.

The practice manager confirmed that two general practitioners were identified lead clinicians with clear roles and responsibilities to oversee safeguarding within the practice. We saw that the practice computer system highlighted vulnerable patients, included those where there were concerns over safeguarding or potential domestic violence issues. One general practitioner told us that any new or concerning issues, in relation to safeguarding, were raised and discussed regularly at multidisciplinary meetings.

We noted there was no central log of safeguarding matters which could be regularly reviewed or up dated. The practice manager told us that this information could easily be pulled from the computer system by running a specialised search.

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 cared for in a clean, hygienic environment and they were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Patients told us that the practice was always clean and tidy and they had no concerns about cleanliness. One patient said, "I have never noticed anything unclean, even the toilets are always clean." Another patient commented, "The practice is always immaculate. There is never any rubbish and the toilets and reception areas are always clean." We walked around the practice and found that all communal areas, the reception, toilets, consultation rooms and the treatment room were clean and well maintained.

We saw that all clinical areas had appropriate supplies of couch roll, personal protective equipment (PPE) such as gloves and aprons, hand wash, clinical waste bins and sharps disposal boxes. We saw documentary evidence which confirmed the practice had up to date clinical waste contracts in place with an external waste management firm. Hand washing was promoted in all clinical areas and toilets and elbow controlled taps were in use to limit the potential for the spread of infection. We saw that body fluid cleaning kits were labelled and available in the treatment room to appropriately clean up any spillages that may occur. The flooring in this room was in line with national set guidelines, as it was a non-slip vinyl surface to allow for easy cleaning. The practice manager confirmed that single use instruments were used within the practice and the curtains in each clinical area were changed every six months to ensure they remained clean, fresh and free from bacterial growth.

The practice manager told us that they had overall responsibility for infection control within the practice and no one person was a designated infection control lead. We saw that there was an infection control policy in place which was comprehensive and covered areas such as hand hygiene, waste management and the use of PPE.

We reviewed a sample of staff training records and found in all cases that staff had received up to date infection control training. In addition to formal training, minutes of a recent multidisciplinary practice meeting showed that training sessions on hand washing techniques, dealing with bodily samples and waste disposal had taken place.

The practice had a contract in place for the cleaning of the premises. Completed cleaning logs were seen for each area which evidenced cleaning had taken place regularly. The

practice manager confirmed that there was a diary in the staff room via which staff could communication cleaning matters, or areas in need of attention, with the external cleaning contractors. Any problems with practices could be addressed in person between the practice manager and the manager of the cleaning company.

We confirmed with the practice manager that all clinical staff had an up to date Hepatitis B vaccination. This meant staff were protected against the risk of acquiring health related infections during the course of their work.

We found there were effective systems in place to reduce the risk and spread of infection.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at how the provider ensured that staff employed by the service were suitably skilled and qualified. We reviewed the recruitment and selection processes in place. We looked at four staff members' recruitment records. These showed that whilst staff had not always completed a formal application form, all had submitted a comprehensive curriculum vitae. These contained a full employment history and accounted for any breaks in their employment. Staff and the practice manager told us that a formal interview process had taken place, although records of these interviews were no longer available. We noted that files contained signed copies of staff member's job descriptions and contracts of employment. This meant staff had information about their role and what was expected of them in their employment.

Appropriate checks had been undertaken before staff began work. For instance, we found evidence in staff files that references had been sought in all cases, including one from a previous employer. The provider may find it useful note that there was no record of any formal identification having been supplied by the applicant, although the practice manager confirmed that they had sight of several forms of formal identification prior to appointment and staff confirmed this. For each clinical staff member the provider had also obtained a Criminal Records Bureau (CRB) check. These checks have since been renamed Disclosure and Barring Service checks (DBS). They are designed to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. These checks demonstrated the provider sought to ensure people's safety by appropriately vetting the staff they employed.

We asked staff about their experiences of the provider's employment process. They told us the recruitment and selection process was very thorough and this supported our findings. One member of staff said, "I applied then had an interview. A CRB check was done and I have a contract."

We noted that the practice manager had recently developed a medical questionnaire to be completed by staff prior to appointment. This questionnaire asked them to confirm if they had any health issues that would prevent them from carrying out the role for which they were applying. This showed that the provider sought to explore the health position of potential employees, to ensure they had the ability to do the job for which they would be

employed, and consequently that there would be no impact on the care they delivered to people.

We reviewed staff training records and found that staff had received an induction after their appointment with the practice and other subsequent training in a number of key areas such as the safeguarding children, infection control and Cardiovascular Pulmonary Resuscitation (CPR). Records also demonstrated the provider ensured that all clinical staff (general practitioners and nurses) employed within the practice had an up to date registration with the relevant professional body. This showed the provider sought to ensure that staff they employed were appropriately qualified to undertake the role for which they were recruited.

We found there were effective recruitment and selection processes in place to ensure people were cared for by staff 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.

Contact us

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