

# Review of compliance

<b>Tolsey Surgery (The).</b>	
<b>Region:</b>	<b>South West.</b>
<b>Location address:</b>	<b>The Tolsey Surgery, High Street, Sherston, Wiltshire, SN16, 0LQ.</b>
<b>Type of service:</b>	<b>Doctors consultation services. Doctors treatment services.</b>
<b>Date of Publication:</b>	<b>July 2012.</b>
<b>Overview of the service:</b>	<p><b>The Tolsey Surgery is a GP practice in the centre of Sherston, Wiltshire. The practice supports around 3,300 patients. It offers general and enhanced services led by the practice GPs and the practice nurse.</b></p> <p><b>The range of enhanced services included minor surgery, health screening, antenatal, postnatal care, childhood and Pneumococcal immunisations, counselling, contraceptive services, stop smoking services and extended hours access.</b></p>

This report is produced as part of a pilot undertaken by the Care Quality Commission (CQC) with volunteers from a variety of primary medical services. The pilot is to test the compliance methodology CQC will use to monitor these services from 1 April 2013.

The findings in this report are based on the service at a specific period of time during the pilot. They will not be used to determine compliance when this service applies to be registered by 1 April 2013.

There is no requirement for the volunteers to be registered with the CQC until 1 April 2013.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Tolsey Surgery was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our primary medical services pilot to test our inspection methodology.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 July 2012, checked the provider's records, observed how patients were being cared for, talked to staff and talked to patients who use services.

### What people told us

We visited The Tolsey Surgery on 25 July 2012 and spent the day at the service. We spent time with the practice manager, the practice nurse, a GP, reception staff and patients. All of the patients we met spoke positively about the treatment and support they had been given by The Tolsey practice.

We talked with patients who were visiting the practice on the day of our inspection. about being referred to other health or social care providers. Two patients had experienced being referred on to other providers, such as NHS consultants. One patient told us "I was uncertain about a type of treatment that was offered to me, I was anxious about it, then I discussed my concerns with the GP they listened to me and offered me an alternative service, this was arranged quickly and to my complete satisfaction".

All the patients we spoke to during this visit told us they were well supported for by all staff at the practice and they feel safe and secure at The Tolsey Surgery. All of the patients we spoke to told us they feel safe with comments such as, " the staff are really good, they look after me really well".

After our visit to the surgery we were able to speak with the chair of the patients representative group, they told us that patients were well supported by staff at the practice and also that "high levels of satisfaction were expressed by patients and that the "attention to detail provided at the practice by all staff is superb !"

We talked with patients about their confidence in the skills and knowledge of staff and asked them their view of staff competency. People told us that all the staff they had met seemed competent, skilled and knowledgeable. One person said that the practice had "caring and professional staff".

None of the patients we met had complained to the practice in the past. Patients said they felt confident if they had cause to complain it would be dealt with in an efficient professional manner.

**What we found**  
for each essential standard of quality  
and safety we reviewed

## **What we found about the standards we reviewed and how well The Tolsey Surgery was meeting them.**

### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The provider was meeting this standard.

### **Outcome 06: People should get safe and coordinated care when they move between different services**

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

The provider was meeting this standard.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

The provider was meeting this standard.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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

The provider was meeting this standard.

### **Outcome 17: People should have their complaints listened to and acted on properly**

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A **minor impact** means that 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.

A **moderate impact** means that 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.

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

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 2: Consent to care and treatment

## What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

## What we found

### Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
Patients we met and talked with during our visit told us their experiences of giving consent for care and treatment. One person told us that they had been asked before given their influenza vaccination if they were aware of the benefits of the treatment and the potential side affects, they told us “The nurse was very clear and checked that I understood the treatment I was having, this ensured I was clear on what risks were associated with my treatment”.

When we spoke with a GP and the practice nurse they told us that they would discuss with patients their condition and treatment options in a way they can understand, and respected their right to make decisions about their care. The GP and nurse we spoke to saw getting their consent as an important part of the process of discussion and decision-making with patients, rather than as something that happens in isolation. The GP, nurse and the practice manager we spoke to understood how written consent was recorded and when it would be taken, examples given included when an investigation, treatment or procedure is complex, or involved significant risks or when the procedure involved regional anaesthesia or sedation.



### **Other evidence**

On the inspection visit we looked at the ways in which decision-making is supported and issues of concern or capacity are resolved. The patients we met had the capacity to make decisions for themselves. For some patients where their capacity is impaired there may be occasions where a case conference is held, with other people should decisions need to be made on a patients behalf and in circumstances that may be deemed to be in some ones 'best interests' for example when someone would not have the capacity to make a decision about contraceptive protection. The practice staff told us that decisions made on patient's behalf would be recorded in patient records.

We were told that if a patient had difficulty in retaining information they would be given a written record of the discussion and decisions made.

The practice had a consent protocol, this set out the Tolsey Surgery's approach to consent and the way in which the principles of consent would be put into practice. The protocol covered people's capacity to give consent, when consent would be need, and the procedures for children and adults Clinician staff that we spoke to were clear about their role in explaining to patients the purpose of their treatments and the risks associated with having (or not) the treatment options that were available to patients.

Clinicians had a sound understanding of the Mental Capacity Act 2005 and they were able to demonstrate a sound understanding of their role and responsibility. The practice manager told us that patients were always asked to give their consent if they participated in research.

Staff we spoke to understood the guidance available to them around dealing with patients who did not want to know about their condition or treatment or wanted another person to make a decision for them. Staff we were aware of the importance of confidentiality and had received training about this.

The practice manager told us that the practice provides healthcare support and advice to local care homes for people that require nursing care. The GP's had been involved in decision making processes for people at the end of their life. These were people that had a condition that would affect the quality and length of their life or had a condition that would impair their capacity as it progressed such as dementia. Patients had been encourage to think about what they might want for themselves in the event that they could not make their own decisions and had been able to discuss their wishes and concerns with the GP and the healthcare team and these had been recorded in patients records.

We saw that the patient complaint form contained information for patients on how to complain on behalf of someone else, It referred patients to the leaflet about the rules of medical confidentiality and recorded that if patients were complaining on behalf of someone else then an authority signed by the person concern was needed and a third party consent form was attached to the complaints form. The practice manager told us that it was important for people to give written consent about any information that might be shared about them, this was in line with confidentiality protocols.

**Our judgement**

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

The provider was meeting this standard.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
We met and talked with patients who were visiting the practice on the day of our inspection. Two patients had experienced being referred on to other providers, such as NHS consultants. One patient told us “I was uncertain about a type of treatment that was offered to me, I was anxious about it, then I discussed my concerns with the GP they listened to me and offered me an alternative service, this was arranged quickly and to my complete satisfaction.” Another patient told us “the doctor took time with me, explaining all of the options available, when I decided which treatment pathway I wanted they told me about the referrals process and this included timescales, I was seen by the specialist and now I am making good progress”.

**Other evidence**  
GPs work with a number of other organisations across health and social care to coordinate care. This is particularly important for patients with long-term chronic and mental illnesses, for those at the end of their life and those in maternity care who may be receiving care from multiple providers. The practice had a policy for referrals and information to guide staff and patients about when referrals to other agencies are made. The clinical staff we spoke to knew who to refer patients to and when it would be appropriate to refer patients to other agencies, in line with the policy of the practice. Examples of other providers included referral to and NHS hospital trust for specialist consultant advice, X ray or therapy services such as

physiotherapy and occupational therapy .

There are three GP's at this practice, all of whom have completed training about the role of a Caldicott Guardian. Caldicott Guardian is a senior person that is responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing.

The practice had opted out of providing an out of hours service, we saw information had been provided at the practice and on the website for the surgery about the arrangements for contacting the out of hours service in order that patients were advised of what to do when the practice is not open. Patients we spoke to told us that they were satisfied with the arrangements in place and no concerns about this were raised with us.

The practice manager confirmed to us that the practice had a system in place to hand over care for those likely to need it, such as those receiving terminal care. We were told it is the practice's responsibility to send these special patient notes to out-of-hours providers.

In order to ensure that information is shared with partnership agencies the practice had information on its website about patient summary care records. These are records that are held on a central NHS computer system and hold vital patient information such as significant medical conditions and allergies. This information would be given out of hours GP's in order that they had access to up to date medical information. The website allows patients to opt out of this service and informs patients that they should be asked for their consent each time a member of NHS staff wishes to access their records. One Patient told us "I had heard about the summary care records, I believe that anything that can help ensure you receive the correct medical treatment has got to be a good thing".

### **Our judgement**

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

The provider was meeting this standard.

# Outcome 7: Safeguarding people who use services from abuse

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

## What we found

### Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
All the patients we spoke to during this visit told us they were well supported for by all staff and they feel safe and secure at The Tolsey Surgery.

All of the patients we spoke to told us they feel safe with comments such as, " the staff are really good, they look after me really well".

Other comments included, "I've no concerns over staff attitude, they've all been lovely to me and very patient"; "The staff are all very kind to me. Of course in any job there are some people who are better than others. But here I have found the staff are all extremely kind and patient"; and, "The staff attitude towards me has been fantastic".

We spoke to staff about their protection of vulnerable adult training. They were confident that they would recognise poor practice. They said that if they witnessed potentially abusive actions they would report this to a senior member of staff.

We observed interactions between staff and patients. These were at a pace in line

with each person's needs and demonstrated respect towards them as individuals. For example,

### **Other evidence**

The practice has a safeguarding lead who is one of the GP's. The lead was able to demonstrate a sound understanding of the role of practice staff in the protection of both vulnerable adults and children.

Policies and procedures were in place to direct staff and to provide guidance should they suspect abuse. We saw that policies and procedures had been recently reviewed. There was a robust child protection policy and a policy for the protection of vulnerable adults, these recorded, for example, clear lines of accountability, arrangements for appropriate checks on new staff and procedures for dealing with allegations of abuse, and whistle blowing.

We saw that each staff member had immediate internet access to the South West Safeguarding and Children Protection Group. We saw that the procedures on this web site reflected statutory guidance issued by Her Majesty's Government. Reconstruct Children's Services policies and procedures. Staff told us that by having a direct link to this website it ensured that they had direct access to current legislation and good practice guidelines and would provide an effective referral process should concerns about the safety of a patient an adult or child be identified.

We saw a training matrix that recorded that training in safeguarding had occurred and practice staff were able to tell us about this training and how it had benefitted them within their role. One member of staff told us "I found the training very informative and it provided me with the knowledge and understanding of what my safeguarding responsibilities are and gave me the confidence to put what I learned into practice, should I ever needed to".

We were told by the practice manager that staff meetings were held four times a year to discuss any significant events that had occurred, this would include safeguarding concerns. These meetings provide an opportunity for a multi disciplinary approach and to discuss any areas for development or lessons to be learnt.

Data from the NHS Information Centre Quality and Outcomes Framework stated the practice had access to information on local procedures relating to adult and child protection.

### **Our judgement**

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

The provider was meeting this standard.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

## What we found

### Our judgement

The provider is compliant with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
We talked with patients about this essential standard and asked them their view of staff competency. People told us that all the staff they had met seemed competent, skilled and knowledgeable.

The patients who we talked to told us that they felt confident about the knowledge and abilities of the staff. Their comments included, "The staff can answer my questions"; "I find the staff are capable and skilled"; and, "The staff understand what my needs are".

One person said that the practice had "caring and professional staff". Another person told us "Whenever I have needed to know something about my treatment, things have been fully explained to me, they (staff) check to ensure I fully understood the benefits and any implications of the treatment I had" A third person told us, "I have never asked about the training or supervision of staff, I have never needed to know, I have confidence that they know what they are doing".

We talked with staff about their roles and responsibilities at the practice. The staff were able to tell us in depth what their accountabilities were, how their practice was monitored and how they were supported within their role. Staff told us "we have a good team, we all have our own role to play and we work well together" another person told us "we have good communication systems within the team in order that

we are all working in a consistent way, meetings and supervisions are held regularly, these provide an opportunity to ask questions, and share any ideas and suggestions we may have “

Staff demonstrated a good understanding of the needs of people who used the service and how to enable them to access appropriate treatment and services.

After our visit to the surgery we were able to speak with the chair of the patients representative group, they told us that patients were well supported by staff at the practice and also that “high levels of satisfaction were expressed by patients and that the “attention to detail provided at the practice by all staff is superb !”

### **Other evidence**

Staff have a handbook that includes the staff training policy which is focused on providing training opportunities for staff to improve the service. We reviewed the training matrix for the staff team and saw that staff had completed training in the following areas; first aid, cardio pulmonary resuscitation, child protection, medication administration, taking blood samples and the role of the Caldicott guardian and the GP. Staff were able to demonstrate they knew about whistle-blowing and reporting concerns both internally and externally. The culture at the practice was said to be open and supportive to all staff. Staff knew how to report incidents, accidents and near misses.

The practice manager told us that on an annual basis all staff updated their training in respect of patient confidentiality, primary care and improving the patient experience and risks within the workplace. Staff certificates also confirmed that staff had completed on line training in the areas of the importance of good clinical records, the secure transfer of patient data, records management and NHS codes of practice.

One member of staff told us “I really enjoy the training opportunities we are given, it provides me with the information in need to do my job well”. Another person told us “we are well supported in both training and supervision”. The practice nurse told us that that all of their training was up to date and they had recently completed four training modules about child protection and safeguarding children, they also told us that they had also completed recent training on infection control. The nurse told us “it is my responsibility to keep up to date and that I am working in accordance with current good practice”.

The practice manager told us that there had not been any new members of staff for over two years, however, should any new staff be employed they would be expected to complete a comprehensive induction and all new staff would have a mentor. The performance would be reviewed at three and six monthly intervals in order to ensure they had been supported and provided with the skills necessary for the post.

Staff confirmed to us that formal supervision happened on a regular basis for both clinical and non clinical staff and that records of these, and annual appraisals were maintained. One member of staff told us that they enjoyed supervision and found it



worthwhile and that their annual appraisal of their performance allowed them the opportunity to reflect on their role and to look at areas for development.

The practice manager and other staff members confirmed to us that there are effective methods of communication within the practice, this is in order that a consistent approach is taken and to ensure that staff had clear information about matters which affect them and the delivery of the service being provided. Examples given to us were supervision, peer support, communications meetings, partners meetings, significant events and palliative care meetings and whole practice meetings. The frequency of these meetings varied from a monthly event to twice yearly. Minutes of meetings were available.

**Our judgement**

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

The provider was meeting this standard.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

The provider is compliant with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
None of the patients we met had complained to the practice in the past.

Patients said they felt confident if they had cause to complain it would be dealt with in an efficient professional manner. Patients told us they knew how to complain and that if they had any concerns that they would raise them straight away with the practice staff. Patients also knew about the Patient Advisory and Liaison (PALS) Information about how to make a complaint and how to contact PALS was available to patients in the waiting areas. This information was also available to patients via the website for the practice.

We discussed the management of complaints with the practice manager. The manager had a very positive attitude to complaints and was able to illustrate the responsiveness of the service. There was a real willingness to talk to the person who had made the complaint, for investigations to be carried out in a prompt, efficient and professional manner.

**Other evidence**

The practice had a clear complaints procedure that they operate as part of an NHS

complaints system. The patient complaint form provided information about how to complain, complaining on behalf of someone else and what the practice will do with complaints that are received. The form also informed patients that they can also obtain confidential advice and support from The Patient Advice and Liaison Service (PALS) and should they remain dissatisfied with the outcome of a complaints investigation they can refer the matter to the complaints ombudsman.

The practice manager told us that complaints are dealt with promptly in line with the practice complaints policy. We saw records that showed us that complaints were dealt with in a professional manner and the outcomes of any investigations are fully recorded and action is taken (where required) to improve the service for patients. We saw a response from a patient that had made a complaint thanking the practice for their investigation into the concern they had raised and had had written that the surgery “obviously had a robust, sound complaints procedure in place”. This patient said were satisfied with the outcome of the investigation undertaken by the practice manager.

The practice also had a patient representative group. This consisted of a forum for patients to make comments and suggestions, usually through email, and contribute to surveys and questionnaires. The practice had published an annual report on its website of a survey of patients and the areas highlighted by patients that the practice could improve upon, action had been taken where areas of improvement had been identified.

### **Our judgement**

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA