

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

Merridale Medical Centre - RP Tew

Merridale Medical Centre, 5 Fullhurst Avenue,
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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Complaints

✓ Met this standard

Details about this location

Registered Provider	Merridale Medical Centre - RP Tew
Registered Manager	Dr Rachel Clarke
Overview of the service	Merridale Medical Centre is a GP practice in Leicester City. It offers general and enhanced services, including minor surgical procedures and family planning. The practice is based in a large new building with an on-site pharmacy and space used by other health and social care providers.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Merridale Medical Centre - RP Tew had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Safeguarding people who use services from abuse
- Complaints

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 23 April 2014 and talked with staff.

What people told us and what we found

This visit was a follow up inspection to check compliance from our last inspection in October 2013. On the day of the inspection we spoke with two members of staff the practice manager and the reception manager. We found the service had made improvements to meet the standards.

There were formal procedures for staff to access translation and interpretation services. The provider promoted and recognised the patient's diversity and values. Patients understood the care, treatment and support choices available to them.

We found the practice had improved their systems for protecting patients from abuse. Appropriate guidance was available for staff to follow if abuse was suspected.

We found patient's comments and complaints were listened to and acted on effectively. The provider had systems in place to analysis complaints to ensure they recognised any themes and any learning from complaints. We found the practice provided patients with clear information about the complaint systems. We found the Patients Participation Group (PPG) had recently been consulted and assisted the provider when considering and responding to complaints.

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 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

We saw written information was available in the practice, and on the website about the different health professionals working at the practice, for example the role of the nurse practitioner. This provided patients with clear information, and enabled them to understand the care or treatment choices available to them.

Staff told us they would receive training in May 2014 to raise awareness around patients cultural diversity and due regard to people's linguistic backgrounds. We found key patient information was available in appropriate languages, for example promoting the chaperone service. We saw information packs about translation and interpretation services, including laminated cards had been issued to the staff team. This meant patients had access to translation service should they need it. Staff told us of a recent example where they had needed translation services for a patient who spoke Albanian. This meant the clinical staff could make arrangements to communicate with people where English was not their first language and ensure appropriate care and treatment was provided.

Managers confirmed they continued to liaise with relevant organisations Vista and Action Deafness with a view to ensuring all staff had the appropriate skills and training to assist patients with a hearing or sight impairment. This would ensure patients were enabled to participate in making decisions relating to their care and treatment.

We found the practice monitored the appointment systems used by patients and regularly gathered feedback from patient comment cards, online feedback and random quality spot checks. This meant patients were enabled to make, or participate in making, decisions relating to their care or treatment.

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

We found vulnerable adults and children's safeguarding policies were in place and would be reviewed soon. The practices electronic systems had been updated to include a safeguarding symbol on patient's records (where applicable). We saw staff had been provided with easy reference safeguarding adults and children flowcharts. This would help staff respond appropriately to any allegations of abuse. We found clinical meeting minutes confirmed people at risk of abuse were discussed, and arrangements made to ensure patients were safeguarded.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We found the complaints procedure had been updated and was available in different formats and languages for example Punjabi, Russian. The range of languages reflected the patient population group. This would ensure the complaints system was brought to the attention of patients, in the patients' first language, or a suitable manner and format.

We saw a comprehensive complaints log which recorded the complaints received from patients since January 2014. This information was now reviewed quarterly and discussed at the practice meeting with any lessons or themes arising discussed. We saw the complaints log for the year 2013 was reviewed in February 2014 and discussed and lessons learnt at the manager's liaison meetings with the partner general practitioners. Managers told us they had just started a complaint feedback form. This would be sent to patients after two weeks to conclude the patient was satisfied with how the complaint was dealt with, and if the matter is resolved. This meant effective systems were in place to respond appropriately to complaints and comments made by patients.

We saw the patients participation group (PPG) included new members since our last inspection and were regularly consulted by the practice. Managers told us they had recently sought guidance from the PPG when they had received complaints from patients about the music played in the reception area. Managers took steps to reduce the volume and played alternative music. This reduced the number of complaints received around this aspect. This meant the PPG had been consulted and involved in resolving a complaint to the satisfaction of the majority of the patients.

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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