

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

Herschel Medical Centre

45 Osborne Street, Slough, SL1 1TT

Tel: 01753520643

Date of Inspection: 15 January 2014

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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

Requirements relating to workers ✗ Action needed

Complaints ✓ Met this standard

Details about this location

Registered Provider	Herschel Medical Centre
Registered Managers	Dr. Raj Bhargava Dr. Roderic Clark
Overview of the service	The Herschel Medical Centre is a GP practice providing primary care services for people in Slough and the surrounding area of Berkshire. The practice has approximately 12000 patients registered.
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

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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 15 January 2014, 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

Patients we spoke with told us staff treated them with respect and dignity and that their privacy was always persevered. People that we spoke with made positive comments about how they had been met and greeted by polite and attentive staff. Some comments included "All the staff treat me with respect", "They (Staff) are always very polite and explain everything properly" and "The staff are friendly and courteous."

Patients were satisfied with the care and treatment they had received from their GP and from the nursing team. One patient told us "I have been using the Herschel Medical Centre for a long time, earlier getting an appointment was difficult but now it's much better. They have tried different ways to improve this over the years." Another patient told us "I have not had many issues with getting an appointment...the booking in advance arrangement is very good."

Patients told us they felt safe when attending the surgery and they were confident in the conduct of the GPs and nurses working at the surgery. One patient told us "I feel very safe at the surgery, no concerns there." Another patient said "I have never been concerned about my safety when visiting the practice."

The provider was unable to demonstrate that sufficient recruitment checks had taken place putting patients at risk of receiving a service from staff who were not suitably vetted.

Patients we spoke with did not express any concern about the care and treatment they had received.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 11 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected.

Reasons for our judgement

Patients we spoke with told us staff treated them with respect and dignity and that their privacy was always persevered. Patients we spoke with made positive comments about how they had been met and greeted by polite and attentive staff. They told us that their interactions with GPs and nursing staff had been conducted in such a manner that had put them at ease. Some comments included "All the staff treat me with respect", "They (Staff) are always very polite and explain everything properly" and "The staff are friendly and courteous." This meant patient's privacy and dignity was maintained.

We observed reception staff greeted and spoke with patients that arrived at the surgery in a friendly and professional manner. We saw staff respected patient's privacy and dignity when they spoke with them. We found the waiting area was sufficiently large to allow patients to be seen in a confidential space and music was played within the waiting area to reduce the possibility for conversations to be overheard. We saw there were privacy curtains in all of the rooms and although the couches were fixed in height, all had steps. This ensured patients confidentiality and privacy was respected.

A chaperoning policy was in place. We saw throughout the surgery in the consulting rooms there were notices which detailed the chaperone policy. Four members of staff had undergone special training in this aspect, and wore a coloured tabard when they performed this duty. We saw clinical staff documented patient records when the chaperone service was offered and used. Patients we spoke with told us they were aware of chaperone service; however they had not had the need to use it. This meant the service had systems in place to ensure patients were supported and did not feel vulnerable during sensitive examinations and procedures.

The GPs we spoke with told us there was no longer a translation service provided locally. They did not need such a service more than once per year and then either relatives assisted the patient or a member of staff within the team provided translation. This included languages such as Urdu, Punjabi and Polish. The clinical staff told us they occasionally used the internet to translate specific words. We saw the practice used a log

in screen for patients and this had the facility to alter the language used. The practice also had a number of leaflets in different languages within the waiting room, which included leaflets in Polish, Urdu, Somali. All doctors had been trained in equality and diversity as part of their basic training. This showed patients' diversity, values and human rights were respected.

We saw evidence clinical staff members involved the patient in their care, offering advice and information in a variety of formats. These included leaflets produced by outside agencies and also internet based resources. Records were examined and these contained entries by all of the doctors. For example, we saw in one patient record, information in regards to emollients in eczema was provided to the patient. This meant patients were provided with relevant information.

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 patient's safety and welfare.

Reasons for our judgement

Patients we spoke with told us they were very satisfied with the care and treatment they had received from their GP and from the nursing team. Patients made positive comments on how the surgery had arranged appointments and these included emergency same day appointments. One patient told us "I have been using the Herschel Medical Centre for a long time, earlier getting an appointment was difficult but now it's much better. They have tried different ways to improve this over the years." Another patient told us "I have not had many issues with getting an appointment...the booking in advance arrangement is very good." A third patient told us "Whenever I have needed an urgent appointment, I have been given one with either my usual Doctor or with another GP." This showed patients were satisfied with the care and support they received from the practice.

The appointment system was reviewed regularly. There had been complaints concerning the lack of appointments. Also problems had been identified from the survey. There were now appointments pre-bookable for up to two weeks in advance. In addition, appointments could be booked on the day, telephone appointments were available and once a week an administration session was assigned to all the doctors where they could follow up on patient appointments either by telephone or by booking them for an appointment. Over the winter months the practice had also contracted with two locum GPs to work an additional seven sessions to increase the available appointments. This meant the practice had systems in place to ensure patients could see a doctor or healthcare professional when required.

We reviewed eight patient records. We saw these contained information recorded at the time of the consultation, in an appropriate format, such as symptoms, signs, diagnosis and management plan. We saw appropriate advice was provided and when necessary the available options were recorded along with the decision made. These included a patient with tennis elbow, a patient with breathlessness and a patient who needed physiotherapy referral. In addition there was an example of more than one problem being discussed at the consultation. We saw records contained information on previous consultation, allergies, medication reviews and discussions concerning side effects. This meant that people's care had been planned and provided according to their specific health care needs as well as taking account of their social circumstances and related needs.

We saw the practice actively reviewed significant events and these were predominately clinical in nature, including review of sudden deaths. Review of these events confirmed the variety of staff involved and points that had subsequently been completed.

All staff had been trained in life support. We saw there was a dedicated bag of emergency equipment and drugs. These were kept behind the reception area in an orange bag with additional stocks kept in the treatment room and along with the de-fibrillator monitored by the nursing staff. Staff told us the stocks were audited every month and the O2 cylinders were monitored weekly. The provider may wish to note, we found five ampoules of Atropine 600 micrograms were out of date. This had been identified and recorded during the previous months audit but were not removed from the stock. All the other drugs were within date, which included Crystapen, water for injection, Adrenaline, Ventolin Inhaler and Nebules. This meant the practice had arrangements in place to deal with foreseeable emergencies.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients we spoke with told us they felt safe when attending the surgery and they were confident in the conduct of the GPs and nurses working at the surgery. One patient told us "I feel very safe at the surgery, no concerns there." Another patient said "I have never been concerned about my safety when visiting the practice."

We saw patients (children) whom were recorded at risk were reviewed quarterly along with the health visitor and this was documented on their clinical records. Similarly adult patients deemed at risk were recorded on the computer system. A code was used for vulnerable adults. For example, a GP told us about an incident which involved a child who had visited the practice on their own, without a guardian or parent. Staff observed the child was ill kempt. A referral to the social services was made and a significant event was initiated. A review of the significant event file confirmed this. This meant the practice had systems in place to report matters that concerned patients safety.

The practice had a 'Slough Clinical Commissioning Group Safeguarding Children and Vulnerable Adults Policy' in place. This policy contained information on the statutory requirements to safeguard children and vulnerable adults, responsibilities for all staff member and training and support available to staff. However, the provider may wish to note, the practice did not have an internal safeguarding children and vulnerable adult's policy which outlined the procedure staff should follow, should a referral need to be made. The current policy did not provide a contact list for staff to follow and whom to contact and telephone numbers to use. We noted the current policy stated "The CCG is required to ensure that health providers...have a comprehensive single and multi-agency policies and procedure to safeguard and promote the welfare of children and vulnerable adults." However, it was the service's procedure that all safeguarding concerns were referred to the safeguarding lead in the first instance, and in their absence the practice manager and another GP were available to assist in any safeguarding matters. This was confirmed by the staff we spoke with. The safeguarding lead was clear about safeguarding and reporting on concerns to social services. They discussed with us recent safeguarding referrals they had been involved with and explained how it was discussed and reported. This meant patients who were cared for by the practice were protected from the risk of abuse because

the provider had systems in place to identify and prevent abuse from happening.

We spoke with nine members of staff, which included GP's, nurses, and the administration team members. The GP's had undertaken appropriate safeguarding training. All the other staff we spoke with told us they had received training in both safeguarding children and vulnerable adults and had access to online training programme. Staff files we reviewed confirmed staff had received training in safeguarding children, however the provider may wish to note there was no certificates in the staff files to support they had received training for safeguarding vulnerable adults. The GP's were aware of the procedure to follow should a safeguarding concern arise. The salaried GP's we spoke with told us they had not been involved in a recent safeguarding referral; however they would seek advice from the safeguarding lead if they had concerns. Similarly the nurses and other staff we spoke with knew how to recognise the signs of abuse and how they would report all cases of concern to the safeguarding lead or appropriate person. The provider may wish to note two members of staff were not aware who the safeguarding lead was for the practice. All staff members had access to the safeguarding policy and were confident all safeguarding incidents were dealt with appropriately. This showed the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

Our judgement

The provider was not meeting this standard.

The provider was unable to demonstrate that sufficient recruitment checks had taken place putting patients at risk of receiving a service from staff who were not suitably vetted.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We reviewed seven personnel files for staff that had been recruited in the last year. These comprised of health care assistants, nurses and administration team. We found that the files did not contain all the information required by scheduled 3 of the Health and Social Care Act 2008 (HSCA). We saw, apart from one staff file, the personnel files contained a completed application form or Curriculum Vitae (CV). We saw evidence references had been sought and obtained for all the staff members. However, we saw only one staff member had a Disclosure and Barring Service (DBS) check in place, and found no evidence of the DBS check for the other staff members. Similarly, only one file contained a recent photograph. We saw three staff files contained applications or CV's which had gaps in service of employment. We found no satisfactory written explanation of these gaps. This meant that the provider did not have a robust recruitment process in place putting patients at risk of receiving a service from staff members who were not sufficiently vetted.

During our visit we saw the provider's recruitment policy. We saw the policy did not make reference to the requirements stated under the HSCA 2008.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Patients we spoke with did not express any concern about the care and treatment they had received. They told us if they had any concerns they would speak to the practice manager or the GP. One patient told us "I have not made an official complaint, however I was agitated that I couldn't see the same Doctor. I spoke to the practice manager about this, and they have now put this right." Another patient told us "I have not made a complaint as such, but whenever I spoken to the practice manager I do feel listened to and any concerns are acted on." A third patient told us "I know if I have a problem the practice manager will deal with it."

The practice had comprehensive complaints policy in place to ensure staff members were aware of how to manage all aspects of the complaints' procedure. The policy also included information about the timescales involved in investigating the complaint and other agencies that could be contacted if patients were unhappy with how their complaint had been dealt with by the service, for example the Parliamentary and Health Service Ombudsman. The provider may wish to note, the practice policy stated when a member of staff received a complaint they would document the complaint using a form. This would detail the complaint and the subsequent actions taken. None of the complaints had such a document. There was a clear process and roles were defined with the practice manager managing the complaint and a GP acting as a Clinical Lead. Information on how to make a complaint and who to discuss any concerns with was available on the 'Patient Agreement' document and on the service's website. This meant patients were made aware of the complaints system.

All complaints received were reviewed at the weekly clinical practice meeting and all clinical complaints were analysed at the monthly administration meeting. This ensured the practice continuously learnt from the complaints and used them to improve the service provided.

We reviewed details of eight most recent complaints that had been received by the practice. The complaints ranged from an inaccurate date of birth on a patient's record, a forgotten/delayed baby immunization appointment, a delay in obtaining hospital prescribed repeat medication, and a complaint against the call handler. We noted the complaints were received through various methods, which included verbal, via a letter and via email. We

saw four complaints had received an acknowledgement letter within three days, in line with the policy, however four had missed the deadline. Response letters were not present for all of the complaints. Not all of the complaints had had received a definitive response within the ten working days. However, all complaints had been resolved and some had received their response by telephone or the letter was recorded on their clinical records. We saw the complaints were dealt with in a fair and equal way. This showed the service responded appropriately and resolved, where possible, any comments and complaints.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The provider was unable to demonstrate that sufficient recruitment checks had taken place putting patients at risk of receiving a service from staff who were not suitably vetted. Regulation 21 (b).
Family planning	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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