

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

Guildhall Walk Healthcare Centre

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Tel: 02392751006

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

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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Care UK Clinical Services Limited
Registered Manager	Mrs. Kim Dennis
Overview of the service	<p>Guildhall Walk Healthcare Centre is a services operated by Care UK Clinical Services. It provides a full GP and medical practice service to people who are registered patients, as well as a walk-in service for people who are not registered. The clinic is open every day, including bank holidays, from 8am to 8pm. It provides care for all minor injuries and illnesses.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Requirements relating to workers	11
Supporting workers	12
Assessing and monitoring the quality of service provision	13
Complaints	14
<hr/>	
About CQC Inspections	15
<hr/>	
How we define our judgements	16
<hr/>	
Glossary of terms we use in this report	18
<hr/>	
Contact us	20

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 unannounced 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 4 March 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People's needs were assessed and treatment was delivered in line with their individual needs. The patients we spoke with commented positively about the service they had received. They told us they had not had to wait long to be seen and staff were efficient, courteous and helpful.

We saw systems and guidance in place to protect vulnerable adults and children and saw that communication with the safeguarding teams had taken place. Members of staff knew who to approach should a safeguarding event take place.

There were effective systems in place to reduce the risk and spread of infection. We saw that people were protected from the risk of infection because appropriate guidance was available and had been followed.

There were effective recruitment and selection processes in place. We saw the provider had made appropriate checks into people's backgrounds to assess potential staffs suitability.

We found that almost all staff had attended training on safeguarding, fire safety and health and safety, infection control, manual handling and equality and diversity. All members of staff had also received appraisal.

The practice took appropriate steps to seek and act on feedback from patients, and had in place a range of quality assurance measures to improve the service. We observed systems in place to assess and monitor complaints at the surgery. We observed that the complaints process had been effective against those complaints we had reviewed.

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

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.

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

Reasons for our judgement

Guildhall Walk Healthcare Centre provided a full GP and medical practice service to people who are registered patients, as well as a walk-in service for people who are not registered. The medical director told us the service followed a 'patient journey' pathway to enable the most appropriate treatment to be provided from the start to the end of the person's treatment.

We observed patients who used the service being greeted as they arrived in the service and saw evidence that staff communicated with them in an appropriate, respectful, friendly and efficient way.

Treatment was delivered in a way that ensured patient's safety and welfare. We saw that when patients arrived they booked in at the reception desk. A member of the reception staff showed us how the booking-in system worked and told us how they took into account the nature and severity of the patient's symptoms.

We looked at three patient's plans of care and treatment. The service used an electronic record keeping system. Care and treatment plans were created with input from patients.

Patient's needs were assessed and care and treatment was delivered in line with their individual needs. Patients who used the service had their own detailed and descriptive assessment of care and treatment needs, which included a history of any medical treatments and conditions, allergies and current medications they may be taking. Care and treatment was planned and delivered in a way that ensured patient's safety and welfare.

We spoke with four patients who all said they were happy with the service they had received at the clinic. They commented positively about the service they had received. Patients told us they had not had to wait long to be seen and staff were efficient, courteous and helpful. One person said, "I've been here before and have usually been seen within an hour. It's a good quick service." Another person said, "I've been here before because it is convenient and have usually been seen within an hour. It's a good quick service near the place where I work."

There were arrangements in place to deal with foreseeable emergencies. For example we saw there was an emergency trolley, an emergency drugs kit and oxygen available. We were shown a "Heart attack grab box" which contained everything needed to immediately treat someone. We found these were regularly checked. Records and staff comments demonstrated they had received training in basic life support skills and cardiopulmonary resuscitation.

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

Our judgement

The provider was meeting this standard.

Patients 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

The service had a current safeguarding policy for children and vulnerable adults. There were also contact details for the local safeguarding team on display in the consulting rooms.

We were told that the safeguarding lead at the practice was a designated GP. This person had completed their level three training in child protection and vulnerable adults. The registered manager told us that all the staff at the surgery had attended child protection and vulnerable adult training and that this training was attended yearly.

We spoke with five members of staff, who demonstrated an awareness of safeguarding issues. They told us how they would respond if they witnessed or suspected abuse. This was in line with the practice's safeguarding procedures.

Staff told us that safeguarding issues were discussed at the monthly clinical quality meetings. The medical director described a recent discussion and the subsequent referral made for a person with mental health mental condition to the safeguarding team and psychiatric team. We found the provider responded appropriately to any allegation of abuse.

We saw the practice whistleblowing policy. We spoke with five members of staff who described what they would do if they felt they needed to whistle blow; this was in line with the practice procedure.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw the clinic was clean and well maintained. We saw, and staff told us that specific cleaning routines were in place to maintain hygiene standards. We spoke with four patients and they had no concerns about the standard of cleanliness.

We saw there was a named person responsible for infection control. They showed us round the different areas in the clinic. They also described the systems and equipment in place to minimise cross infection risks. We saw all of the surfaces and flooring in surgeries, communal areas and store rooms were clean.

We saw clinical waste bins were available in each area. We found protective equipment such as gloves and aprons were freely available for staff.

We saw toilets were clearly marked, clean and well stocked. Advice about good hand washing practices was displayed near each sink.

We saw equipment such as examination beds were in good condition. Staff described to us how they cleaned these regularly and used new paper sheeting for each person. We saw cleaning schedules were being used which staff signed off once each task had been completed.

The company had an infection control policy that covered subjects such as minimising blood borne viruses and using protective equipment. Staff told us all policies and procedures were easily accessible on the company website.

Training records we saw showed staff had received training in infection control as part of their induction to the company and at annual update sessions. Members of staff we spoke with were able to demonstrate a good knowledge and awareness of their responsibilities for infection prevention and control.

The company undertook regular infection control audits. We inspected a recent audit (November 2013) and found most areas had scored high on compliance. Where an area had scored low, there was an action plan in place. This meant there were processes in

place to monitor cleanliness.

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

Appropriate checks had been undertaken before staff began work. The staff member responsible for recruitment at a local level described how new staff were selected. We looked at the process for recruitment and sampled the files of two staff which showed a robust process had been followed.

We saw evidence that Disclosure and Barring Service (DBS) checks had been undertaken for all staff before they commenced work. The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks. We also found evidence of registration to appropriate professional bodies such as the Nursing and Midwifery Council and the General Medical Council.

The records we inspected showed that new members of staff had undertaken a thorough induction programme when they started to work for the company. A member of staff we spoke with told us how they received a comprehensive induction which included shadowing experienced colleagues. This meant they were confident to begin the job they were recruited for.

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

Our judgement

The provider was meeting this standard.

People receive care from well trained staff who are supported in their role.

Reasons for our judgement

People told us that they thought staff were knowledgeable and they had "every confidence in their abilities".

The practice manager told us that all doctors employed were accountable to the medical director and received supervision and appraisal from him. Supervision was through monthly meetings and we were shown examples of how this took place. Reviews of incidents and complaints were presented and discussed.

We reviewed the practice training matrix. It recorded which staff: clinical, administrative or all were required to attend the designated mandatory training updates and the frequency of update. We found that almost all staff had attended training on safeguarding, fire safety and health and safety, infection control, manual handling and equality and diversity. We found members of staff were supported through appropriate training.

Members of staff described the appraisal system and told us it was a useful process and helped them to identify personal development needs. The registered manager told us that the annual appraisal cycle was from March of one year to April of the following year. We found that all members of staff we spoke with had been appraised in 2012 and most members of staff had received an appraisal in 2013.

Staff received appropriate professional development. The medical director told us that all the doctors had either had their appraisal or it was due in the next three months.

Members of staff told us they were encouraged to raise issues and share ideas to improve the service. They felt well supported in their roles. We found the provider had worked continuously to maintain and improve high standards of care by creating a positive environment.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Members of staff we spoke with told us the practice undertook patient satisfaction surveys every month. We inspected the results of the last three surveys and found patients were very satisfied with the services provided. Three patients we spoke with told us they had previously filled out a satisfaction survey. They were happy with the service and would recommend it to their friends and relatives.

The practice undertook regular audits to improve patient care. We were shown examples of audits undertaken including an audit of clinical records, health and safety, patient surveys and infection control. The results of these audits were shared at the monthly clinical quality meeting chaired by the medical director. This was confirmed by inspecting the minutes of three clinical quality meeting minutes. Where the audits identified areas for improvement, we found there were action plans in place and a system of monitoring these plans.

The practice maintained a log of significant events, and each was investigated in a similar way to complaints - noting details of the significant event, action taken, the outcome and any learning for the service. Significant events were discussed at the monthly clinical quality meetings. We spoke with two members of staff who told us they were well informed about the standards of service being provided in the surgery and areas for improvement. This meant that learning from incidents and investigations took place and appropriate changes were implemented.

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. Comments and complaints people were responded to appropriately.

Reasons for our judgement

We saw that the practice had a complaints procedure. The policy set out how complaints would be dealt with. It also set out the timescales for responding to and dealing with complaints.

There was information about how to complain in the practice leaflet. The patients we spoke with said they would approach their GP should they have any concerns. People we spoke with were able to identify where they could access information about the surgeries complaints policy. The registered manager said that the practice complaints procedure had been highlighted to staff at induction.

The registered manager told us that all complaints were reviewed by her and the medical director. We found that the complaints had been dealt with appropriately and within the timescales set out in the practice complaints policy. We saw that when responding to complaints, the registered manager included details of how the person could take the matter further if they were still not satisfied.

We saw from the minutes of a monthly clinical meeting (September 2013) that the complaints received by the practice over the last month had been discussed and the learning shared. This meant that patient's concerns had been listened to and acted upon

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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