

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

Freeman Clinics Limited

Battle Hill Health Centre, Belmont Close,
Wallsend, NE28 9DX

Tel: 01912958520

Date of Inspection: 18 September 2014

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2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Freeman Clinics Limited
Registered Manager	Mrs Gillian Coulson
Overview of the service	Battle Hill Health Centre is located in Wallsend, North Tyneside. The practice is a point of delivery for a range of primary medical services; including access to general practitioners, nurses and several specialist clinics. The centre also provides walk-in facilities for all patients, whether registered with the practice or not. The centre is open from 08.00 to 20.00 everyday.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Doctors consultation service Doctors treatment service Urgent care services
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

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 18 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We inspected the practice following concerns raised by members of the public and some negative reviews on NHS Choices. NHS choices is a website which provides information on healthcare services in England. The inspection team comprised of a lead inspector, a specialist GP advisor and a specialist practice manager advisor.

We spent time observing the way the practice worked and spoke with 12 patients. The majority of patients said they were happy with the standard of care they received. Comments included "If the government wanted a model health centre they should look here" and "They were fantastic with (relative's name), I can't fault them."

Arrangements were in place to handle medicines safely, securely and appropriately.

The practice sought the views of patients, staff and other stakeholders. Where concerns were identified, action plans were implemented and monitored.

Arrangements were in place to identify, receive and respond 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

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we spoke with 12 patients, some were registered patients with the practice, others were using the walk-in service. The majority of patients said they were happy with the standard of care they received. Comments included "If the government wanted a model health centre they should look here" and "They were fantastic with (relative's name), I can't fault them."

Most of the patients we spoke with expressed satisfaction with the appointment booking system. However, some patients said they had to wait a bit longer if they wanted to see a particular GP. We found patients could telephone or go on-line and make an appointment to see a doctor or nurse when they needed one. The majority of patients told us the opening hours of 08.00 to 20.00 seven days a week meant they could get an appointment at a time to suit them.

We saw that bookable appointments for all clinicians were generally available within 24 hours. Staff told us that once all of the 'on-the-day' appointments were filled, further patients were put onto a triage list. One of the doctors would then call these patients back and make an appointment for them if necessary.

This meant people had the opportunity to see a clinician when they needed to.

We looked at the management plans for certain conditions, including asthma, and diabetes: we saw clear treatment plans were in place for people, dependent on their condition. We found there was a recall system in place to ensure patients were regularly assessed.

We reviewed the most recent Quality and Outcomes Framework (QOF) scores for the practice. Practices are rewarded for the provision of quality care. The practice's overall score for the clinical indicators was higher than the national average.

The practice had resuscitation equipment and medication available for managing medical

emergencies. We saw there were detailed plans in place to ensure business continuity in the event of any foreseeable emergency, for example, fire or flood.

This demonstrated the practice had procedures in place for dealing with emergencies.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

The practice employed a medicines advisor who functioned as the link between the practice and the Clinical Commissioning Group (CCG). The advisor worked in the practice one day per fortnight where they looked at benchmarking and ensuring the surgery was using up to date medication guidance.

When changes had been requested to the prescription for medication for patients by other health professionals such as NHS consultants and/or following hospital discharge the surgery had a system for ensuring these changes were carried out in a timely manner. The request was reviewed by a GP, who then actioned any necessary changes on the electronic system.

Medicines were held on site for use in an emergency or for administration during a consultation (for example, vaccinations). We checked a sample of medicines to ensure they were in date. We found they were all were in date.

Vaccines are required to be stored below a certain temperature. We asked the staff how they ensured the vaccines were stored appropriately. They described the 'cold chain process' whereby the vaccines were delivered in a cool box then immediately transferred to a fridge. The temperature of the fridge was checked daily to ensure it was within the correct range. We looked at records which showed us these processes and checks had been carried out.

We looked at the arrangements for storing blank and signed prescriptions. We found they were securely stored. The medicines advisor told us that the number of repeat prescription requests was low. This was confirmed when we spoke with patients, none had requested a repeat prescription. Any repeat prescriptions were authorised by a GP before being issued.

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

We found systems were in place to assess and monitor the quality of services provided.

The practice pro-actively evaluated the services provided. We saw records of the checks and audits they carried out to make sure the practice delivered high quality patient care. These included clinical audits, checks of the environment and medication. We saw if any issues were identified a plan was developed with a timescale for action. For example, an infection control audit identified the need to replace some waste bins in the staff toilets. We saw records confirming this action had been taken. The provider may find it useful to note that some audits were not fully documented.

Staff told us they were encouraged to report and log any serious incidents. We saw there was a detailed procedure in place to guide staff. We looked at the schedule of critical events for 2013-2014. The schedule detailed the events and any learning points and subsequent action taken.

We saw patient surveys were regularly carried out. The results were reviewed by the centre manager and discussed at staff meetings. We asked the manager whether any changes had been made as a consequence of feedback from the patient surveys. They told us the system for triaging patients had been reviewed and changed. This was in response to comments about some patients waiting longer than others and there being some confusion between walk-in centre and registered patients. This demonstrated the practice had regard to comments made by patients.

The practice had a Patient Participation Group (PPG). We spoke to a patient from the PPG. They told us they felt involved in the practice, and said "If there's a problem it gets sorted out. The PPG works very well, it gives us the opportunity to talk to staff and other patients and help determine the future of the practice." We observed a poster in the waiting room about the PPG, however, most of the patients we spoke with during our inspection were not aware of the group.

All of the practice staff met regularly. There were various weekly and monthly meetings, including a practice meeting attended by the doctors and practice management team. Staff

told us they felt listened to and able to raise any concerns they had. The management team also met with the service commissioners on a quarterly basis, to discuss progress against their contract. Where there were gaps or improvements required, action plans were developed and shared with the commissioners.

All these systems ensured that the provider had an effective quality assurance system and sought the views of patients and stakeholders.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Complaints were fully investigated and resolved where possible to the patients' satisfaction.

We saw there was a detailed complaints policy in place. This was contained in the practice leaflet and was available on the practice's website. In addition, a copy was held in the office for staff to refer to. This meant patients and staff had access to information about how to raise any complaints or concerns they might have.

All of the patients we spoke with said that they knew they could speak to a member of staff if they had a complaint.

We spoke with four members of staff and they were aware of the contents of the policy and procedure. Staff were clear about how they would deal with concerns, and told us they would deal with minor matters straight away, but would inform the centre manager of any complaints made to them. This meant patients could be supported to make a complaint or comment if they wanted to.

The manager kept a record of complaints and reviewed them regularly. We looked at the records and saw there was a complaints form which was completed for each concern raised. We looked at the records and saw a review had been carried out and the issue was resolved to the satisfaction of the person.

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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