

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

Village Medical Group

The Village Surgery, Dudley Lane, Cramlington,
NE23 6US

Tel: 01670712821

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control



Met this standard

Details about this location

Registered Provider	Village Medical Group
Registered Manager	Mr. David Shannon
Overview of the service	<p>The Village Surgery is situated in the centre of Cramlington, Northumberland. It shares its premises with a dentist, a pharmacy and a number of other private health businesses. It is staffed by doctors, nurses, health care assistants and a range of other clinical staff. It provides of a range of primary medical services.</p>
Type of services	<p>Doctors consultation service Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Village Medical Group had taken action to meet the following essential standards:

- Cleanliness and infection control

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 24 February 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

We found that the practice was clean and tidy. Seating was of a type that could be easily cleaned. Domestic staff carried out regular checks on the cleanliness of the surgery and ensured there was an adequate supply of paper towels and liquid soap. Clinical waste was disposed of appropriately because clinical waste bins were foot operated, reducing the need to handle waste and 'sharps' bins were properly constructed and disposed of appropriately. Cleaning equipment and materials were stored securely and in a manner that reduced the opportunity for cross contamination.

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

Cleanliness and infection control

✓ Met this standard

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

During our previous visit to this service on 25 November 2013, we told the provider they were not meeting this essential standard. We said, "The provider was not complying with the requirements of the Department of Health, Health and Social Care Act 2008, Code of practice on the prevention and control of infections and related guidance." We judged that this had a moderate impact on people who used the service and told the provider to take action. In response to our concerns, the provider wrote to us and told us what actions they had taken to improve.

The practice manager showed us that the practice had purchased new seating for the waiting area, treatment rooms and consultation rooms. We saw that this new furniture was covered in a vinyl material which could be effectively cleaned. This meant it could be easily washed to limit the chance of infection or contamination spreading.

We checked the public toilet areas and found these to be clean and tidy. The practice manager told us that since our last inspection cleaning staff were now employed in the practice over the lunchtime period to ensure that public areas were kept clean and to check that supplies of soap and paper towels were maintained throughout the building. Staff toilet areas now had foot pedal operated covered waste bins.

Since our previous inspection domestic staff had all undertaken infection control training and we viewed copies of certificates confirming this. Mops and other cleaning equipment had now been separated to ensure that there was a reduced possibility of cross contamination between items used for toilet areas and equipment used for general cleaning. Cleaning cupboards were tidy and well ordered. We saw the practice had copies of COSHH (Control of Substances Hazardous to Health) assessments for all the cleaning products used within the surgery. This meant information was available to staff about the safe use of these items. The practice had also purchased a bodily fluid cleaning kit to use if there was any spillage involving blood or urine on the premises. Cleaning check lists

had been introduced to ensure domestic staff signed to say that appropriate cleaning of areas had taken place. We also saw copies of documents used to record spot checks to ensure cleaning was undertaken to the required standard.

We checked a number of consulting rooms and treatment areas. We found that that all the areas were clean, tidy and free from dirt. Footstools, examination couches and working surface areas were clean. Paper bed rolls, used to protect examination couches, had been lifted from the floor and kept in customised holders. Toy boxes containing toys that could not be adequately cleaned had been removed.

Sharps boxes used for the disposal of needles and other sharp instruments were all signed and dated and maintained below the safe fill line. Clinical waste bins in all the clinical areas had been replaced with models that could be operated by a foot pedal. This meant that cross infection was reduced as staff did not have to use their hands to lift the lids of bins when disposing of waste material. A new lock had been fitted to the clinical waste storage area at the rear of the building to ensure the area was secure.

The practice manager confirmed that there was now a current record demonstrating that all clinical staff had up to date hepatitis B immunisations. This meant staff were protected against the risk of infection because of accident or injury involving needles or sharp equipment.

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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