

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

Dr Ninan and Partners

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Tel: 01942482505

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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
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Requirements relating to workers	✓ Met this standard
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Assessing and monitoring the quality of service provision	✓ Met this standard
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Complaints	✓ Met this standard
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Details about this location

Registered Provider	Dr Ninan and Partners
Registered Managers	Dr. Pye Phyo Tun Dr. Sanjeev Arora
Overview of the service	Dr Ninan and partners are based within a health centre in the Hindley area of Wigan. A branch surgery is also available nearby in the Hindley Green area of Wigan. Patients registered with the practice have the option of attending both locations. In addition to the doctors the practice also employs a practice manager, practice nurses, a health care assistance and a number of receptionists and administrators to support patients. The practice also has visiting NHS community staff to meet the health care needs of patients. The practice treats people of all ages and provides a range of medical services.
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

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'.

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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 carried out a visit on 12 November 2013, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We spoke with five patients, two of which were members of the patient participation group and ten staff. These staff members included receptionists, administrators, nurses and a general practitioner (GP).

Patients spoke positively about the practice and the care and treatment they received. Patients told us "I've been a patient here over 40 years and my family. We never have any problems, I think they are brilliant." "You can ask the GP anything. The door is always closed when you speak to them"; "the nurse is very good, she talks everything through with you" and "they are very good here they always treat us with respect and dignity."

The practice provided patients with information about the services available through their website, leaflets and information on display in the reception area.

We found that systems and information was in place to enable staff to report any concerns relating to vulnerable adults and children at risk.

The practice had a range of policies and procedures in place for staff to access, which supported the safe running of the service. We saw that regular audits took place to enable staff to measure the quality of the service that patients receive.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Systems were in place to promote patients privacy and dignity and to gain the views and experiences of patients on the services provided.

Reasons for our judgement

We spoke with five patients on the day of our visit. Patients spoke positively about the service they received from the practice and their comments included "I've been a patient here over 40 years and my family. We never have any problems, I think they are brilliant." "You can ask the GP anything. The door is always closed when you speak to them"; "the nurse is very good, she talks everything through with you" and "they are very good here they always treat us with respect and dignity."

Patients who used the service were given appropriate information. For example, the surgery had a website that gave information about the services available which included opening times; information about the General Practitioners (GP) and staff; carers' information; patient information confidentiality and the procedure for requesting a home visit.

Information regarding health and lifestyle was available in the reception area of the surgery. We saw that this information included leaflets in relation to memory loss; cancer care; influenza and vaccinations. Information relating local out of hours emergency health service was displayed. For example, emergency dental services, carers' information and where patients could get advice and treatment in relation to contraception and sexual health.

The environment of the surgery promoted people's independence. The surgery was situated in a single storey building that was accessible to all. The waiting and consultation rooms were spacious and enabled patients with prams and equipment to aid mobility easy access. The reception area had privacy screening which promoted confidentiality. In addition, staff working in the reception area were screened off to promote privacy when they were making telephone calls to and on behalf of patients. One patient told us that they thought the privacy screen "made it more private" and that it was "a good idea."

The service had a computerised booking system. The screens for the computers were

positioned behind privacy glass and in could not be seen by anyone other by the staff team.

Throughout the visit staff were seen to approach and converse with patients in a respectful manner. It was evident that staff had got to know some of the visiting patients well and had built up a rapport with them. Staff told us "we do have quiet rooms if patients need to speak to us in private." When speaking with patients on the phone staff told us "we don't speak the address we ask them for their details on the phone so others can't listen, we try to be discreet especially for patients wanting results." The surgery had a clear chaperone policy to help ensure that patients and staff felt comfortable during consultations.

We saw that an 'on the day appointment system' was in place to enable people to see a GP urgently if they required. For convenience of patients appointments were available up until eight o'clock two evenings a week.

Patients' diversity was respected. For example, staff had access to information to assist patients whose first language was not English. Staff told us "we have a language line, we also have a poster for patients to point to regarding their language." We saw that the language identification information poster was available in the reception area. The language line offers an interpretation service to facilitate communication between different languages.

We saw that patients were given the opportunity to express their views about the service they received. For example, we saw that a suggestion box was available in the reception area for patients to post any comments and suggestions they had regarding the service they received. In addition, the surgery had a patient participation group (PPG) that met on a regular basis with the surgery staff. The minutes for the patients representation group were available at the surgery and also on the surgery's website.

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 line with their needs.

Reasons for our judgement

We spoke with five patients, two of which were members of the patient participation group (PPG). Patients told us positive things about the service they received from the practice. Their comments included "I'm happy with the practice. I only phoned up this morning for an appointment and got one for this morning, you can't ask for any better than that." "I do go on the computer and do repeat prescriptions which is really good". "I've been a patient here for years, its ok here, the staff are good. I've got to know them over the years" and "the GPs are always receptive and are very good."

Members of the patient participation group told us "sometimes we help out with the flu clinics which helps us identify carers where we can advise people to register (as a carer) which entitles them to a flu vaccine and to register with the carer groups."

New patients registering with the practice were invited to book an appointment for a full health assessment as part of the registration process.

People's needs were assessed and care and treatment was planned and delivered in line with their individual needs. We saw that there was an electronic appointment system in place. Staff demonstrated that only the nursing staff and GPs only had access to patients' full medical information. Receptionists had limited access to the information to enable them to arrange repeat prescriptions and blood tests for example. The restriction on accessing people's personal information was to protect people's personal information.

We saw that the electronic booking system had an alert facility that gave the opportunity for staff to highlight and bring to the attention of other staff whether the patient had needs that needed to be managed in a specific way. Staff told us "we know the majority of our patients, one patient is deaf and some people use wheelchairs, we open the doors. We have three partially sighted patients who we support with visual prompts and signs."

We saw that patients had several options in relation to booking appointments and seeking advice from GPs and nurses. For example, a number of patient appointments were allocated daily to be booked online directly by patients. This gave patients the flexibility of choosing a time that was suitable for them without having to contact the surgery. Patients also had the choice of re-ordering their prescriptions online.

The practice offered a telephone consultation service for patients who wished to speak to a GP or nurse. Staff told us "opening the telephone lines and the phone consultations, it's the best system we've got."

Clinics were arranged to support patients where possible. For example, we saw that flu vaccine clinics had been arranged at different times of the day to encourage and support patients to have their flu immunisation. Arrangements were made for nurses to visit patients in their own home who were unable to attend the surgery. Staff told us "we do manage long term conditions, for example, chronic obstruction pulmonary disease and dementia. We are very lucky here we have cracking facilities for example, fridges for immunisations, (privacy) curtains in each GP room, we have separate rooms for treatments", "we're not short of equipment."

We saw that staff helped patients plan further treatment that they required. For example, we saw that patients were assisted to book hospital appointments via the NHS choose and book system. Staff told us that this helped patients as it cut down the time in which the referral process took.

Discussions with a GP demonstrated that the practice promoted the planning of patients' end of life care and support. They told us that they worked closely in this planning with other local health care providers, for example, the local hospice.

We saw that equipment was in place to deal with foreseeable emergencies. For example, we saw that a first aid box; automated defibrillator; oxygen and emergency medicines were available. The provider may find it useful to note that the oxygen cylinder was free standing and located close to where staff walked. This meant that there was a risk of the cylinder being knocked over or it causing obstruction.

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

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.

We saw that a child protection policy and procedures were in place. For example, we saw that a referral chart was available to all staff that stated who, when and where needed to be contacted in the event of a concern regarding a child.

A vulnerable adults policy was available. The provider may wish to note that this policy did not refer directly to the local authority's joint agency safeguarding procedures, nor did the information state the appropriate action needed in the event of a suspicion or an act of abuse taking place. Failure to have detailed information about how to respond to a concern may result in a matter not being dealt with in a timely manner.

Staff spoken with demonstrated an awareness of how to respond to safeguarding concerns. In addition they demonstrated that their electronic records system had the facility to alert staff if a patient was a vulnerable adult or a child at risk or in need.

Staff told us that they had completed e-learning and video training in relation to safeguarding children and adults. A GP within the practice was the safeguarding lead and if they had any concerns staff would inform them or the practice manager.

Training records demonstrated that majority of staff had undertaken training in child protection and a number of staff had completed an online training course for the protection of vulnerable adults. A number of staff still had to complete this training. The practice manager told us that there had been some difficulties with some staff being able to access the online training and this was being addressed.

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.

Patients were cared and support by suitably skilled and experienced staff.

Reasons for our judgement

The practice had a clear policy in relation to equal opportunities and antidiscrimination in relation to staff. The provider may find it useful to note that there were no formal procedures in place in relation to recruiting staff. This meant that a consistent approach to recruiting staff may not take place.

The practice manager told us that they were responsible for the recruitment of all staff with the exception of GPs. We looked at the recruitment files of three staff, one being the most recently recruited staff member. We saw that appropriate checks had been undertaken before staff began work. For example, documentation in the files included written references; a copy of staffs' curriculum vitae (CV); letters relating to and recording face to face interviews and a copy of the working contract. In addition we saw that staff had undertaken an induction into the practice and had signed health and safety and confidentiality procedures. We saw that nursing staff files contained evidence of their qualifications and their continued professional registration.

We found that Disclosure and Barring Service (DBS) checks had been carried out for nursing staff. The Disclosure and Barring Service aims to help employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA).

The provider may find it useful to note that reception staff and administrators were not routinely checked for their suitability to work with vulnerable people. There was no evidence of any immediate risk to patients, however, the current procedures in place for the recruitment failed to consider risk factors relating to non-clinical staff.

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 the service that people receive.

Reasons for our judgement

We saw that the practice had a large range of policies and procedures in place for staff to access which supported the safe running of the service. For example, we saw that policies and procedures were in place relating to bullying and harassment, chaperoning patients, confidentiality, incident reporting, information governance and health and safety.

We saw that the practice had systems in place to monitor the quality of the service delivered. For example, monthly practice meeting took place for all staff to discuss issues within the practice and make plans for the future. Staff told us that they were able to raise issues but told us "we don't always get feedback for some concerns raised." Staff felt that they didn't always "get good support" when dealing with situations in which they felt challenged by people's behaviour. We discussed this with the practice manager who demonstrated a commitment to ensuring that all staff were supported in this area.

The practice had a system to seek and act upon feedback from patients who use the service. For example, a patient participation group (PPG) had been formed. This group was made up of practice staff and patients that are representatives of the practice population. The main aim of the PPG was to ensure that patients were involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. We saw that the minutes of the PPG meetings were available within the practice and on the practice website along with their action plan. One member of the PPG told us "we worked with the GPs and raised people's comments about the opening hours which patients could come to the health centre and they extended the appointment times; which was good for patients who work up to 5pm." They also told us "we worked with the practice on missed appointments and they came up with a procedure or writing to patients when they didn't turn up."

A comments box was available in the reception area of the service to enable patients to leave any comments or suggestions they may have about the service.

We saw that a number of checks and audits took place to identify, assess and manage risks related to the service and the patients who accessed the service. For example, we

spoke with a GP who demonstrated several audits that they had completed in relation to the analysis of referrals for patients with suspected health conditions using a particular fast track referral system. We saw that the audit collated information and contained discussion of the results proposed changes to improve the system and monitoring of the implemented changes.

An annual audit of complaints received by the service took place. We looked at the most recent audit and saw that it had considered what actions, learning and changes to the service had been taken from the complaints made.

The practice used information from external audits to support the service. For example, the quality and outcomes framework system (QOF). This was used to monitor the quality of the service in the practice. Staff regularly updated the information on the QOF when required. The GP spoken with told us that any concerns highlighted through the QOF were discussed at the monthly practice meeting.

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 patients made were responded to appropriately.

Reasons for our judgement

We spoke with five patients who told us "I'm not sure where the complaints leaflet is but we've not complaints, I know they have a patient group here but not really sure about it", "I've got no complaints" and "I'm not sure how to make a complaint but I wouldn't hesitate to raise it with the staff, I wouldn't feel awkward."

Information relating to complaints and how to make a complaint was available in the practice. The procedure gave clear timescales in which complaints would be responded to.

We saw that complaints received by the service were documented and copies of all response letters were maintained along with all correspondence and investigation information. Periodic analysis of complaints and what learning could be taken from patients concerns took place and records of these actions were maintained.

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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