

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

Red Roofs Practitioners

Red Roofs Surgery, 31 Coton Road, Nuneaton,
CV11 5TW

Tel: 02476357100

Date of Inspection: 23 July 2014

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

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Complaints

✓ Met this standard

Details about this location

| | |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Registered Provider | Red Roofs Practitioners |
| Registered Manager | Dr Michael Burnett |
| Overview of the service | Red Roofs Surgery provides primary medical care to 15,500 people who live in Nuneaton, North Warwickshire. It is a training practice for GP registrars and for doctors during their foundation training. |
| Type of services | Doctors consultation service Doctors treatment service |
| Regulated activities | Diagnostic and screening procedures Family planning Maternity and midwifery services 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 carried out a visit on 23 July 2014, talked with people who use the service, talked with carers and / or family members and talked with staff. We received feedback from people using comment cards and were accompanied by a specialist advisor.

What people told us and what we found

We inspected Red Roofs Medical Practice after we received information from a former patient who had been dissatisfied with their medical care. They had complained and had been dissatisfied with the outcome of their complaints.

We spoke with 17 patients during our inspection and reviewed a further two comment cards left for us. The patients we spoke with included women and men of different ages, ethnicities and levels of physical ability. They described the practice in very positive terms and told us they would recommend it to family and friends.

Patients told us they were treated with consideration and respect at the practice. They described reception staff as friendly and helpful. They told us the doctors and nurses were kind and communicative. They said they received care, treatment and support which met their health needs. A junior doctor at the practice confirmed that the care they had observed was of a high quality.

We found that the practice had an effective process for managing complaints. We saw evidence that the process was followed whenever a patient made a complaint. We found that staff took complaints seriously and sought to resolve issues with patients.

We saw that when the practice removed a patient from their list, they had done so because their relationship with the patient had broken down. We established that they had followed guidelines issued by the British Medical Association (BMA) in relation to this.

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.

Patients who used the service were involved in making decisions about their care and treatment. They were given appropriate information and support regarding their care or treatment. Their diversity, values and human rights were respected.

Reasons for our judgement

We spoke with 17 patients during the inspection and we read comment cards left for us. A total of 19 patients gave us their views about the care and treatment provided by Red Roofs Medical Practice. They included female and male patients; patients of different ethnicities and patients with and without disabilities. We spoke with parents of babies and children; young adults; adults of working age and older adults.

Almost every patient we spoke with had positive things to say about the practice and the care they received there. They described the practice staff as kind and considerate and told us that they would recommend the practice to family and friends. One person who used a wheelchair and several older people told us they were able to see doctors in rooms on the ground floor. People with long-term conditions told that they were able to get continuity of care from a small number of doctors and nurses.

Reception staff explained how they obtained interpreting services for patients who did not speak or read English. They told us they were all trained to act as chaperones should patients request this. We found that the practice recognised the diversity and values of the patients who used the service.

Patients we spoke with told us they were treated with consideration and respect. They said the doctors and nurses were good at communicating with them and helped them to understand their health concerns. They told us that doctors involved them in discussions about tests, diagnoses and treatment and listened to what they had to say. Young adults who attended with their parents said they felt that they were at the centre of the consultation. People said that where appropriate they were offered choices of treatment options.

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 patients' safety and welfare.

Reasons for our judgement

We spoke with a junior doctor in training at the practice. They told us they had observed that patients were given time by doctors to describe their symptoms and concerns and that appropriate diagnoses were made. They described the overall quality of record keeping as excellent; and said that summaries were clear. This enabled patients to get the treatment they needed from the GP or where appropriate, a referral to a hospital consultant. The doctor told us they had seen no evidence of poor quality care.

Some of the patients we spoke with had complex conditions. They said they had confidence in the GPs to treat them appropriately. One person described attending for a routine matter and the GP finding that further investigation was needed. The patient told us that a referral to hospital was made promptly and they went on to receive the treatment they required. Another patient told us that their condition was diagnosed after a period of uncertainty. They said that once a diagnosis had been made, treatment followed straight away.

Patients told us that communication between the GPs and other medical teams was effective. When patients were referred on, other medical practitioners had understood their condition. Parents told us they had received good care through pregnancy and that when complexities had arisen, there was effective communication between the GPs and the midwifery service.

Some patients told us it could be difficult to get through to the surgery at 8.00am to make a same day appointment. This was particularly the case when they requested an appointment with a specific doctor. However, patients also told us that internet booking and telephone appointments had increased the ease with which they could access the surgery. Every patient we spoke with was confident that should they need urgent care, they would always be seen quickly either at the surgery or at home depending on their need.

The junior doctor told us that the practice had an effective system for repeat prescribing which ensured that patients' health was regularly reviewed. Patients we spoke with who used repeat prescriptions confirmed that they were called in for review at regular intervals.

This enabled patients to receive treatment which was safe and appropriate to their needs over time.

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. Complaints people made were responded to appropriately.

Reasons for our judgement

We had received information from a former patient of Red Roofs Medical Practice who had complained about their care. They had remained dissatisfied with the response to their complaints. We found that the practice had a clear complaints procedure in place. We saw that information about making a complaint was available in the practice reception. We looked at the records of complaints made between April 2013 and July 2014. These records demonstrated that the complaints procedure had been followed in each instance.

We saw that, in accordance with the policy, all complaints made had been investigated by a senior GP or by the practice manager with the outcome communicated to the patient in writing. We saw that most complaints were resolved at this stage.

In some instances, the practice team considered that complainants would benefit from further support to understand the response to their complaint and these patients were invited to attend a meeting at the practice. This proved helpful and effective in resolving most outstanding complaints. We found that doctors and other staff took complaints seriously. They worked together to enable people to achieve resolution to their concerns and move on, so that their health care was not compromised.

We had received information that a patient had been removed from the practice list. We spoke with the GP who is the senior partner at the practice. They confirmed that the patient was not removed because they had made a complaint; nor because of factors relating to their clinical condition; nor on the grounds of age, sex or ethnicity. The sole reason was the breakdown in the relationship with the patient.

We found that there was evidence of the breakdown of the relationship between the practice and the patient. We found that guidelines produced by the British Medical Association (BMA) in respect of removing a patient from a practice list had been followed by the practice. A prior warning had been issued to the patient in writing; reasonable notice had been given to the patient and the Clinical Commissioning Group (CCG) had been notified.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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