

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

## Poplar Grove Practice

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Tel: 01296468580

Date of Inspection: 06 March 2014

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

<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Statement of purpose</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Poplar Grove Practice
Registered Manager	Dr. Martin Wakeford
Overview of the service	<p>The practice is approximately one mile from the centre of Aylesbury. At the practise are a team of GPs and nurses who are supported by receptionist and administration staff. There is also a practice manager who is responsible for the day to day running and management of the practice. The practice has a large car park and off road parking nearby.</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>

## 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We observed staff speaking with people in person and also on the telephone. We saw staff were friendly and polite and offered choices to patients. We found people who used the service were treated with dignity and respect. We spoke with two people who used the service. One person said "It is very good here, they have very good receptionists who are very professional. I try to get appointments that suit me as a working parent." Another person said "It's a good surgery they have helped me a lot I am offered appointments and then take the one that suits me. They talk to my relative with dignity and respect."

People who used the service were protected against the risk of abuse. Staff received training in abuse awareness and protecting children and vulnerable adults. The policies and procedures were available to all staff in relation to safeguarding.

We found people were protected from the risk of infection as treatment was delivered in a clean and hygienic environment.

There were effective recruitment and selection processes in place.

We found the provider had an accurate Statement of Purpose which contained the necessary information including aim and objectives, the kinds of services provided, names of key individuals working for the service, legal status of the provider and details of the office address.

There was an effective complaints system in place. Complaints people made were responded to appropriately.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Safeguarding people who use services from abuse** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People 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.

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### Reasons for our judgement

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During the inspection we asked the practice manager what measures were in place for patients regarding safeguarding and how they protected patients from abuse. The manager told us 32 members of staff who worked at the practice had been trained on how to recognise abuse and who they must alert any of their concerns to.

We spoke with two members of staff and they were able to explain what they would look for and who they would go to if they had any concerns. The staff we spoke with were confident about the actions they would take, they said Dr. Sutton was the safeguarding lead for the practice, who was trained to level 3 in safeguarding adults. We also saw evidence of the safeguarding policies for adults and children. The policies had been reviewed in August 2013.

The manager told us they had a Buckinghamshire Safeguarding Vulnerable Adults Resource Pack which was intended to be used by any member of staff within the GP environment to observe signs of abuse and provide them with all the information and resources to respond appropriately according to local procedures. It also provided a flow chart which showed clearly the steps to take and the seven stages to take to make a safeguarding alert.

The practice manager and a receptionist told us patients were offered the opportunity of a chaperone service. We spoke with staff who informed us they had acted as chaperones and the care records of the patients were endorsed to that effect. We saw notices in the communal areas and the consulting rooms which informed patients about the opportunity of a chaperone.

We saw adult protection posters on the practice walls which informed patients about how to recognise and who to alert should they suspect abuse. We saw evidence of leaflets on display which advised patients who to contact if they had any concerns.

Staff confirmed they did not carry out any restraint in the practice.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spoke with two people who used the service. One person said, "The facilities are clean and tidy." Another person said, "I have seen the staff washing their hands and using hand gels. I had also seen them wearing their gloves and aprons."

Personal Protective Equipment (PPE) and hand hygiene gel was available throughout the surgery. Hand washing instructions were also displayed by hand basins. Staff told us they had received infection control training and always used personal protective equipment when handling any hazardous substances. We spoke with members of staff who told us how they wore PPE when they handled samples and how they washed their hands after wearing PPE.

The practice manager told us who was responsible for clinical and non clinical infection control. This ensured the practice followed all the infection control measures and staff were able to describe to us the cleaning and infection control measures which were used on a daily basis. This included in between each patient, how the couches in the consulting rooms were cleaned by the clinicians and the use of clean paper bed rolls. The practice manager said all staff were trained in infection control. We saw evidence of this.

The reception staff told us there was a system in place for them to follow when they handled specimens of bodily fluids. They also described the actions they and the other staff took to ensure the practice was always clean and how and when they recorded this. We saw evidence of this and how they regularly cleaned the children's toys available in the reception area. We saw there was an infection control policy in place. The practice manager described the actions they and the other staff took to ensure the practice was always clean.

The practice manager explained the practice was cleaned each day by a cleaning company and the cleaning company had processes and procedures in place which ensured the quality of the cleaners work. This was audited on an ad hoc basis by representatives from the cleaning company, but they always produced a weekly report on what had been cleaned during the week. We looked at the infection control policies (last reviewed November 2013) which included infection control, management of blood borne viruses, management of contamination and hand hygiene.

We saw evidence of bodily fluid and spillage kits and staff were aware of them. All sharps bins were located safely in the treatment/consulting rooms and could not be accessed by children.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. There were arrangements in place for the regular collection of waste.

This meant the practice had robust systems in place to ensure a consistent approach to infection control and to reduce the risk and spread of infections.

**People should be cared for by staff who are properly qualified and able to do their job**

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**Our judgement**

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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**Reasons for our judgement**

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We spoke with two members of staff, one said "I do not think I would have been allowed to start until I had my references back."

The two members of staff we spoke with confirmed their employers had carried out all the relevant checks before employment commenced. The recruitment process included an interview. We reviewed three staff files which showed they carried out relevant checks before they employed staff. We saw evidence of interview notes, curriculum vitae (CV), application form, Criminal Record Bureau checks (CRB), written references and photographic proof of identify.

The practice manager told us they always obtained references and Disclosure and Barring Service Checks (DBS) (previously Criminal Record Bureau checks), on all GPs and some staff who worked at the practice.

DBS checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people and children. We saw evidence of recent DBS checks had been completed on new staff who had recently joined the surgery. There was a very low turnover of staff at Poplar Grove Practice.

We saw information was obtained which confirmed the General Medical Council (GMC) registrations of GPs who worked at the surgery and the nurse's registrations with the Nursing and Midwifery Council (NMC). We randomly checked two members of staff on the GDC and/or the NMC register and found their registration to be correct.

A member of staff we spoke with explained they had been interviewed for the job, and told us they had completed an induction programme which they had to sign to confirm they had completed it. They also worked alongside experienced staff before they worked alone plus they had to read and sign the policies which related to the practice. The practice had a recruitment and selection policy for any staff who would be employed in the future, we saw evidence of this.

## Statement of purpose

✓ Met this standard

The service must tell us about what kinds of services it provides

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### Our judgement

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The provider was meeting this standard.

The Statement of Purpose was up-to-date and provided the necessary information.

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### Reasons for our judgement

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We spoke with the practice manager about, and also reviewed, the provider's Statement of Purpose (SoP).

The SoP included all the necessary information which included the aim and objectives, the kinds of services provided, names of key individuals who worked for the service, legal status of the provider and details of the office address. The information presented was clear to read and set out in a logical way. The SoP had a clear focus on meeting people's unique needs and how they provided a non-discriminatory service. Key aims were to also be flexible and respond to people's needs as they evolved.

The SoP clearly set out the services provided; this helped set patient's expectations and established the needs some patients may have which the provider could not meet. In addition, the SoP provided detailed information about staff skills and qualifications which enabled patients to appreciate the competence of the staff who provided the service.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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We spoke with two patients who told us about the treatment or service they had received at the surgery. However one patient did mention to us they had raised a complaint with the practice previously. They said the GP did in fact apologise for overlooking an appointment but felt it could have been handled more professionally. Another person said if they had a concern they would raise this with either the practice manager or the reception staff and felt they would be listened to.

We saw there were various ways patients could make a complaint or provide feedback. During our visit we saw the practice had information about their complaints policy which was available for patients to see in reception and was displayed on their website. The information explained how and who to report the complaint to and how it would be responded to. We saw in the policy that any complaints would be acknowledge within two working days and then resolved within ten working days. There were also details of other organisations to contact if they were unhappy with the outcome of their complaint which included the Care Quality Commission.

The manager said if patients did raise concerns they tried to deal with them straight away but if they received a formal or written complaint it would be investigated and responded to in line with the service's complaints policy.

The manager told us they had received 11 formal complaints in the last year, we saw evidence these had generally been responded to appropriately by the manager. We saw evidence of the practice's annual review of complaints and how they looked to avoid further complaints and identify lessons to be learned.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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