

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

## Dr M A Bradley

Newbold Surgery, 3 Windermere Road, Newbold,  
Chesterfield, S41 8DU

Tel: 01246277381

Date of Inspection: 25 October 2013

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

|   |                     |
|---|---------------------|
| <b>Respecting and involving people who use services</b> | ✓ Met this standard |
|---|---------------------|

|  |                     |
|--|---------------------|
| <b>Care and welfare of people who use services</b> | ✓ Met this standard |
|--|---------------------|

|  |                     |
|--|---------------------|
| <b>Safeguarding people who use services from abuse</b> | ✓ Met this standard |
|--|---------------------|

|   |                 |
|---|-----------------|
| <b>Requirements relating to workers</b> | ✗ Action needed |
|---|-----------------|

|                   |                     |
|-------------------|---------------------|
| <b>Complaints</b> | ✓ Met this standard |
|-------------------|---------------------|

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Dr M A Bradley  |
| Registered Manager      | Dr. Robert Barron   |
| Overview of the service | Dr MA Bradley (also known as Newbold Surgery) provides primary medical services to people living in and around Newbold, Chesterfield.                         |
| Type of services        | Doctors consultation service<br>Doctors treatment service   |
| Regulated activities    | Diagnostic and screening procedures<br>Family planning<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury |

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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 25 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other regulators or the Department of Health.

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### What people told us and what we found

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We spoke with seven patients of Dr MA Bradley's surgery during our inspection. We did this to help us to understand the outcomes and experiences of patients who used the practice. All of the patients we spoke with were very happy with their care and gave particular praise to the time and attention they received from the GP's. Their comments included, "I've had lots of support from the staff even the receptionists who always do what they say, even making sure a GP calls me back" and, "I like that I can see my own GP so I don't have to explain everything each time I come."

We found that patients were involved in their care and treatment which was provided in a way intended to ensure their safety and welfare.

Patients who use the service were protected from the risk of abuse. Patients we spoke with told us they trusted the GPs and Nurses caring for them and felt safe receiving support from all of the staff at the practice.

Patients were cared for, or supported by, suitably skilled and experienced staff. However there were no robust arrangements to ensure that clinical staff were registered with professional bodies for the entirety of their employment.

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

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

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### What we have told the provider to do

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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

**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

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### Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We spoke with seven patients during our inspection. We did this to help us to understand the outcomes and experiences of patients who used the practice. Patients told us that all of the staff at the practice treated them with respect and the GP's and Nurses were friendly. We observed reception staff welcoming patients and checking their identity before booking them in for appointments or providing prescriptions. Patient comments included; "I've had lots of support from the staff even the receptionists who always do what they say, even making sure a GP calls me back", "I like that I can see my own GP so I don't have to explain everything each time I come" and "The doctors and nurses are very good and explains things in a way you can understand."

We observed that the reception desk where patients checked in for their appointments was next to the waiting area. In response to patient feedback about the limited privacy it offered, a diving wall had recently been installed between the waiting area and reception desk. We also observed that separate rooms were available should patients wish to speak with staff more confidentially.

The practice was accessible for patients with restricted mobility or for those who used a wheelchair. There was a small ramp leading up to the main entrance and automatic doors. One section of the reception desk was also lowered for easy access for those using wheelchairs. The medical practice consultation rooms were all on the ground floor and there was a toilet suitable for patients with mobility problems.

A selection of patient information leaflets were available in the waiting area and these included information on common illnesses, smoking cessation and other local community services.

Patients expressed their views and were involved in making decisions about their care and treatment. All of the patients we spoke with told us that the GP's and Nurses listened to

them and involved them in decisions about their care or treatment.

Staff were able to access an interpreter service for patients whose first language was not English. However staff told us this was very rarely needed as they did not have any patients who needed an interpreter. A hearing loop was in place in reception but this was faulty. The practice manager told us that this was due to be replaced and upgraded in the near future. A hearing loop is a system which transmits sounds to hearing-impaired listeners clearly and free of other distracting noise in the environment.

We saw that notices were displayed around the practice advising that patients could ask for a chaperone if they wished to be accompanied during their appointment. Some of the patients we spoke with told us that they were aware of this service. Staff we spoke with were familiar with the rights of patients to have a chaperone. We found that administrative staff, as well as health care assistants, were asked to act as chaperones. The majority of the administrative staff had received some training in this role; however staff told us that they were able to decline if they did not feel comfortable acting as a chaperone. Generally staff were aware of the correct procedures and expectations for fulfilling this role, however the provider should note that some additional refresher training would be beneficial for staff who had not completed this for some time.

There was a Patient Participation Group (PPG) in place at the practice. A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice. We spoke with the secretary of the PPG prior to our inspection and they told us that the new practice manager and the partners were very responsive to any queries or concerns raised and were forthcoming with feedback. We discussed the results of satisfaction surveys which the PPG had helped to complete and the secretary told us that the practice had scored highly in most areas. The results had also been shared on the practice website.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we spoke with seven patients and they all told us that they were happy with the care and treatment they received at the practice. Their comments included, "It's a very good service, I like that I can book appointments in advance around my work", "The doctors always explain everything to me and answer any questions I have, they don't rush you out the door" and, "Me and my partner have received a lot of support from the practice, we're very happy."

Most of the patients we spoke with were happy with the availability of appointments at the practice and were aware that a selection of appointments could be booked in advance. The majority of the patients we spoke with also said they preferred to see the same doctor and that this meant they sometimes had to wait a little longer for an appointment but they were happy to do so. Patients said that they were always given an appointment if it was needed urgently.

Some patients we spoke with raised concerns that it was sometimes difficult to get through to the practice on the telephone. We spoke with the Practice Manager about this issue who explained that the number of available telephone lines had been increased about 18 months prior to our visit and that the practice was now considering further changes to the telephony system in response to patient feedback. The practice was also in the process of introducing online facilities for booking appointments and requesting repeat prescriptions.

There was a large team of GPs, Registrars, Nurses and Health Care Assistants working at the practice. We saw that all of the doctors met at lunchtime each day to discuss any issues or concerns and to arrange any home visits. There were five Registrars working at the practice at the time of our inspection. Registrars are doctors who are still completing their training and the practice is required to employ GP's who have completed specific training which allows them to provide appropriate support and guidance. We saw that there were robust arrangements in place to ensure that the Registrars received supervision and support from the GPs to ensure they were providing safe and appropriate care to patients.

The team of practice nurses and health care assistants managed the care and treatment of patients with long term conditions, such as diabetes, asthma and hypertension (high blood pressure). We found that there were appropriate systems in place to ensure that patients with long term conditions were seen on a regular basis.

We found that the entire staff team at the practice worked closely and that there were arrangements in place to review patient care on a regular basis. The practice also had arrangements in place to ensure patients received appropriate end of life care and a regular palliative care meetings were held with the District Nurses and Macmillan Nurses.

There were arrangements in place to deal with foreseeable emergencies. We saw there was emergency medical equipment and medication at the surgery and staff had received training in basic life support. We saw that there were systems in place to ensure that the emergency medication was checked so that it was fit for purpose in the event of a medical emergency.

**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.

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.

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## **Reasons for our judgement**

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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. Both of the GP leads for safeguarding children and adults, along with the majority of GP's working in the practice, had completed safeguarding training up to the required level. The few remaining GP's were in the process of completing this training. All other staff members working at the practice had also received appropriate training in the safeguarding of adults and children. All of the staff we spoke with were familiar with the types of abuse they needed to be aware of.

Patients we spoke with told us they trusted the GPs and Nurses caring for them and felt safe receiving support from all of the staff at the practice. They said, "I trust them completely, even with my daughter" and, "The staff are wonderful and very good at what they do." Staff we spoke with told us they felt confident that they could discuss any concerns with their colleagues, the GP partners or the Practice Manager.

The provider responded appropriately to any allegation of abuse. We found that the GPs at the practice worked with other agencies, including social services and health visitors, to ensure patients were protected from the risk of harm. Regular meetings were held, to which local health visitors, among others, were invited to discuss any concerns. The practice's lead GP for safeguarding children also had regular meetings with the health visitor.

We saw the practice policies for the safeguarding of vulnerable adults and vulnerable children. These contained appropriate advice and guidance for staff and were easily accessible. We did observe that the contact details in the policies for external agencies were not always up to date or complete, however the practice manager updated these shortly after our inspection.

**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 not meeting this standard.

Patients were cared for, or supported by, suitably skilled and experienced staff. However there were no robust arrangements to ensure that clinical staff were registered with professional bodies for the entirety of their employment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We found that generally there were appropriate arrangements in place to ensure that appropriate checks would be undertaken before staff began work. We looked at the personnel files for four members of staff in different roles. We saw that staff members had provided a curriculum vitae (CV) or application form which included their employment history. All staff members had received an interview prior to starting their employment. There was a recent photograph in each personnel file.

References had been obtained for the majority of staff prior to them starting work in the practice, with the exception of staff members who had been working at the practice for some time. In order to address the risk this posed to patients, the practice had decided to complete an up to date check with the Disclosure and Barring Service (DBS) for all members of staff. The DBS has now replaced the Criminal Records Bureau and helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

We also found that whilst checks were made to ensure that staff were registered with the relevant professional body, such as the Nursing and Midwifery Council (NMC) or the General Medical Council (GMC), at the time of their recruitment, their registration status was not reviewed after this time. It is important that there are effective systems in place to ensure that clinical staff, such as nurses and GP's, are registered with professional bodies for the entirety of their employment as clinicians are required to renew their registration on an annual basis. Professional registration shows that people are entitled to undertake the work they are employed to perform and are safe to provide care and treatment to patients.

Any doctor who wants to perform general medical services or personal medical services for NHS patients has to be on the primary medical services performers list. This list is held by NHS England (previously the local primary care trust). The list is there to protect NHS patients and services. They enable the NHS to regulate practitioners who perform those services. NHS England is responsible for carrying out the required checks, such as

obtaining references, checking qualifications and registration, and disclosure and barring checks. They also undertake annual appraisals of practitioners on the list. All of the GPs working at Dr MA Bradley's surgery were on the performers list and therefore eligible to practice.

**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. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We looked at the practice's complaints records and found that nine complaints had been received since the 1 April 2013. We saw that patient's complaints were fully investigated and resolved, where possible, to their satisfaction. All complaints were acknowledged, whether in writing or by telephone and a summary of the concerns raised were recorded. Complainants were advised of the timescales in which their concerns would be responded to and were given updates if these timescales could not be met.

Complainants had generally received a written response to their concerns, either from the Practice Manager or one of the GPs. In some cases, complaints had been resolved over the telephone and a record of this was captured.

Where different services were involved in delivering care or treatment the provider took appropriate action to co-ordinate a response to the person raising the complaint. We saw that the practice had worked with the local out of hours service to provide a full response to concerns raised by a patient.

An annual review of complaints received was completed which considered any theme's or recurring trends. This information was discussed with all staff members.

We spoke with seven patients during our inspection and they all said that they had not needed to make a complaint. They did say that they would have no concerns about raising a complaint if this was necessary and that they would discuss this with their GP or the Practice Manager.

Information about the practice's complaints procedure was shared on their website, in the practice information leaflet and a complaints form was available at reception. The provider should note that the complaints policy was out of date and in need of review. This is important to ensure that staff are provided with accurate guidance when dealing with complaints.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activities                     | Regulation  |
|--|---|
| Diagnostic and screening procedures      | <b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b><br><b>Requirements relating to workers</b><br><br><b>How the regulation was not being met:</b><br><br>The provider had not ensured that staff employed were properly registered with the relevant professional body. Regulation 21 (c) |
| Family planning                          |   |
| Maternity and midwifery services         |   |
| Surgical procedures                      |   |
| Treatment of disease, disorder or injury |   |
|  |   |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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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