

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

## Fitzalan Medical Group

Fitzalan Medical Centre, Fitzalan Road,  
Littlehampton, BN17 5JR

Tel: 01903735200

Date of Inspection: 05 March 2014

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>Cooperating with other providers</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Fitzalan Medical Group
Registered Manager	Dr. Douglas McLeod
Overview of the service	<p>Fitzalan Medical Group is located in a purpose built medical practice offering a full range of services to the local community. The practice has a branch surgery which is located approximately one mile away. The practice has several treatment rooms and benefits from a smoking cessation clinic once a week and the availability of phlebotomists for patients who require blood tests.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 5 March 2014, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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We inspected Fitzalan Medical Group to look at the care and treatment provided by staff to the patients. We spoke with five patients during our visit as well as five members of staff (which included the practice manager and the registered manager). We also collected six responses to a questionnaire that we left in the waiting area for patients.

We observed during our visit that staff treated patients with respect. We noted that reception staff greeted and spoke politely to patients. One patient told us that they felt respected by the staff at the practice "All the time."

We found that the practice had good relationships with other providers and healthcare professionals. Patients who had been referred outside of the practice told us that the process had been smooth and efficient. One patient we spoke with said "I have regular hospital visits and the communication is very good between the practice and the hospital."

We found that staff were aware of procedures around safeguarding vulnerable adults and children. We saw that the practice had relevant safeguarding policies and guidance and there were two safeguarding leads at the practice.

We found the practice hygienic and clean. The practice had good systems in place which ensured that patients were not at risk of infection.

The practice had a complaints procedure which was made available to patients. None of the patients we spoke or who completed our questionnaire with had ever felt the need to make a complaint.

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

**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

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People's privacy and dignity were respected.

The staff we spoke with gave us examples of how they showed respect to patients and preserved their dignity. One staff member told us that "I always greet them and use their full name." Another member of staff said "It's all about the first impression – you have to show some empathy." A third staff member commented "I make no pre-judgements. Everyone deserves respect and to be listened to." The clinical staff we spoke with told us they always used the privacy curtain around the couch if they carried out intimate examinations. In addition they (clinical staff) may lock the door which ensured patients privacy. We heard that telephone calls to patients with regard to test results were not made at the front reception desk but in a back office. We were also told that the practice used consent forms which patients could sign if they were happy for messages to be left for them with someone else. The registered manager told us that the practice had a diverse patient list and as a result they had specifically employed reception staff who could speak other languages. We spoke with two patients whose first language wasn't English. They told us "The staff are very patient with us and made sure that they word things in different ways so we can understand what they are telling us." We looked at the policies held by the practice and noted that these included a diversity policy, dignity and respect policy and a cultural and religious policy. This meant that patients were respected, and we saw that staff understood, and acted in ways showing respect which preserved patients' dignity. It also meant that people's equality, diversity and individual needs were respected.

We asked patients if they felt staff respected them. They told us they did. We observed staff interact in a positive and friendly way with patients. We saw that the doctors and nurses personally greeted patients and accompanied them back to their consultation room. We noted that the reception desk and waiting area was divided by a glass partition which ensured that conversations could not be overheard. We also noted that patients were asked to turn off their mobile telephones to respect other patients. This showed us that patients were treated with respect by staff.

We saw that the practice offered patients the opportunity to speak in confidence in a private room should they wish. There was also a poster displayed to inform patients that they could have a chaperone with them during a consultation. This showed us that people's privacy and human rights were respected.

The practice had a Patient Participation Group (PPG) which discussed changes and improvements within the practice. The practice manager told us that they had made changes as a result of the PPG involvement. For example, they had removed the tannoy system in the waiting area. This showed us that the provider took into account people's views in the way the service was provided.

The patients that we spoke with and who completed our questionnaire told us that they felt involved in their care and treatment. One patient we spoke with told us "They talk me through it and suggest things." Another patient said "They give me clear instructions and I've been told if my infection doesn't clear up to come back." The clinical staff we spoke with said that they discussed treatments with patients. This included the benefits and risks. One member of staff said "I give them general health advice. There's no point in filling them with pills, if what the patient needed was to take more exercise and have a healthy diet." We noted a range of health related printed material in the waiting area for patients. We also noted that the practice leaflet contained a section on 'self-treatment of common illnesses'. This gave patients guidance on how they could treat minor illnesses, such as a cold, bites or stings. This meant that patients felt included in the care and treatment. It also meant that staff encouraged patients to take ownership of their own care.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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People's health and safety was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

The practice had regular meetings with outside healthcare professionals, such as the palliative care nurse or health visitor. One clinician told us they often picked up the telephone to discuss a patient's treatment. For example, they had recently telephoned an orthopaedic surgeon in relation to a patient. They (the clinician) also told us "The flow of letters between us and the local hospitals is much more streamlined." They added "We can use the dictation machine to dictate a referral letter either when the patient is with us or immediately afterwards. This makes the turnaround time much quicker." We were told that all correspondence was scanned into a patient's notes as soon as it came into the practice. One nurse that we spoke with told us they referred patients for retinal screening or podiatry. They added that they also had close links with the diabetic specialist nurse and the paediatric respiratory nurse and often had telephone conversations with them regarding a patient. This meant that patients could be seen quickly when appropriate. This showed us that staff worked in cooperation with others to ensure that appropriate care planning took place.

One patient that we spoke with told us they needed regular hospital visits. They said that the communication between the practice and hospital was good and that "The doctor knows what is happening." Another patient said, "I was referred for physio and I was seen very quickly." Staff told us there was a good exchange of relevant and appropriate information between themselves and other healthcare providers. One member of staff said that they had received a couple of phone calls that morning from patients who were pleased with the speed of their referral to the district nursing team. This meant the provider ensured that patient continuity of care was protected because referrals were made in a timely and appropriate manner.

We also noted that the practice had a Caldicott guardian. This is a senior person who is responsible for protecting the confidentiality and sharing of patient information. This meant that staff were aware of their role in relation to the appropriate sharing of confidential



information.

**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 used 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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People who used the service were protected from the risk of abuse.

All of the staff that we spoke with were able to describe the types of abuse that may occur and action they would take if abuse was suspected or alleged. They told us that there was current safeguarding concern and that they were working with Social Services. We saw that staff had received training in safeguarding children and there was a training session arranged for safeguarding vulnerable adults. The practice had a two safeguarding leads. We saw that the practice had a safeguarding policy for both adults and children to guide and inform staff of the correct procedures to take should there be an allegation of abuse or if abuse was suspected. We also noted that each consulting and treatment room had flow charts for staff which gave guidance on what to do in the event that they had a concern. All staff were able to tell us where they could find the policies and that the policies contained the relevant contact numbers. This meant that staff knew how to identify abuse and the correct procedures to follow. It also meant that staff had the most up to date guidance that related to safeguarding.

None of the patients that we spoke with or who completed our questionnaire expressed any concerns that staff were not properly qualified. They all told us that they felt safe and protected 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 cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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People were protected from the risk of infection.

We asked staff what policies they held that related to infection control and were shown a policy folder. We found that the practice had a range of policies, which included protective clothing, decontamination, clinical waste and good handwashing. We found that all of the policies were current. Staff had recently undergone a handwashing training session and this was to be repeated this year. This meant that the provider could be satisfied that staff worked to the most recent guidance.

Staff seemed knowledgeable in their role in relation to infection control. We were told how they prepared a consulting or treatment room in the morning for a patient and what they did between patients. This included changing the paper cover on the couch and wiping down equipment, surfaces and the couch with disinfectant wipes. We saw evidence that all clinical staff had received Hepatitis B (Hep B) vaccinations which reduced the risk of the spread of blood borne viruses. Non-clinical staff told us that some of them had received Hep B vaccinations too. They added that they would not participate in a situation that may present a risk to them (for example, a blood or bodily fluid spill) unless they had received their Hep B. This showed us that patients were at a reduced risk of infection from cross contamination because staff were aware of their roles and responsibilities.

We found the practice to be clean and hygienic. We noted that all rooms had a sink, hand wash, paper towels and gloves available for clinicians. We also noted that each had a poster displayed on good handwashing techniques. Two of the treatment rooms had a shared decontamination room which was used to store used equipment and to dispose of samples, for example urine samples. This showed us that the provider could be satisfied that staff carried out appropriate cleaning processes. It also showed us that patients were treated in clean and hygienic consulting and treatment rooms.

We were told that the doctors and nurses had responsibility for checking equipment in their individual rooms. The practice manager told us that the nurses rotas had been rewritten to ensure they had been allowed time for cleaning and restocking of the treatment rooms. All reusable equipment was sterilised off site by the local hospital. We checked the equipment in several of the rooms and found equipment pouched and date stamped. This told us that the provider could guarantee that patients were treated with sterile equipment.

We saw that the practice used an external cleaning company to clean the general areas of the practice. We noted that the cleaner had a daily, weekly and monthly checklist which they signed. We saw that the cleaner used colour coded mops which were stored appropriately. The practice manager told us that the cleaning company audited the cleaning regularly and that they met with them to discuss any issues. This showed us that the provider could be satisfied the practice was cleaned and would know at any one time what areas had been cleaned.

We saw that regular infection control audits were carried out and noted from the last audit (October 2013) that any actions identified had been completed. For example, a checklist for cleaning of the treatment rooms had been introduced and a sink repaired in one of the doctor's rooms. This meant the practice had an effective system designed to assess the risk of and to prevent, detect and control the spread of infection.

None of the patients we spoke with, or who completed our questionnaire, had any concerns about the cleanliness of the practice. Most told us that they were aware that the clinicians washed their hands or wore gloves when appropriate. One patient told us "It's clean here. No complaints at all." This told us that patients were happy with the level of cleanliness they found at Fitzalan Medical Group.

**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.

Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The provider ensured the complaints system was made readily available to patients.

We looked at the practice complaints policy and saw that it contained all the necessary information for patients. For example, it told them how long they would have to wait for a response to a complaint and who they could go to if they were unhappy with the response. The policy also included guidance on how to make a complaint on behalf of someone else. Information which related to the complaints system was available in the practice leaflet, new patient welcome pack, and on the practice website. This told us that the provider ensured they made the complaints system available to patients in a suitable manner and format.

We asked for a record of any complaints received over the last 12 months. We saw that the complaints had been responded to in a timely manner and most had been resolved. Staff were able to tell us how they would deal with a complaint and what they would tell patients. Staff said that, in the first instance, they would try to resolve the complaint before it escalated. One member of staff told us "It depends on the level of anxiety of the patient, but in the first instance I'd try to help." This showed us that staff responded to patient complaints appropriately. It also showed us that staff were aware of their responsibility in dealing with complaints.

We asked patients if they would know how to make a complaint. They told us that they had not seen a complaints notice but that was because they had not felt the need to complain. One patient told us "Just good. I like the doctors and they are all good." Another said "Nothing to complain about." We observed from the patient questionnaire responses that none of the six patients had ever made a complaint. This told us that patients were satisfied with the service they received at Fitzalan Medical Group.

We saw that the practice had a 'complaints and compliments' slip available for patients in the waiting room. The practice also encouraged patients to put comments on the NHS Choices website which was monitored by staff. We were told that the practice had received comments in respect of the appointment system. As a result staff planned to carry out an audit of patients to see if the system needed to change in some way. This showed us that the provider listened to patient comments and suggestions.

The practice held a significant events log and staff told us that they discussed any

complaints or significant events at practice meetings which ensured staff awareness and learning. For example, one significant event had resulted in handwritten prescriptions being discontinued. This told us that the provider ensured that staff learned from patient issues and changes were made when appropriate.

We noted some general comments patients had put on our questionnaire. These included "All aspects of Fitzalan Med Centre are excellent." Another patient commented "I always manage to get a quick appointment at short notice. Doctors/nurse and reception staff are very friendly and very helpful."

## 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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