

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

## Dr Hellier & Partners

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Annes, FY8 4GW

Tel: 01253657300

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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>Care and welfare of people who use services</b>               | ✓ Met this standard |
| <b>Cleanliness and infection control</b>                         | ✓ Met this standard |
| <b>Supporting workers</b>  | ✓ Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ Met this standard |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Dr Hellier & Partners  |
| Registered Manager      | Dr. Richard Hellier  |
| Overview of the service | Dr Hellier and Partners is located within the Ansdell Medical Centre. There is onsite parking available and the practice is close to public transport. The practice is fully wheelchair accessible throughout. The team consists of GPs supported by a practice manager, nursing and support staff. The practice provides primary medical treatment to people of all ages and offers a wide range of medical services. |
| Type of services        | Doctors consultation service<br>Doctors treatment service  |
| Regulated activities    | Diagnostic and screening procedures<br>Treatment of disease, disorder or injury  |

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

|   | Page |
|---|------|
| <b>Summary of this inspection:</b>                        |      |
| Why we carried out this inspection                        | 4    |
| How we carried out this inspection                        | 4    |
| What people told us and what we found                     | 4    |
| More information about the provider                       | 5    |
| <b>Our judgements for each standard inspected:</b>        |      |
| Respecting and involving people who use services          | 6    |
| Care and welfare of people who use services               | 8    |
| Cleanliness and infection control                         | 9    |
| Supporting workers  | 10   |
| Assessing and monitoring the quality of service provision | 11   |
| <b>About CQC Inspections</b>                              | 13   |
| <b>How we define our judgements</b>                       | 14   |
| <b>Glossary of terms we use in this report</b>            | 16   |
| <b>Contact us</b>   | 18   |

## 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 carried out a visit on 30 January 2014, talked with people who use the service, talked with carers and / or family members and talked with staff. We talked with commissioners of services and were accompanied by a specialist advisor.

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### What people told us and what we found

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During the time we spent at the practice we spoke with a number of people about the service. We spoke with patients either before or after their treatment, three GP's, the practice manager, nursing staff, and administration/reception staff. We also spoke with the commissioning department of NHS England. This was in order to gain a balanced overview of what patients experienced using this practice.

The practice ensured patients were respected and involved in their treatment. Patients we spoke with felt they were given enough information about treatment options. One patient said, "The staff are very good at identifying who needs extra support. The GP has been absolutely amazing, they thoroughly explained everything."

Patients spoke highly of the way they were treated by staff and were happy with the treatment and support shown to them. Comments from patients included, "The whole team are amazing. Staff here go the extra mile. We are very lucky with the practice we have."

There were systems in place to reduce the risk and spread of infection. When we spoke with patients using the service some comments included, "I have no concerns about hygiene. The building is always so clean." Staff had individual responsibilities to maintain a hygienic environment.

The practice had a range of audits and systems in place to monitor the quality of the service being provided. This included taking into account people's views and experiences. This meant the practice effectively monitored the quality of its service provision.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

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### Reasons for our judgement

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We spoke with patients to gain an understanding of their experience of the practice. In addition we checked the practice's records, policies and procedures and spoke with staff. We also observed staff engagements with patients attending the practice.

Patients told us they had been provided with guidance in respect of their treatment options during their consultations. Patients told us they felt listened to and were happy with the treatment or advice provided. One patient we spoke with told us, "I have seen the nurse this morning. She was excellent. She took time to explain everything to me." Another patient said, "The GP has been really good, brilliant in fact. I was a little anxious and they talked everything through with me and gave me the opportunity to ask questions."

There was a range of information leaflets available to people both in the reception area and around the practice. This informed people how they could improve their own health, or gave advice and support regarding specific health conditions. There was also a practice booklet and a practice web site. These informed people of the services and type of appointments available. Staff we spoke with were knowledgeable about other services and how to access them. This ensured patients were supported to get the most appropriate help and treatment.

Both staff and patients using the practice confirmed to us all consultations and treatments were conducted in private. We saw staff speaking with people in a respectful manner and staff we spoke with understood the requirements for privacy, dignity and confidentiality.

Our tour of the building found facilities were of a high standard. Consultation rooms were spacious and offered appropriate facilities for discrete examination. This meant people's dignity was assured. The use of designated consultation rooms, screens and closed doors ensured privacy was upheld.

The practice offered a chaperone service for patients. This was offered during

consultation by the doctor or nurse if any physical examination was required. Clinical staff and a number of non-clinical staff were trained in the procedural aspects of personal examinations. This meant systems were in place to ensure people's privacy and dignity was respected.

People told us staff were always polite and respectful. Comments included, "I have no concerns. Staff are polite, courteous and always respect my dignity."

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that ensured patient's safety and welfare. We spoke with the doctors and nursing staff regarding the assessment of patients and looked at systems used. Patients confirmed they felt confident the doctors and nursing staff understood their condition.

There was a system in place whereby any important information, specific to the individual, would flag up on a patient's electronic notes. This would alert the doctor or nurse and be taken into account when determining the most appropriate course of treatment.

We saw referrals to other healthcare services were made where required. Patients were given a choice of location, specialist, and appointment time wherever possible. This meant staff took people's health seriously and responded to their individual needs.

Patients spoke highly of the care, treatment and support they received. Comments from patients included, "I have been a patient here for 35 years. All my family come to the practice. I have never had a problem booking an appointment. The service and treatment I receive is first class."

The practice had appropriate equipment to support people in the event of a medical emergency. There were records of the emergency equipment being checked to ensure they were all in working order. We saw staff at the practice had received training in medical emergencies and the appropriate level of life support training for their role.

**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.

Systems were in place to ensure the premises were clean and people were protected from risks of infection.

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**Reasons for our judgement**

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We looked at systems the provider had in place to maintain the prevention and control of infections. We also checked the premises to ensure adequate facilities were available to ensure effective hygiene procedures could be maintained. Additionally, we discussed infection control with staff to check their understanding.

Staff we spoke with demonstrated a thorough understanding of the need to follow infection prevention. They gave examples of how this worked in practice. Staff confirmed they had undertaken infection control training.

We observed hand washing facilities were available to promote high standards of infection control. Hand gel dispensers and instructions about hand hygiene were available throughout the practice. We saw appropriate personal protective equipment available and in use in all areas.

We saw floor areas in GP consultation rooms within the practice were carpeted. However the nurse and treatment rooms had vinyl flooring. This type of flooring is much easier to clean and disinfect and therefore a lower risk for infection control. Doctors we spoke with told us if a patient should need treatment, they would be taken through to one of the treatment rooms within the centre.

The practice had an infection control lead. Their responsibility was to monitor related practices and update staff to national guidance. Additionally, they undertook quarterly audits with the practice manager to measure the effectiveness of infection control procedures.

Patients we spoke with told us they had no concerns about cleanliness or infection control at the practice.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The staff members we spoke with confirmed they had access to a structured training and development programme. One person we spoke with said, "The training is excellent. Lots of opportunity to go on courses and the quality is very good." Training included a range of clinical and non-clinical training. This reflected good practices for people to continue their professional development. Staff told us specialist training was also available to ensure staff can meet people's individual needs.

Staff records we looked at showed they had completed qualifications relevant to their job responsibilities. In addition, where applicable, staff had completed ongoing requirements to maintain their professional registrations.

The staff members we spoke with told us they received regular formal supervision sessions and annual appraisals with their manager. This meant staff were being supported in their roles as well as identifying their individual training needs. The staff members we spoke with told us they were happy with the support structure in place. One person we spoke with said, "It is a really good team here. We work well together and take pride in our practice."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

Appropriate systems were in place for monitoring the quality of the service people receive.

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### Reasons for our judgement

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The practice manager was able to show us a range of internal quality audits. The practice was required to report regularly as part of their commissioning contract. These ensured that the service provided remained consistent. The audits included clinical and non-clinical audits. Other monitoring included complaints received and feedback from patients.

The patients we spoke with during our visit told us they were happy with the service they received. One person told us, "I can always get an appointment the same day. The staff are excellent. The service is excellent. What more can I say."

The service had a patient participation group (PPG). 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 patients are involved in decisions about the range and quality of services provided by the practice. The PPG had been established using both meetings and emails to gain feedback. We saw where improvements had been identified action had been taken. This meant the provider took account of people's views and experiences to improve the quality of the service provided.

We reviewed the complaints file and saw any complaints made to the practice received a prompt reply from the practice manager. Any complaints were discussed at the weekly management meeting, in order to take action to address any issues that arose. This enabled the practice to learn from incidents and, thus implement any changes of practice within the service.

There were systems in place to monitor services and record performance against the quality and outcomes framework (QOF). A voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. A range of internal clinical audits and risk assessments had also been completed. This showed the practice had systems in place to assess, monitor and improve the quality of service patients received.

Staff spoken with said they speak regularly with their manager and other staff. This kept them informed of any developments or changes within the service. Staff told us their views were considered and responded to. One staff member told us, "I am proud of the practice."

We are a good team."

## 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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