

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

Oaks Park Primary Care Centre

Thornton Road, Kendray, Barnsley, S70 3NE

Tel: 08000340406

Date of Inspection: 24 January 2013

Date of Publication: February 2013

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

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Cleanliness and infection control | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Pain Management Solutions Limited |
| Registered Manager | Mr. Paul Bibby |
| Overview of the service | Pain Management Solutions are based at Oaks Park Primary Care Centre in Barnsley. The service delivers NHS pain services to people with a range of physical or neurological illnesses and cognitive impairments. |
| Type of service | Acute services without overnight beds / listed acute services with or without overnight beds |
| Regulated activities | Diagnostic and screening procedures Treatment of disease, disorder or injury |

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Summary of this inspection

Why we carried out this inspection

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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 24 January 2013 and talked with staff.

What people told us and what we found

During our inspection there were no clinics scheduled. Therefore we were unable to speak with people who used the service. However, we looked at a recent survey completed by people who used the service which showed they were positive about the standard of care they received. Comments included, "Excellent service" and "Very good."

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff we spoke with were clear about the process for obtaining consent and the importance of ensuring people who used the service were involved in discussions about their treatment.

There were effective systems in place to reduce the risk and spread of infection. Staff we spoke with were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. Records showed staff had received training in infection control procedures.

Appropriate checks were undertaken before staff began work. We found staff had the relevant qualifications, knowledge, skills and experience to carry out their role.

People were made aware of the complaints system. This was provided in a format that met their needs. Learning from complaints was discussed at team meetings. This ensured people's complaints were listened to and acted on effectively.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at three care records to see how consent was documented. The records showed advice and information had been given to people. Consent forms had been completed and detailed the risks and benefits of the procedure. These had been signed by both the healthcare professional obtaining the consent and by the person being treated.

We found the service had a variety of information leaflets relating to pain management. The leaflets were provided prior to treatment. This ensured people had time to understand the information provided and ask any questions.

The manager told us staff providing the treatment would be responsible for ensuring consent had been obtained before treatment started. They told us only staff who were suitably trained and had sufficient knowledge about the treatment would take consent. The staff we spoke with were clear about the process for obtaining consent and the importance of ensuring people who used the service were involved in discussions about their treatment.

We looked at a recent patient satisfaction survey. We found questions relating to whether people had been kept informed of their treatment had been responded to positively.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care records. We found treatment plans were personalised and contained sufficient information to ensure people's needs were met. Care plans were reviewed at each consultation and changes to care implemented where required.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The clinical nurse specialist we spoke with told us they carried out a detailed assessment of people's medical history, current problems, medication and physical limitations. Following the initial assessment there was a triage process in place to ensure people received care from the most appropriate specialist. There were also effective discharge processes. This included a post treatment checklist which was copied to the person's GP. This ensured people received continuity of care.

There were arrangements in place to deal with foreseeable emergencies. The clinical nurse specialist told us they used a 'red flag' screening tool which indicated serious conditions. They told us in these circumstances an urgent referral would be made to hospital. If people had concerns out of office hours they were asked to contact their GP.

The service was also externally monitored by commissioners who contracted with the service. There were a number of key performance indicators which the service was monitored against. This included record keeping, effectiveness of treatment and new and follow up referrals. The results we saw showed the provider was meeting these targets. We also looked at responses from a recent GP survey. The results showed GP's were satisfied with the standard of care from the provider.

The staff we spoke with demonstrated a good knowledge of the people they supported. Results from a recent survey showed people were positive about the standard of care they had received. Comments included, "care was excellent" and "very good".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The service had a nominated lead for infection prevention and control. We saw spot checks were undertaken of the environment and action taken where required.

The clinic facilities were clean and well maintained with appropriate floor and surface coverings. There was dedicated hand washing facilities. The appropriate hand washing procedure was displayed over the sinks. Staff told us protective clothing, such as disposable gloves and aprons were available. There were also arrangements in place for the management of clinical waste and sharps.

There were infection prevention and control policies in place. Staff we spoke with were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. Records showed staff had received training in infection control procedures.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Appropriate checks were undertaken before staff began work. Records showed Criminal Records Bureau (CRB) checks were in place. Staff we spoke with told us they were only allowed to start work when their CRB was received. There was also evidence that checks were made to ensure health care staff kept their professional registration up to date, with bodies such as the General Medical Council and Nursing and Midwifery Council.

There were effective recruitment and selection processes in place. We found staff had been recruited following a recruitment and selection procedure which complied with employment legislation. Files contained three references, a contract of employment and job description. Staff we spoke with were clear about their role and responsibilities. We found staff had the relevant qualifications, knowledge, skills and experience to carry out their role.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The service had a complaints procedure in place. The manager told us complaints were responded to within 20 days. Records showed there were no formal written complaints received in the last 12 months.

The manager told us there was joint responsibility for complaints between the clinical team and director of clinical quality. They told us learning from complaints was discussed at team meetings. This ensured people's complaints were listened to and acted on effectively.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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