

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

## The Old Forge Surgery

Pallion Park, Pallion, Sunderland, SR4 6QE

Tel: 01915109393

Date of Inspection: 17 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>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✗ Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Old Forge Surgery
Registered Manager	Dr. Erio Spagnoli
Overview of the service	The Old Forge Surgery is based in the City of Sunderland. There are six doctors, a practice and assistant practice manager, two practice nurses, one healthcare assistant, ten full and part time receptionists and a domestic member of staff working within the practice.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures 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 17 October 2013, talked with people who use the service and talked with staff. We were accompanied by a specialist advisor.

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### What people told us and what we found

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We spent time observing the way the practice worked and spoke to patients and staff. We spoke with four patients who spoke highly of the service they received from The Old Forge Surgery.

One person told us the practice was "Absolutely brilliant". Another person said "Nice clean surgery and people are polite and friendly". One person said "I haven't got a bad word to say about this surgery, In fact I would recommend it".

We saw the provider had taken reasonable steps to identify the possibility of abuse from happening. The practice was clean and had the appropriate standards of cleanliness. There were systems in place to identify, monitor and manage risks to those using, working in or visiting the service.

We found that the provider had no effective system in place to monitor when training was needed or was due for renewal. Staff were not properly supported through basic training or appraisals to perform their roles.

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.

People'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

Patients were given information about the practice and general health issues. There was a wide range of information available in the waiting room. We saw the patient information booklet which gave details regarding out of hours arrangements, regular and repeat prescriptions and complaints and suggestions. In our preparation for the inspection we saw the practice had a website which contained similar information.

The assistant practice manager told us the practice had interpreting services available for patients whose language is not English and for patients with hearing impairments. The practice had recently signed up for the enhanced service to provide health checks for patients with learning disabilities. They had verified their register with the Social Services Learning Disability Team but were waiting to undertake the relevant training before starting to carry out the health checks.

All rooms in the practice were on the ground floor with no steps this assisted patients who required wheelchair access. One patient mentioned difficulties with being able to gain access through the front doors as they were difficult to get through with a buggy or wheelchair. We discussed this with the practice manager who said this had been looked at in the past and the cost of automatic doors was very expensive but they would look at it again for an alternative solution.

We saw staff offer the patients the opportunity to speak in private if needed. The main telephones were answered away from the reception, giving more privacy. On the day of our inspection the assistant practice manager confirmed there was no sign informing patients of the ability to speak in private, however one was put in reception before we left. There was a poster advertising availability of chaperones and the practice Chaperone Policy.

We discussed the appointments system with the assistant practice manager. She confirmed that the practice offered a range of appointments, on the day and pre-bookable.

Patients were able to pre-book appointments up to eight weeks in advance. General practitioners (GPs) offered 'extra' appointments if a patient needed to be seen and all the urgent appointments have been taken. The practice offered extended hours appointments from 7.30 am most mornings.

Patients we spoke with on the day of our inspection were generally very happy with the appointments system and access to GPs and nurses. Three of the four felt that pre-bookable appointments were available within a couple of days; the fourth said sometimes there was around a week to wait. Patients understood that they may need to wait longer to see a particular GP. All pointed out that if they needed to be seen urgently, they would be given an appointment the same day. One patient gave an example of coming in to the surgery the previous Monday to make an appointment for a flu vaccination and was offered an appointment there and then.

All of the patients mentioned how helpful and friendly the staff at the practice were. Whilst none of them felt they wanted to make a complaint, they said they felt confident and happy about raising concerns if necessary. Another patient said that the last two times they had attended the surgery the GP had printed off information for them. They felt this was particularly useful as it wasn't always easy to take in information during the consultation, especially if they had one or more of their children with them.

**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 was intended to ensure people's welfare.

Patients we spoke with were happy with the quality of care they received from GPs and nurses and felt that they could easily discuss problems and were listened to. One patient said of a GP "You can speak to him, have a bit of fun" (which made it easier for them and their partner to discuss their health issues). One patient mentioned being given choices as to where to go for treatment, and was aware they would be able to choose an appointment via the choose and book system. Another patient confirmed the GPs were good with the children.

The assistant practice manager confirmed the practice used the choose and book system. Patients are offered the choice by the GP at the point of referral then the secretarial staff followed up the referral and helped and supported less confident patients going through the process of making an appointment.

We looked at two sets of medical records for patients who had chronic illnesses and confirmed they are offered regular checks and reviews; these were carried out comprehensively and based on practice templates. The practice manager confirmed practice nurses carried out the majority of chronic disease management work. The practice operated a call/recall system and invited patients to attend the practice and appointments of different lengths were offered for different checks. As well as writing to patients, the practice receptionists phoned patients and encouraged them to attend and booked appointments for them.

The practice had a system for dealing with correspondence. We saw that letters are date stamped and stamped with a series of boxes depending on which action is required. GPs would view the letters and tick the relevant box and highlight content which required action/coding.

The practice manager confirmed that she and at least one of the GPs attended the local

clinical commissioning group (CCG) meetings. The focus for this year is to reduce inappropriate use of urgent care. The practice used a combination of national and local guidance to inform their clinical practice.

We discussed the arrangements for managing medical emergencies with the practice nurse. She showed us the equipment used for this which was in the staff area of the reception. She explained all staff received training to use this. There were emergency drugs available. Relevant checks were kept on the drugs and the medical equipment.

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

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We spoke with the practice manager regarding safeguarding. She said she was the safeguarding lead with one of the other GPs. She confirmed the GPs had received level 3 child protection training.

The two members of staff we spoke with were not able to confirm when they last undertook safeguarding training. However, they showed a good awareness of the signs of possible abuse and who to report any concerns to. They were also aware of 'alerts' on the computer system for families/children where there were child protection plans in place.

We saw the practice had a safeguarding policy for vulnerable adults and children. From the staff files we looked at we saw that staff had received safeguarding children training, however this was out of date and the provider may wish to note there was no evidence of safeguarding vulnerable adults training.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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We spent time looking at policies and procedures which were in place regarding the control of infection, these included an infection control policy, decontamination policy, review of laundry and linen and a clinical waste policy.

We looked around the communal areas including public toilets and the treatment and consultation rooms and found them to be clean, tidy and well organised. All sinks had hand washing procedures displayed; there were soap and disposable hand dispensers available. All couches were supplied with couch rolls and appropriate sharps and clinical waste bins were in place. The curtains around the couches were clean and the practice nurse told us they were washed regularly although the provider may wish to note there was no cleaning schedule or date available for this.

The practice nurse told us she was the infection control lead. She showed us the treatment room and explained each person who had a couch in their room was responsible for the cleaning of it. We saw there was personal protection equipment (PPE) available for staff. The practice used disposable equipment for clinical procedures such as cervical smear tests. We looked at a sample of this equipment which was sealed and in date which meant it was clean and usable.

We checked the immunisations fridge which was clean and the sample of medicines we checked were in date. There was a daily check of temperatures recorded kept next to the fridge which ensured it was working and medicines were stored correctly. There were body spillage fluid kits which were in date.

There was some confusion over when the last infection control audit was carried out. The practice nurse thought it was over a year however the practice manager showed us one which was compiled in January 2013. The issues highlighted were infection control training, hepatitis B vaccinations for staff and the replacement of carpeted floors in treatment rooms. It was not clear what action had been taken with regard to training or the carpeted floors.

We discussed hepatitis B vaccinations with the practice manager, which would safeguard

staff against this virus. She said she had sought advice and had conflicting information regarding this. The provider may wish to note there were no records of staff being offered these vaccinations or signing a disclaimer to say they did not want to be vaccinated against this.

The provider had effective systems in place to reduce the risk and spread of infection.

**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 not meeting this standard.

Staff were not always supported to an appropriate standard to carry out their roles safely.

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 spoke with the practice manager during our visit to see how the practice ensured staff were up to date with training to make them competent to carry out their roles safely and the support they received in terms of appraisal.

We asked the practice manager about the way she made sure the staff all received the training they needed. She told us that in the past training was provided by the Primary Care Trust but when this changed to the CCG this training was no longer available. She said this had made training difficult to access. There were no systems in place to identify when training was needed or due for renewal or what basic training was necessary for each role. There was no organisational chart which showed individual staff responsibilities and working relationships.

We asked to see training records for the assistant practice manager, a practice nurse, receptionist and domestic member of staff. There were no records of formal training for the domestic member of staff.

Staff told us basic training had been infection control, fire, child protection and health and safety training. The only member of staff who had records held of this was the practice nurse, they were dated 2007 although she believed some had been carried out in 2010 but did not have the certificates. The practice nurse had cardiopulmonary (CPR) training in September 2012. There were certificates of clinical training such as travel immunisations dated 2011. The only records of recent training for the assistant practice manager and receptionist were for information governance and freedom of information in 2012. There were no records of recent basic training. Both had CPR training dated 2010. One had child protection training dated 2008 and the other dated 2010. None of the records contained evidence of safeguarding vulnerable adults training. The practice manager confirmed that none of the staff had this.

We asked to see appraisals. We could not find any records of an appraisal for one of the practice nurses and records showed the other two members of staff last received an appraisal in 2001 and 2007. We asked the practice manager about this, she said that

appraisals had not been carried out for some time.

We asked one of the GPs how he was appraised. He told us that he is appraised by an external validator within the group of GPs. Evidence of this had to be submitted to the CCG.

This meant the provider had no effective system in place to monitor when training was needed or was due for renewal. Staff were not properly supported through basic training or appraisals to perform their roles.

## 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.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We looked at the way the practice made sure patients received safe quality care, treatment and support, due to effective decision making and the management of risk to their health and safety.

We asked to see a sample of the practice's policies and procedures. As we looked around the practice we could see several examples of these on shelves, available to staff. We saw the complaints policy, employment policies and policies regarding infection control. The provider may wish to note however that some of these although had a review date this date had passed.

We asked to see the complaints folder. There had been no formal complaints in the last twelve months. It was the practice's policy to document any verbal complaints. The assistant manager explained to us how she usually dealt with these face to face with people and informally in detail. She confirmed that she always reports back to patients of any changes made resulting from complaints. We were able to see some examples of recent issues; these were also reflected in the documentation for significant event reviews at the practice.

There was a suggestion box in reception and the practice manager explained to us that they had followed up on suggestions made by patients such as a clock be put in the reception area and they fixed a pavement outside as a result of a suggestion.

The practice had recently started a patient participation group. The practice manager said it had been very difficult to set up, with patients not having the time to be involved. We saw the minutes of the first meeting and the chair was currently consulting with patients to see what type of questions they wanted included in a patient survey which was being designed as the practice had not had a survey carried out for some time.

The practice manager said she carried out a review of records quarterly and also did a health and safety check on the building however the provider may wish to note these

audits were not documented. There were fire evacuation notices and procedures in rooms in the practice. We saw the fire extinguishers had been checked in the last year and the portable appliances (PAT) had been tested. The practice manager told us there was a recent fire risk assessment. We also saw there was a practice accident book.

We discussed the practice approach to quality outcomes framework (QOF) with the practice manager. She confirmed that the practice achieves average performance on QOF targets.

The practice manager explained the practice holds regular weekly meetings on Mondays which GPs, nurses and senior practice administrative staff attend. These cover a range of topics/areas including business, complaints, safeguarding and palliative care.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b> <b>How the regulation was not being met:</b> Staff were not supported with appropriate training or appraisals to enable them to deliver care and treatment to people who use the services. (Regulation 23)
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

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### Essential standard

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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)

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### Regulated activity

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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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