

***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 Inspections: 25 June 2014
24 June 2014
17 June 2014

Date of Publication: July 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Supporting workers

✘ Action needed

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

Why we carried out this inspection

We carried out this inspection to check whether The Old Forge Surgery had taken action to meet the following essential standards:

- Supporting workers

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 17 June 2014, 24 June 2014 and 25 June 2014 and talked with staff.

What people told us and what we found

At the previous inspection in October 2013 we found that staff were not supported to undertake their roles as they had not received appropriate training, supervision and appraisal support.

The provider sent us an action plan which had been completed following our inspection. This included the actions they were going to take to meet the regulation and the timescale within which this would be achieved. We returned to the practice on 17 and 24 June to speak with the Practice Manager and Deputy Practice Manager and on 25 June 2014 to speak with the practice nurse, to review whether the provider had made improvements. We found some progress had been made to provide training and support to staff. However, there were still some areas where further improvements were needed.

The practice did not have sufficient arrangements in place to ensure staff were aware of the health and safety risks within the practice, and what action they needed to take to reduce the risk for themselves, patients or visitors.

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

What we have told the provider to do

We have asked the provider to send us a report by 30 July 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Supporting workers

✘ Action needed

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

Our judgement

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.

Reasons for our judgement

At the previous inspection in October 2013 we found that staff were not supported to undertake their roles as they had not received appropriate training, supervision and appraisal support.

The provider sent us an action plan which had been completed following our inspection. This included the actions they were going to take to meet the regulation and the timescale within which this would be achieved.

We spoke with the Practice Manager and the Deputy Practice Manager about the improvements that had been made since the last inspection. They told us that some progress had been made in sourcing and arranging training for staff. They also told us progress had been made on arranging for staff to have annual appraisals.

We looked at the training matrix for the practice and staff training certificates for a number of staff. We saw evidence that all clinical staff had received cardiopulmonary and defibrillation training in January 2014. There was a date planned for administration staff to attend this training.

The practice participated in protected learning time provided by Sunderland Clinical Commissioning Group (CCG), called Time In Time Out (TITO) which covered mainly clinical updates. This ensured clinical staff were kept up to date with training.

The practice had made arrangements for staff to access some training via e-learning. This included training on the safeguarding of children and vulnerable adults and information governance.

The practice had sourced training on infection control and was in the process of

coordinating a course, with participants from across a number of practices locally. This was to ensure training could be provided locally for staff in a cost effective way. However, no date had been set for this training.

The majority of staff had attended training in fire safety. However, none of the GPs within the practice had attended this training. The Practice Manager explained that fire training was normally organised for a time when the surgery was closed due to protected learning time. However during protected learning times, GPs attended 'Time In Time Out' sessions provided by the Sunderland CCG. No alternative arrangements had been made to ensure GPs were aware of fire safety risks and what action they needed to take in the event of a fire.

We saw that no training had been provided to staff in health and safety or moving and handling. The Practice Manager told us these were covered during the induction process for new staff members. However, they were unable to provide any evidence that this was covered or the materials they used to train staff in these areas. We looked at the induction checklist for new staff members and noted that there was no mention of health and safety.

We asked to see the latest health and safety risk assessment for the practice. They confirmed that the risk assessment in place had not been updated for a number of years. The Health and Safety at Work Act 1974 requires employers to provide whatever information, instruction, training and supervision as is necessary to ensure, so far as reasonably possible, the health and safety of workers.

The practice did have a health and safety policy in place, which detailed how risks would be identified. However, the practice did not have sufficient arrangements in place to ensure staff were aware of the health and safety risks within the practice, and what action they needed to take to reduce the risk for themselves, patients or visitors.

We looked at the appraisal records for staff three staff members. We saw that progress had been made in providing administration staff with opportunities for appraisal. We saw that during appraisal sessions, training needs were discussed and a training plan was put in place.

However, neither of the practice nurses had received an appraisal for a number of years. We spoke with the practice manager and a practice nurse about this. They explained that since the last inspection they had considered a number of options to ensure nurses received appropriate support and appraisal. They were exploring the option of arranging for a nurse from another practice to undertake these appraisals to ensure the process was helpful and rigorous.

The practice nurses were part of a local practice nurse clinical supervision group. This provided opportunities for practice nurses across the locality to come together and discuss clinical issues and learning. We saw the programme for the last year and what was planned for the current year. There were opportunities for nurses to receive professional clinical supervision.

Therefore, we found some progress had been made to provide training and support to staff. However, there were still some areas where further improvements were needed.

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	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers How the regulation was not being met: Staff were not supported with appropriate training to enable them to deliver care and treatment safely 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.

The provider's report should be sent to us by 30 July 2014.

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.

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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