

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

Old Forge Surgery

Old Forge Surgery, Middleton-In-Teesdale,
Barnard Castle, DL12 0QE

Tel: 01833640217

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

Respecting and involving people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Management of medicines ✓ Met this standard

Supporting workers ✓ Met this standard

Details about this location

Registered Provider	Old Forge Surgery
Registered Manager	Dr. Jonathan Nainby-Luxmoore
Overview of the service	<p>The practice is based in Middleton-in-Teesdale County Durham. Old Forge Surgery is a training practice responsible for the training of GP registrars. There are Two doctors, practice nurse a senior medication dispenser and a range of healthcare professionals. They are supported by a team of reception and administration staff. There is a practice manager at the surgery who is responsible for the day to day running and management of the surgery and staff. The service has an active Patient Participation Group who meet on a regular basis.</p>
Type of services	<p>Doctors consultation service Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury</p>

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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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We spent time in the practice observing how it worked and speaking to patients, staff and stakeholders.

Patients told us they were always treated with care and respect. One person said, "Both doctors are really good doctors, I wouldn't change ever." They told us their views were listened to and their needs were fully met. We were told they could get an appointment easily and the reception staff were "very friendly." They told us they felt safe when they visited the surgery.

Staff we spoke with understood the safeguarding procedures for adults and children.

We saw the practice actively sought the views of patients through comments book and a very active patient participation group, and that changes to the service had been implemented as a result of patient feedback.

We saw the practice was up to date with infection control policies and procedures. When we spoke with staff they had a clear understanding how to reduce the risk of cross infection. The surgery was clean and well maintained.

Staff were provided with support, guidance and training to make sure they were able to carry out their role safely.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw that the general practitioners were following national guidance as well as local Clinical Commissioning Group guidelines to make sure they were using best practice guidance.

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

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

The practice provided a daily 'open surgery' where patients could come in between 8 – 10am and would be seen by the duty doctor. Patients could choose which day to come in to see their preferred GP. If patients preferred to book an appointment they could book up to 6 months in advance. The lead doctor told us double booking were encouraged when necessary.

The practice also offered a 'telephone call back' service where patients could request a phone call from a GP – and this was noted and the duty doctor would then call them back the same day.

We checked the appointments system and were able to verify there was a bookable GP appointment left on the same day.

The practice also took part in the extended hours enhanced service and offered evening appointments on a Monday between 6-7.30pm.

The Practice Manager confirmed that, because of the isolation of the practice from secondary care services, the GPs always gave their mobile phone numbers to palliative patients. This was confirmed when we spoke with one person who's relative had previously received palliative care. They told us, "One morning I was able to contact the doctor at 5am for advice and this was a great comfort to me and my relative."

The practice also provided a minor injuries service which was used by patients to avoid having to travel 30 miles to the nearest out patients department.

The practice worked very closely with the local mobile Paramedics who offered a 9am –

6pm mobile service locally.

We met the Chair and Secretary of the patient participation group which had been running for the past 3 years. They told us there were now 12 regular members. The PPG meets 3 times a year. The draft agenda for meetings is initially put together by the chair and secretary then discussed with the practice manager. It is circulated to members who can add items. The final agenda is circulated prior to meetings.

The PPG worked with the practice to devise the practice survey. Questions were based on issues around access and also a section on 'Are you aware' of what the practice provided. This enabled the practice to get an idea of what areas/services needed greater publicity and awareness-raising amongst patients. The last survey was handed out by the practice and 150 completed copies were returned. Members of the PPG collated the results and produced a summary and an action plan. A copy of this was displayed in the practice and also on the website. Most completed surveys included general comments from patients which were overwhelmingly positive about the practice.

We asked the PPG group members what the best thing about the practice was, the Chair said "The availability and approachability and the open surgery is marvellous".

We spoke with six patients. One person was the main carer for her grandmother who had an appointment, a married couple and three female patients of various ages. All were very positive about the high quality of care and treatment they received at the practice. Most of the patients had had treatment for a variety of issues (new knees, hips, rheumatoid arthritis were mentioned) and all felt they were listened to and were involved in choices.

People said there was good communication from the practice including the website, general information provided by the practice and being able to order repeat prescriptions on-line. The general ease of getting an appointment and being able to see their chosen GP

All patients we spoke with valued the fact that staff and GPs know them (and their families/health issues) very well.

One patient told us they phoned the surgery after treading on a rusty nail. In spite of the surgery being fully booked they were told to 'come down and we will squeeze you in'. They were seen and treated that morning.

General comments included, "The surgery is smashing, this is a really nice practice". "This is the best practice around." (This patient had moved to Barnard Castle but had chosen to stay registered with the practice).

"I wouldn't change anything – everyone is very polite. I would be devastated if this practice ever closed."

"They don't rush you in and out. There is plenty of time to ask questions."

The practice manager told us the practice had taken part in the pilot scheme for carrying out health checks for carers. The practice also invited the representative from the local Carers' organisation to visit palliative patients at home to offer support and to help people with benefit claims where necessary.

All of these measures demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

Our judgement

The provider was meeting this standard.

The provider responded appropriately to any allegation of abuse.

Reasons for our judgement

We asked the practice manager what measures were in place for patients regarding safeguarding and protecting patients from any suspected abuse.

The practice manager told us all staff who worked at the surgery had been trained in safeguarding policies and procedures. The safeguarding lead confirmed they had attended training in relation to safeguarding children and adults.

We spoke with staff and gave them some scenarios of potentially abusive situations regarding vulnerable patients and asked them how they would respond in these circumstances. The staff we spoke with were confident about what action they would take. They were also aware of the practice's procedures for alerting the Local Authority if they were concerned about the safety of a patient. They showed us the step by step guide that was available to them and how they would discuss their concerns with either the doctors or the clinical lead around safeguarding vulnerable patients.

The practice manager told us a log of any incidents was maintained by the practice. There were regular meetings when the clinicians and nursing staff met to review any safeguarding concerns. In addition, a meeting was held quarterly to specifically discuss on-going and potential safeguarding issues.

We saw the practice had a system to highlight vulnerable patients on their computerised records system. This information would be flagged up on patient records when they attended so staff were aware of any issues. In this way we saw how patients benefitted from staff who knew how to report and respond to suspected abuse.

All of these measures ensured people who used the service were protected from the risk of potential abuse because the provider had taken reasonable steps to ensure staff were suitably trained to identify the possibility of abuse and prevent abuse from happening.

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 treated and 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.

When we visited the practice we looked at the policies and procedures that were in place regarding the control of infection. We looked around the communal areas and the consultation rooms and found them to be clean and tidy. All treatment rooms had soap and disposable hand towel dispensers available. Disposable paper couch roll was used and we were told the examination couches were cleaned in between use.

We spoke with the nurse manager who was the nominated person for the control of infection at the surgery. They told us they had undertaken training in infection control and spent some time with the community infection control nurse when they visited the practice and ensured any recommendations were implemented immediately.

The provider had an infection control policy which covered areas such as spillage of biological substances, taking blood, handling samples, disposal of sharp needles/instruments, needle-stick injuries, decontamination and disposal of materials and transportation of biological clinical waste. The provider employed a cleaner five days a week. We saw the schedules for daily and weekly cleaning which had been ticked when completed.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. Arrangements were also in place for the regular collection of waste.

We noted colour coded cleaning equipment was available and colour coded labels were used to identify areas and the equipment to be used for cleaning those areas.

Cleaning liquids were stored in a cupboard in a locked room.

We were told that all frontline staff were screened for Hepatitis B and tetanus and this was confirmed when we spoke with staff.

All of these measures ensured people were protected from the risk of infection because

appropriate guidance had been followed.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The practice dispenses to around 1500 patients and had signed up to the Dispensing Services Quality Scheme for a number of years.

We spoke with one of the two main dispensers and we were able to check all the written policies and documentation in relation to dispensing and repeat prescribing of medicines. We saw the practice had a copy of the standard operating procedures (SOP) for dispensing doctors. The SOP set out the standards to be achieved by the practice. These were reviewed annually and discussed with dispensing staff to ensure all staff were up to date with any changes or new guidance.

We saw appropriate policies and procedures for Controlled Drugs, CD storage and completion of the CD register.

We saw SOPs were updated, reviewed and signed off annually. The dispenser confirmed they checked the identity where they didn't know the individual who came to pick up any controlled drug. They also noted down the names of everyone who collected CDs.

We saw copies of competency documentation for the dispensers – both of whom have the relevant dispensing qualifications.

The practice had a very robust system in place for checking dispensed drugs. The dispenser puts up the prescriptions and these were then placed in separate areas for each GP to see.

The GPs then checked the medication against the prescription; these were then signed by them. The dispenser did a final check before placing the medication into the dispensing bag.

The dispensers also used batch numbers to make sure the correct strength of any drug was being correctly dispensed.

The practice also had an electronic record sharing system. This meant all patients health and medication records could be shared with other NHS departments. (Patients could opt out of this system if they wished)

We saw the dispensing fridge was checked daily and temperatures logged.

We saw patients were able to order repeat medication by phone, by handing a paper request into the surgery, by email and on line. They can choose to pick up the prescription at the surgery or for one of the local pharmacies to collect it for them.

All of these measures ensured medicines were prescribed and given to people appropriately.

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

Our judgement

The provider was meeting this standard.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

Reasons for our judgement

We looked at the individual HR records for three staff: a new member of staff, one of the practice nurses and one of the reception staff.

We saw copies of the general induction programme. The practice manager confirmed that in addition to this, the practice operated a 'buddy' system for new staff and organised induction specific to the area of work the staff member was involved with.

We saw all staff had an annual appraisal. The practice manager and one of the GPs did this for nursing staff. The practice manager did this for non clinical staff.

We discussed training with the member of dispensing staff. They confirmed the practice was supportive of staff carrying out training and also mentioned how valuable they found it going to training events and working jointly with a dispenser from another local practice. This was viewed as part of their personal/professional development.

We saw all staff were able to attend 'time out' sessions for updates and training.

The practice manager showed us the individual training records which were kept up to date for every member of the practice and these listed details of all training undertaken. This included general training such as infection control, tissue viability, sexual health and health promotion as well as training specific to the individuals role.

The doctors confirmed they had protected learning time to keep updated with medical practices. We saw they were both registered with the General Medical Council (GMC) and had completed re-validation of their registration that ensured they was safe to continue to practice as a doctor.

All of these measures demonstrated that people were treated and cared for by staff who were appropriately trained to deliver care and treatment safely and to a high standard.

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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