

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

Northdown Surgery

St Anthony's Way, Cliftonville, Margate, CT9 2TR

Tel: 01843 231661

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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
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Northdown Surgery
Registered Managers	Dr. Clive Martin Dr. Helen McGettigan
Overview of the service	Northdown Surgery is a GP practice serving the local area of Margate. The practice supports approximately 10,500 patients. The practice offers general treatment and consultation services along with some enhanced services. These included family planning, phlebotomy and health screening led by the practice GPs and nursing staff.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures 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

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, carried out a visit on 24 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We spoke with 12 patients; this included eight active members of the virtual Patient Participation Group (PPG), and with clinical and non-clinical staff.

Patients were positive about the care and treatment they received at Northdown Surgery. One patient told us "The doctor I see is nice." Another patient said "My doctor is lovely, I always get the treatment and reassurance that I need." Patient told us that getting an appointment was not always easy. One patient told us "It's not easy to get an appointment. You need to be on the phone at 8am on the dot and it's not guaranteed you will get through before all of the appointments have gone."

Patients received care that ensured their safety and welfare. Patients were assessed and treated by a GP or nurse practitioner and prescribed any medication they needed. There were systems in place to deal with medical emergencies. All staff had received basic life support training and there were emergency medicines and equipment available which was fit for purpose.

The provider had systems in place to protect patients against the risk associated with medicines. We looked at how medicines at the practice were obtained, stored, administered, recorded, monitored and disposed of. We found this was being carried out correctly and in line with current regulations.

There were effective recruitment and selection processes of staff in place.

The provider had procedures in place for dealing with complaints, comments and suggestions.

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

Reasons for our judgement

Patients who use the service understood the care and treatment choices available to them. Patients were encouraged to see the same doctor of their choosing so that their treatment was consistent and to enable the doctors to get to know their patients. On occasions where it was not possible to see a particular doctor; such as in an emergency; patients were offered a choice of either an appointment with the duty doctor or one of the nurse practitioners. One patient told us "I requested a lady doctor and I always get to see her." Another patient said "The girls on the desk are so helpful, I needed an emergency appointment and they got me in straight away." Patients told us that their care and treatment was explained to them in a way they could understand and that they felt involved in their care. One patient told us "My doctor explains everything to me and answers any questions I might have." Another patient commented "They are very organised here, the multi clinic with the nurse covers all my blood tests and checks in one appointment."

Patients who used the service were given appropriate information and support regarding their care or treatment. For example, health information leaflets were available throughout the practice with leaflets available in the waiting areas and also in the consulting rooms. The practice software system also contained a database of useful information with regard to different conditions and health advice. We saw evidence in the patients notes that when these information sheets were printed for the patient to take away, it was also recorded that this information had been given to compliment the advice given by the doctor. The practice had a website with information about the staff and the services provided. Patients could also register with the practice and request a repeat prescription through the website. One patient told us "I request my prescription online. I then collect it from the pharmacy next door. It's a very efficient process."

Patients expressed their views and were involved in making decisions about their care and treatment. If a patient needed to be referred to another service or specialist this was discussed during their appointment and they were given a choice of location, where possible. Patients confirmed that they had been referred to other services when needed.

One patient told us "I was referred recently and was very worried. My doctor treated me with the utmost respect and was diligent in telling me what my condition could be. All of the patients we spoke with said they were able to have open and honest discussions with the doctors and nurses. This meant that patients were involved in decisions and were able to discuss their needs and options in relation to their care.

Patient's diversity, values and human rights were respected. There was a chaperone policy in place and patients could choose to see either a male or female GP; we saw that preferences had been recorded in their records. We noted that the doors of the rooms were closed during consultations and that patients inside could not be overheard. Patients told us that their consultations were carried out in an appropriate manner protecting their privacy. Information about the services provided at the practice was available in different languages, including on the practices website. There was a translation service available but staff told us that it was rarely used. The doctors collectively were fluent in a number of languages including among others; Spanish and sign language. All of the consultation rooms had signs identifying the doctor or nurse and all of the staff wore name badges. There was a "T" loop system for use at reception.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Patients were required to be registered and have completed a new patient questionnaire as either a permanent or temporary patient before they could book an appointment. The patient would then see one of the nurses who would perform the initial registration assessment. If there was any acute problems or medication was required an appointment was made with one of the doctors. The practice had actively reviewed all of the patients who needed to attend regularly for reviews and assessments of chronic illness such as asthma and diabetes. As a result a "Multi Clinic" had been introduced so that patients with more than one condition could attend for all of their reviews at one appointment. One patient told us "I attended today for the multi clinic and have also had my flu jab, I really appreciate having it all done at once as I do not have to keep taking time off work."

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We looked at the computerised records of six patients who had attended on the day of our visit. We saw that these contained details of an initial assessment, past medical history, medications, personal and social factors and diversity. Records we saw had been updated following the nurse or doctors consultation that day. There was evidence that the doctors and nurses had discussed options and clarified treatment with the patients. This demonstrated that patients were involved in the planning and delivery of their care.

Patient's care and treatment reflected relevant research and guidance. Guidelines set out by the National Institute of Clinical Excellence (NICE) and the Scottish equivalent, Scottish Intercollegiate Guidelines Network (SIGN) were discussed at weekly clinical meetings and as a result one of the doctors had introduced a new protocol for the management of patients with an increased risk of coronary heart disease. This meant that staff were aware of and followed, up to date guidance.

We saw evidence that the practice worked with other health care providers in the local community. Multi-disciplinary meetings were held and these included the district nursing team, palliative care and social services. These meetings were used to share information,

to support patients, to keep them safe, and to keep hospital admissions as low as possible. This demonstrated that the practice promoted a shared approach which benefited patients.

There were arrangements in place to deal with foreseeable emergencies. Emergency medicines and equipment were available and regularly checked. All of the emergency medicines were in date and there was a schedule used for checking when they needed replacing and when equipment needed servicing. The staff at the practice had all undergone training in basic life support.

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

Medicines were prescribed and given to people appropriately. Patients told us that they had received medicines when they needed them. All of the doctors and prescribing nurses were involved in the issuing and reviewing of medicines. The practice only dispensed personally administered medicines, dressings and bandages. We saw evidence of this in patient's records. Patients could request repeat prescriptions either by filling a request form or via the practice website. The practice had a detailed process for handling all repeat prescriptions. The practice employed a prescribing clerk who handled all of the prescribing requests for the practice. The practice worked closely with local pharmacies to manage the repeat prescriptions for their patients. One patient told us "I ring in and request my repeat prescription. It's usually delivered to my home by the pharmacy within a couple of days."

Medicines were kept safely. Medicines were stored in a locked cupboard or a locked pharmacy fridge. We saw that the fridges temperature had been checked twice per day and recorded. Controlled medicines were stored in a locked cupboard within a locked cupboard. Only nominated members of staff had access to the key. We checked the stock control register and the stock of controlled medicines, which was correct. We checked all of the medicines stored at the practice and noted they were in date.

Medicines were disposed of appropriately. We saw the process for the disposal of all types of medicines and that this had been followed correctly and the correct containers for disposal and medication destruction kits had been used as required by legislation.

We saw the practice policies and procedures for prescribing and repeat prescriptions and found them to be regularly reviewed and up to date.

From the evidence we saw and the observations we made, we concluded that patients were protected against the risks associated with medicines.

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

There were effective recruitment and selection processes in place. We saw that the practice had a recruitment procedure was in place. We looked at four personnel files for both clinical and non-clinical staff. The recruitment process was thorough and ensured that people who used the service were cared for by staff who were safe to work with vulnerable people. Recruitment checks included application forms, interview notes, police checks and reference checks.

Records showed that identities, qualifications and professional registrations had been verified and gaps in employment were checked. Staff told us they had a contract, job description and understood their role. Staff worked through a probationary period to make sure they had the right skills to carry out their duties. One staff member told us, "I did induction training when I started which included reading the policies and procedures, learning the computer system and shadowing the nurses." This ensured that people were looked after, or supported by suitably qualified, skilled and experienced staff.

Records showed that staff had an appraisal and supervision programme in place. One member of staff told us, "I do have an appraisal; we are also supervised after being given a new task." This meant that staff were being monitored and their skills were being developed to make sure they had the competencies to do their jobs well

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

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

The practice took steps to make patients aware of the complaints system. We saw that there was a notice on display in the waiting area to alert patients to the practices comments, complaints and compliments process. A comments box was located in a visible, accessible place. There was information on the practice website on how to make a complaint or comment.

We saw that the practice had a complaints policy in place. This detailed the timescales for responding to any complaints and details of who to complain to if the patient was not satisfied with the initial response from the practice. This included reference to the Health Service ombudsman. Staff we spoke with were aware of their responsibilities in the event of a complaint. We looked at complaints received this year. The majority of complaints related to the old telephone system and the time it took to get through. In response to the complaints the practice had changed the 0844 number to a local one and changed the staff rota to include an extra member of staff first thing in the morning to help answer the telephones. This had helped, but due to the increasing number of patients more complaints had been received regarding the difficulty they were experiencing getting through on the phone. The manager told us that after discussion at a practice meeting the issue would be addressed in the next patient newsletter. Patients would be invited to discuss and offer solutions to help to rectify the problem. All of the complaints had been acknowledged and responded to in a timely manner. Records indicated that some had been resolved to the patient's satisfaction and some were in still being dealt with.

Patients we spoke with said that they had not had any reasons to make a complaint about the practice. The provider may wish to note that patients told us they were not aware of the complaints procedure however they all said they would speak to the practice manager or look on the practice website if they wanted to make a complaint.

Everyone we spoke with said they felt confident that if they made a complaint it would be dealt with appropriately. This meant that patients had confidence that their complaints would be fully investigated and resolved, where possible, to their satisfaction.

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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