

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

Mowbray House Surgery

Malpas Road, Northallerton, DL7 8FW

Tel: 08444996978

Date of Inspection: 17 December 2013

Date of Publication: January 2014

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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mowbray House Surgery
Registered Manager	Mr. Richard Rodley
Overview of the service	<p>This GP practice is located close to the centre of Northallerton. There is a branch surgery in Hutton Rudby and there is another branch surgery held for consultations only in Appleton Wiske on Tuesday mornings. There are nine GP Partners and three salaried GPs. There is a Practice manager, a Nurse practitioner, a team of nurses, health care assistants, receptionists and ancillary staff supporting this practice to deliver healthcare. This is a GP training practice and therefore Registrar GPs are at this practice. The practice population is 19,580.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Family planning</p> <p>Maternity and midwifery services</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Supporting workers	10
Complaints	12
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

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 carried out a visit on 17 December 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff, were accompanied by a specialist advisor and used information from local Healthwatch to inform our inspection.

What people told us and what we found

When the provider initially registered with the CQC in December 2012 they declared they were non-compliant in two areas: safeguarding people who use services from abuse and cleanliness and infection control. We reviewed these areas at this inspection and found compliance in all areas to the regulations.

We spoke with patients, in private, who visited the surgery on the day of our inspection. We spoke with GPs, the practice manager and other team members too.

Patients told us they were very happy with the care and support they received from this practice. Some people said they were happy to see any doctor or nurse as "They are very, very good." Another told us "They talk to you like they want you to understand. They don't talk down to you." This meant patients felt their views about their care and treatment were listened to and their needs were met.

We found patients were protected from the risk of abuse.

We saw that there were effective systems in place to reduce the risk and spread of infection.

We found that patients were cared for by staff who received appropriate professional development.

Patients told us that they had not had any need to complain; but if necessary they would speak immediately to either the doctor or the practice manager.

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

We spoke with patients who told us the staff were always friendly and helpful. They said their experiences had been positive and they were given good guidance and support when seeing either the doctors or the nurses. One patient commented "I hardly come here so I don't mind who I see. It's a good practice. They explain things to you." And another said "My doctor goes the extra mile."

We asked patients who used the service about the information they were provided with prior to and when they started treatment. They told us that they had received all of the information necessary for them to understand the treatment options and possible problems for them to consider if they chose not to continue with the recommended treatment. This meant patients had information they needed to help them decide if the treatment was right for them.

We saw a variety of information clearly displayed within the waiting areas. Notices were displayed about confidentiality. We observed people did not approach the reception desk until it was free. We were told in the event of a patient being upset or wanting more privacy, the receptionist would take the patient to a more private area. We saw information offering patients the option of a chaperone when in the consulting rooms. In the surgeries and treatment rooms we saw that privacy curtains and disposable modesty blankets were always available.

The practice manager told us non-clinical staff were trained to chaperone, we saw the policy and training files which confirmed this. This meant there were measures in place to ensure patients' privacy and dignity was respected.

The practice website was informative and showed the same information as the practice leaflet. This included surgery times, services available and how to access appointments and repeat prescriptions. Patients told us they were nearly always fitted in especially if it was an emergency. One commented "You can get an emergency appointment ok if you

need one. You can always talk to a doctor if you're not sure if you need an appointment or not. That's a really big help." Another told us "The receptionists are really good. They are always very polite and get you in as soon as they can." This meant patients felt they were respected and valued.

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

Our judgement

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.

Reasons for our judgement

The Patients we spoke with told us they felt safe when consulting either the doctors or the nurses. They told us everyone in the practice is approachable. Comments we received included: "People are polite and respectful." And "I have lots of problems and I can't praise this place enough."

We spoke with the practice manager, nurses and reception staff who were mainly familiar with the safeguarding policies held within the practice. Most people were clear about their roles and responsibilities and they felt they could seek advice from appropriate team members, such as the named doctors, nurses and the practice manager. They told us they had information to guide them through the locally agreed safeguarding procedures.

The practice manager told us that the practice had a "Zero tolerance" of aggressive behaviour and staff had been trained in what to do should a patient become abusive with them. This meant that patients who came to the practice and staff 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.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The patients we spoke with all told us they had found the surgeries to be clean whenever they visited. One commented to us "The surgery is always clean and free from odours."

There were effective systems in place to reduce the risk and spread of infection. The practice had policies and procedures in place for the prevention and control of infection. We saw all staff had been trained in infection control procedures. The practice had cleaning routines in place that followed best practice guidelines and we saw that these were regularly monitored and audited to ensure these processes were maintained.

We saw all treatment rooms had soap and disposable hand towel dispensers available and we were told all examination couches were cleaned in between use and disposable paper couch roll was used. Patients were cared for in a clean, hygienic environment.

We spoke with the one of nurses who told us that they had received all of the immunisations required for working in a GP surgery, this included Hepatitis B. They told us how they would respond to, needle stick injuries and blood spillage; these met with the current guidance. We saw there were arrangements in place for the removal of clinical waste and sharps from the premises on a regular basis. This meant patients could be assured the practice worked hard to reduce the risks and spread of infections associated with clinical waste.

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.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The patients we spoke with did not directly comment about this outcome. Although all had said they were more than delighted with their GP or nurse consultations. One patient commented "I have the utmost confidence in the doctors and nurses."

When we spoke with staff they told us they felt supported by the practice manager and the doctors at the practice. They said they felt they could approach either to raise any concerns they had. They had annual appraisals and opportunities to develop their roles and responsibilities.

The practice manager said that they had an "open door policy" and staff could speak with them at any time. Staff reported they were happy with this arrangement. During the inspection we talked to reception staff about what training they had received in relation to the roles they were employed for. They told us they had worked at the practice for a number of years, and had received a variety of training within that time including chaperoning, maintaining confidentiality, infection control and computer software training. The staff files we looked at contained certificates for training and updates that confirmed what staff had told us.

The practice nurses told us they had attended courses in relation to their roles, including clinical updates such as infection control, safeguarding vulnerable adults and children and vaccinations. The provider may find it useful to note that we did not find a formal system for the nursing team to evidence their competencies and training effectively. This meant their clinical skills and knowledge base was not formally checked. There was a system in place for appraisals. We were told this was an annual process undertaken by a senior doctor and the practice manager. The nurses confirmed they would seek advice and guidance from any of the doctors at the practice around the treatment plans of patients they were concerned about.

We spoke with five doctors during the inspection and they confirmed that they set aside time to keep themselves updated with medical practices. All doctors at the practice have a current, valid registration with the General Medical Council. This meant patients could be

assured that the provider had in the main worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

Complaints

✓ Met this standard

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

One of the patients spoken with told us "I've been here 20 years, they're fantastic." Another said "I don't feel rushed. They're very kind. I have never needed to complain."

Patients were made aware of the complaints system. This was provided in a format that met their needs. We saw the practice's current complaints procedure was displayed in the information pack given to patients when joining the practice. It was also clearly displayed on the practice's website. We were shown the practice's complaints policy and procedure. We were told by the practice manager, how they would work with the patient to resolve their complaint to their satisfaction and as quickly as possible.

We saw the 2012 practice survey results and the meeting minutes from the Patient's Participation Group (PPG) and they confirmed that concerns raised by patients were listened to and dealt with appropriately. They had asked for anti-bacterial hand gel for the waiting areas. We saw this. The PPG membership reflected the demographics of the practice and meetings we were told were always well attended. This meant patients views were collected from a variety of age groups which fed into the running of the practice.

When speaking to a member of the PPG they told us of their intention to survey patients in person, in the New Year, once they had finished their consultations with either the doctor or the nurse. They hoped that the personal touch would help those who previously did not respond to a paper survey to feel able to express their views. The questions for the survey had been designed by the PPG members and they were awaiting agreement from the GP partners about the appropriateness of them.

We did not see a comments box in the waiting room. We were told by the practice manager that when they did have a comments box displayed, they did not receive comments. We saw evidence of letters and emails sent to the practice and they were complimentary about the care they had received. The practice manager told us they used comments to ensure the quality of the service was maintained. This meant that patients had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
