

Forge Medical Practice

Inspection report

Pallion Park
Pallion
Sunderland
SR4 6QE
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

We carried out an announced inspection at Forge Medical Practice on 10 September 2021. Overall, the practice is rated Requires Improvement.

The key question ratings were as follows:

Safe - Requires Improvement

Effective – Requires Improvement

Well-led - Good

We last carried out a comprehensive inspection of Forge Medical Practice on 2 December 2016, when the overall rating for the practice was good, but requires improvement for providing responsive services. We carried out a focused inspection on 3 January 2018 to follow up on this aspect; found the practice had improved; and, rated them as good for providing responsive services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Forge Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This was a focused inspection in response to concerns raised with us. We inspected the three key questions, Safe, Effective and Well Led as part of our new methodology to carry out more focused inspections for those practices rated as good overall. All other ratings were carried forward from the December 2016 and January 2018 inspections.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.
- Asking staff to complete a questionnaire to gather their views.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall, and for being safe and effective; and for the populations groups, people with long-term conditions and people experiencing poor mental health. We rated the practice as good for being well-led

We rated the practice as requires improvement for being safe and effective and for the population groups, people with long-term conditions and people experiencing poor mental health, because:

- Patients' needs were not always being assessed, and care and treatment was always not delivered in line with current legislation, standards and evidence-based guidance.
- The arrangements around prescribing warfarin (a high risk medicine) were not always effective and placed patients at risk.
- The review processes for patients with long term conditions were not always effective at supporting patients to manage their conditions and improve their health and wellbeing.

We also found:

- There were systems and processes in place to safeguard patients and protect them from abuse.
- The practice learned and made improvements when things went wrong.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice was aware of the areas that needed improvement and had a plan in place to address them. They were still in the process of implementing some of these plans.
- There was evidence the culture of the practice had started to change to support continual and sustained improvement.
- There was a clear vision and strategy within the practice and a strong emphasis on quality improvement amongst staff.

We found a breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients

Also, the practice should:

- Carry out formal reviews of significant events to check for themes and repeated events.
- Review the plan for cervical screening and put effective arrangements in place to increase uptake.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Requires Improvement 
Families, children and young people	Good 
Working age people (including those recently retired and students)	Good 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Forge Medical Practice

Forge Medical Practice is registered with the Care Quality Commission (CQC) to provide primary care services. The practice provides services to around 9,500 patients from one location. We visited this location during our inspection: Forge Medical Practice, Pallion Park, Pallion, Sunderland, Tyne and Wear, SR4 6QE.

The practice is located in a purpose-built single storey building. It also offers on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

The provider is registered with CQC to deliver the Regulated Activities of family planning, diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Sunderland Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS). This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the third most decile (three out of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 4.9% Asian, 93.1% White, 0.8% Black, 0.7% Mixed, and 0.4% Other.

There is a team of four GPs Partners (three male and one female), one salaried GP (male) and two advanced nurse practitioners who provide cover at the practice. The practice has a team of 5 nurses who provide nurse led clinics for long-term condition, supported by a health care assistant. The GPs are supported at the practice by a team of reception and administration staff. The two practice managers and assistant practice manager provide managerial oversight.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment in the practice.

Extended access is provided locally by five locations through the Sunderland GP Alliance. Appointments are available Monday to Friday: 6pm – 8:30pm, and weekends: 9am – 5.30pm. Out of Hours are accessed via the 111 service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The arrangements around prescribing warfarin (a high risk medicine) were not always effective and placed patients at risk.• Patients with poor diabetic control were not supported to improve their health and well-being as this was not always discussed with them during annual reviews and they were not offered alternative treatment options.• The annual review process for patients who did not have good asthma control did not always address high use of Short-Acting Beta Agonists (SABAs).• Patients who failed to attend review appointments were not incentivised to attend by use of prescription interval frequency, as set out in the provider's own guidance.• The annual medicine review process for people who experience poor mental health did not always take into account new symptoms. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>