

Dr Mazarelo & Partners (also known as Concord Medical Practice)

Quality Report

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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 service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of this practice on 20 and 28 January 2016. Overall, we rated the practice as requires improvement. There were breaches of legal requirements. In particular, we found:

- Appropriate systems and processes were not in place for assessing, monitoring and improving the quality of the care and treatment patients received.
- The provider had not taken appropriate action to make sure the staff they employed had undergone the required pre-employment checks. Also, some staff that acted as chaperones had not had a Disclosure and Barring Service check or received appropriate training.
- The provider had not taken action to make sure they were correctly registered.

After the comprehensive inspection the practice told us what they would do to address the identified breaches. We undertook this announced focussed inspection, on 16

August 2016, to check that the practice had implemented their action plan and to confirm that they now met the legal requirements. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Dr Mazarelo & Partners on our website at www.cqc.org.uk.

Our key findings were as follows:

The provider had complied with the requirement notices we issued following our last inspection visit. In particular, we found:

- The arrangements for dealing with and recording significant events had been improved.
- Staff carrying out chaperone duties had received appropriate training and had undergone a Disclosure and Barring Service (DBS) check.
- Most staff had received the training they needed to carry out their roles and responsibilities safely and effectively.
- The provider had also taken steps to make sure they were correctly registered.

Summary of findings

However, there were also areas where the provider needs to make improvements. The provider should:

- Put in place suitable arrangements for monitoring the action taken in response to safety alerts.
- Arrange for staff to complete their outstanding training.

- Review the standard letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

The provider had complied with the requirement notice we set. The arrangements for dealing with and recording significant events had been improved. Staff carrying out chaperone duties had received appropriate training and had undergone a Disclosure and Barring Service (DBS) check.

Good



Are services well-led?

The practice is rated as good for providing well led services.

The provider had complied with the requirement notice we set. In particular, the provider had improved their system for managing and recording significant events. Improvement had also been made in relation to the records staff kept of how they handled complaints and of the training staff had received. The provider had also taken steps to make sure they were correctly registered.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 and 28 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 and 28 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 and 28 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 and 28 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 and 28 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 20 and 28 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

What people who use the service say

We did not speak to patients as part of this inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Put in place suitable arrangements for monitoring the action taken in response to safety alerts.
- Arrange for staff to complete their outstanding training.
- Review the standard letter issued in response to complaints received to include details of the Parliamentary and Health Service Ombudsman.

Dr Mazarelo & Partners (also known as Concord Medical Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Mazarelo & Partners (also known as Concord Medical Practice)

Following our last inspection, we asked the provider to address outstanding registration issues. Evidence obtained during this inspection confirmed that the provider had submitted applications to cancel the previous registered manager and register a new one. Although the applications had been declined by the Care Quality Commission, the provider was in the process of addressing this.

Dr Mazarelo and Partners, also known as Concord Medical Practice, provides care and treatment to 5,234 patients of all ages, based on a Primary Medical Services (PMS) contract. The practice is part of the NHS Sunderland clinical commissioning group (CCG) and provides care and treatment to patients living in the Concord area of Sunderland. We visited the following location as part of inspection: The Health Centre, Victoria Road, Washington, Tyne and Wear, NE37 2PU.

The practice had a mostly white British population. Nationally reported data showed that 1.2% of the population were Asian and 1.1% were from other non-white ethnic groups. The data also showed the practice had a higher percentage of people with long-standing health conditions than the England average, but fewer people with caring responsibilities. Life expectancies for men and women were below the England averages. There were higher levels of social deprivation in relation to older people and children.

The practice is located in purpose built premises which provide patients with fully accessible treatment and consultation rooms. The practice has two GP partners (both male), two salaried GPs (one female and one male), a nurse practitioner and a practice nurse (both female), a healthcare assistant (female), a practice manager, and a small team of administrative and reception staff. The practice is not a training or teaching practice.

The practice is open Monday to Friday between 8:30am and 6pm, and on Saturday between 9am and 11:30am. When the practice is closed patients can access out-of-hours care via Vocare (also known locally as Northern Doctors), and the NHS 111 service.

GP appointment times are from:

- 8:30am to 11:45am and 2:30pm to 4:40pm (Monday to Friday).
- 9am to 11:20am (Saturday).

Detailed findings

Why we carried out this inspection

We undertook an announced focused follow up inspection of the practice on 16 August 2016. This inspection was carried out to check whether the provider had taken the action they said they would take to address shortfalls in relation to legal requirements, which had been identified during our inspection on 20 and 28 January 2016.

We inspected the practice against two of the five questions we ask about services: is the service safe and is it well led. This is because the service was not meeting legal requirements relating to safety and good governance at the time of the previous inspection.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced focused inspection on 16 August 2016. During our inspection:

- We spoke with the member of staff who had been identified as a link person to assist us with the inspection. (The practice manager was absent at the time of our visit.) We also spoke with the two GP partners and some of the administrative and reception team.
- We reviewed a sample of the records kept by staff.

Are services safe?

Our findings

When we last inspected the practice, on 20 and 28 January 2016, we identified that some aspects of the practice's recruitment procedures were not safe, and the arrangements for investigating and recording the outcomes of significant event audits, were not satisfactory. In particular, we found that:

- The practice's significant event reporting process was unclear, and there was no annual review to establish whether the measures put in place to prevent incidents from happening again, had been effective. Also, an effective system was not in place to ensure that safety alerts received by the practice were disseminated to relevant staff, in the absence of the practice manager. Appropriate records were not always kept of staff recruitment.
- Non-clinical staff carrying out chaperone duties had not been trained to do this, and Disclosure and Barring Service (DBS) checks had not been obtained, to help make sure they were safe to carry out this role. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

During our inspection of 16 August 2016, we found that the provider had taken action to comply with the requirement notice we set. In particular we found:

- The practice now had a clear and up-to-date protocol in place for reporting significant events, and this could be easily accessed by staff. The practice manager had introduced a new recording log which provided a useful overview of what action had been taken in relation to each event. Staff had reported six significant events since our last inspection visit. All but one had been recorded using the practice's standard reporting template. We saw evidence that all of the events had been discussed during clinical meetings. An annual significant event review had been held to look at

potential themes and recurring patterns. We fed back that the record of the annual review would benefit from including more details of the discussions held between staff, to provide evidence of reflection and learning.

- The practice had an appropriate system for responding to safety alerts. All safety alerts were received by the practice manager and forwarded to relevant clinical staff for action. Arrangements had been made to ensure that safety alerts continued to be disseminated to staff in the practice manager's absence. A folder was maintained in the practice manager's office, and in an electronic folder on the shared drive, which made it easy for staff to access any of the safety alerts received. Of the two that had been received by the practice, there was evidence that one had been actioned. However, it was more difficult to confirm that a suitable response had been made to the other alert. We discussed this with the provider who told us they would set up a similar system to the one in place for maintaining an overview of actions taken in relation to significant events.
- DBS checks had been obtained for the non-clinical staff who carried out chaperoning duties. These staff had also received chaperone training. At the last inspection we found other issues relating to the recruitment of staff. During this inspection we found that appropriate checks had been carried out for a member of non-clinical staff who had been recruited since the last inspection, and DBS checks had now been carried out on all staff who required one.
- Most staff had completed the training they needed to carry out their role safely and effectively. However, there were still a small number of gaps in some staff's training in relation to fire safety, infection control, information governance and the Mental Capacity Act. The GP partner we spoke with told us this was due to difficulties they had experienced trying to source the outstanding training. In the absence of the practice manager, it was difficult to obtain an overview of the training staff had received and when this next needed to be updated. We discussed this with the GP partner who told us they would ask the practice manager to address this on their return to work.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

During our inspection of 20 and 28 January 2016, we found that:

- Suitable records had not always been kept in relation to the management of the regulated activities for which the provider was registered. For example, the practice had failed to address the concerns we had about the system and processes they had in place for managing significant events. We also found that staff had not received all of the training they needed to carry out their roles safely and effectively, and that the provider had not always followed their recruitment policy when employing staff. We also identified that the provider had not always kept detailed records to demonstrate how they had addressed the complaints they received.
- The provider had failed to ensure they were correctly registered.

During our inspection on 16 August 2016, we found that the provider had taken action to improve their governance arrangements. In particular:

- The provider had taken steps to make sure they were correctly registered. Although not fully resolved at the

time of our visit, the provider had submitted applications to cancel their previous manager's registration and register a new one, and add a new partner to the partnership.

- The practice had improved the way they dealt with significant events and the arrangements for providing chaperones for patients. Action had also been taken to make sure most staff had received the training they needed to carry out their roles safely and effectively. The practice manager had set up an excel spreadsheet which detailed what training staff had completed and when this next needed to be updated. The provider was now making sure that their recruitment policy was being followed consistently.
- More detailed records had been kept of the complaints received by the practice. Two complaints had been received since our last inspection. We saw that these had been investigated, and letters of apology sent. The letters included an offer to come into the practice to discuss the complaint outcomes. However, the letters did not contain contact details of the Parliamentary and Health Service Ombudsman Service, should the complainant be dissatisfied with the practice's response to their complaint. We shared this with the provider who agreed to review this with the practice manager on their return to work.