

Pallion Family Practice

Quality Report

Pallion Health Centre
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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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pallion Family Practice on 20 September 2016. The overall rating for the practice was good, although the practice was rated as requires improvement for providing well-led services. We issued a requirement notice with respect to Regulation 17 on Good Governance because we found that processes were not in place to assess, monitor and improve the quality of service provided in carrying out the regulated activities for which the practice is registered. The full comprehensive report for the September 2016 inspection can be found by selecting the 'all reports' link for Pallion Family Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 November 2017 to review in detail the actions taken by the practice to improve the quality of care. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

The practice is now rated as good for providing well-led services, and overall the practice is rated as good.

Our key findings at this inspection were as follows:

- The practice had implemented an action plan to address most of the issues identified during the previous inspection.

- Appropriate arrangements were now in place to record and investigate significant events.
- Appropriate arrangements were now in place to ensure all relevant staff were aware of patient safety alerts.
- The practice had improved their approach to clinical audit; however, further improvements should still be made.
- Appropriate arrangements were now in place to record and monitor staff training.

At our previous inspection on 20 September 2016, we also told the provider that they should make improvements in other areas that included recruitment checks, complaints and appointment management. We saw at this inspection that improvements had been made:

- The practice had a process in place to ensure relevant recruitment checks were carried out and recorded. Records we checked confirmed that improvements had been made.
- Appropriate arrangements were now in place to record verbal complaints. When the practice responded to complaints with a letter this now included advice on what to do if the complainant was unhappy with the practice's response.
- The practice had reviewed their appointment system to ensure its structure met the needs of the patient population. The patient participation group had

Summary of findings

supported the changes made and we saw that since changes had been made there had been a 14% reduction in the number of appointments where patients did not attend.

At this inspection, we found that there were some areas of practice where the provider still needed to make improvements. We also found that the practice's registration with CQC was not up to date.

Therefore the provider should:

- Complete the process for the registration of the partnership with the Care Quality Commission.
- Continue to improve the arrangements for clinical audit. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Complete the process for the registration of the partnership with the Care Quality Commission.
- Continue to improve the arrangements for clinical audit. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes

Pallion Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector.

Background to Pallion Family Practice

Pallion Family Practice is registered with the Care Quality Commission (CQC) to provide primary care services. It is located in the Pallion area of Sunderland.

The practice provides services to around 10,100 patients from one location: Pallion Health Centre, Hylton Road, Sunderland, Tyne and Wear, SR4 7XF. We visited this address as part of the inspection. The practice has two GP partners (both male), three salaried GPs (all female), three nurse practitioners (two female and one male) and three practice nurses (all female), one career start practice nurse (female), two healthcare assistants, a practice manager, deputy manager, IT manager, office manager and nine staff who carry out reception and administrative duties.

Due to the retirement of one of the former partners, the partnership arrangements in the practice were different to those registered with CQC. The practice is in the process of registering the new partnership.

The practice is part of Sunderland clinical commissioning group (CCG). The age profile of the practice population is broadly in line with local CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two-storey building. All patient facilities are on the first floor. There is on-site parking, disabled parking, a lift, a disabled WC, wheelchair and step-free access.

Opening hours are between 8am and 6pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. There is an open access clinic every morning between 8am and 10am. Pre-bookable appointments are available from 1pm to 3.45pm, then from 4pm to 5.30pm.

A duty doctor is available each afternoon until 6pm. The service for patients requiring urgent medical attention out of hours (after 6pm) is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care Limited.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Pallion Family Practice on 20 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing well-led care and good overall. The full comprehensive report following the inspection on September 2016 can be found by selecting the 'all reports' link for Pallion Family Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection Pallion Family Practice on 7 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing well-led services.

Managing risks, issues and performance

- When we inspected the practice in September 2016, it was not clear how the practice ensured that all relevant clinical staff discussed, understood and learnt from patient safety alerts. In November 2017, the practice had updated their dissemination of drug alerts policy to ensure all clinical staff were aware of patient safety alerts. We were told that all staff had access to patient safety alerts. The practice pharmacist produced a monthly summary of safety alerts, and this was discussed regularly at clinical meetings, records were kept of the actions required and taken by the practice. The practice showed us a template that they planned to introduce that would support clearer record keeping.
- In September 2016, we saw that there was limited use of systems to record and monitor safety systems and that only incidents that involved other organisations were formally recorded. Opportunities to learn lessons were therefore lost. In November 2017, we saw that the practice had reviewed their reporting incidents procedure to ensure all incidents were now recorded. All incidents were now recorded on SIRMS (the local primary and secondary care Safeguard Incident and Risk Management System), in a minor issues book or, if appropriate, on a log for repeat prescription errors. Incidents were discussed at meetings to support learning. We were told that all staff now had access to s of significant events to promote learning and awareness. An annual review had been completed; following this, the practice completed the first cycle of a clinical audit of patients diagnosed with cancer and whether they had been diagnosed in a timely manner.
- In September 2016, we found that the practice did not record verbal complaints in the same way as written complaints. In November 2017, we saw records that confirmed verbal and written complaints were now recorded by the practice. As the practice's complaint policy did not refer to verbal complaints, the practice manager told us they would update the policy. We also saw that when the practice responded to complaints with a letter, this now included advice on what to do if the complainant was unhappy with the practice's response.
- In September 2016, we found that clinical audits were not used to drive service improvement. In November 2017, we saw that the practice had reviewed their approach to clinical audit. The practice now used an 'eight stages of clinical audit' approach to ensure a more effective clinical audit approach. We saw that they had completed three reviews of data and planned to complete the work required to complete the clinical audit cycle. Each completed clinical audit is to be presented for discussion at a clinical meeting. We saw minutes that showed the practice had already discussed the outcomes of a review of asthmatic patients prescribed beta blockers.
- The arrangements for recording and monitoring staff training were not effective in September 2016, we saw that many staff had either not received training or training had expired. In November 2017, we saw that the practice had reviewed their training monitoring system and they now had an effective system for ensuring staff completed the training the practice deemed as mandatory. For example, we saw that all staff had completed fire safety and information governance training. However, we noted that the healthcare assistants had not completed child safeguarding training at a level required for their role.
- In September 2016, the arrangements for ensuring patients had appropriate access to appointments were not always effective. In November 2017, we saw that the practice had reviewed their appointment system to ensure its structure met the needs of the patient population. For example, each GP now had access to two review appointments each day that only they could book. The patient participation group had supported the changes made and we saw that since the changes had been made there had been a 14% reduction in the number of appointments where patients did not attend.