

Monkwearmouth Health Centre

Quality Report

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Tyne and Wear,
SR6 0AB

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Monkwearmouth Health Centre on 3 September 2015, which resulted in the practice being rated as good overall but as requiring improvement for providing safe services. The full comprehensive report can be found by selecting the 'all reports' link for Monkwearmouth Health Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out in December 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection in September 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is rated as good overall; including for providing safe services.

Our key findings were as follows:

- Pre-employment checks had been carried out for new staff.

- Staff had received appropriate chaperone and infection control training.
- Sharps boxes were appropriately labelled and fire extinguishers were serviced within designated timescales.
- Infection control audits were carried out regularly. The practice manager had arranged to accompany the domestic supervisor on a quarterly inspection of cleaning standards. One inspection had been carried out in October 2015; due to other commitments the practice manager had not attended the following three inspections but had arranged to attend in early December 2016.
- All staff had received an annual appraisal.
- A business plan had been drafted and was awaiting final approval from the GP partners.

The area where the provider should make improvements is:

- Take steps to ensure quarterly inspections of cleaning standards are carried out.

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.

When we previously inspected we identified a number of concerns, including; a lack of chaperone and infection control training for some staff; no evidence that the practice carried out checks of cleaning standards and infection control audits were not carried out on a regular basis. Some sharps bins had not been appropriately labelled and the annual check of the fire extinguishers had not been carried out. Formal reference checks had not been carried out for all new members of staff.

During the inspection in December 2016 we found the practice had made improvements.

- Pre-employment checks had been carried out for new staff.
- Staff had received appropriate chaperone and infection control training.
- Sharps boxes were appropriately labelled and fire extinguishers were serviced within designated timescales.
- Infection control audits were carried out regularly. The practice manager had arranged to accompany the domestic supervisor on a quarterly inspection of cleaning standards. One inspection had been carried out in October 2015; due to other commitments the practice manager had not attended the following three inspections but had arranged to attend in early December 2016.

Good



Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Take steps to ensure quarterly inspections of cleaning standards are carried out.

Monkwearmouth Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Monkwearmouth Health Centre

Drs Gellia and Balaraman are located within Monkwearmouth Health Centre in a residential area of Sunderland north of the River Wear. The practice provides care and treatment to around 2,000 patients from the Monkwearmouth and surrounding area of Sunderland. It is part of the NHS Sunderland clinical commissioning group (CCG) and operates on a Personal Medical Services (PMS) contract agreement for general practice.

The practice provides services from the following address:

Monkwearmouth Health Centre, Dundas street,
Monkwearmouth, Sunderland, SR6 0AB.

The practice is located in a single storey purpose built building which it shares with other NHS health providers including a dental surgery, chiropodist and diabetic eye and foot clinic. All communal areas, waiting areas and consultation rooms are fully accessible for patients with mobility issues. Car parking facilities, including disabled car parking spaces and lockable bike storage are available on site. The practice is open between 8am and 6pm on a

Monday, Tuesday and Friday; from 8am to 7pm on a Wednesday and from 7.30am to 1pm on a Thursday. One of the GPs remains 'on-call' on a Thursday afternoon to deal with requests for emergency appointments.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Vocare (known locally as Northern Doctors Urgent Care).

Drs Gellia and Balaraman offer a range of services and clinic appointments including chronic disease management clinics, antenatal clinics, baby clinics, well women clinics, travel vaccinations and childhood immunisations. The practice consists of:

- Two GP partners (one male and one female)
- One practice nurse (female)
- One health care assistant who also acts as an administrator
- A practice manager
- An administrator
- Two medical receptionists

The practice is a teaching practice and provides training to third year medical students.

The area in which the practice is located is in the fourth most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The practice's age distribution profile showed a lower percentages of patients aged over 44 and under than the national average and a higher number of patients aged over 45. Average life expectancy for the male practice population was 77 (national average 79) and for the female population 83 (national average 83).

Detailed findings

Why we carried out this inspection

We undertook a focussed inspection of Monkwearmouth Health Centre in December 2016. This inspection was carried out to check that improvements planned by the practice after our comprehensive inspection on 3 September 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe?.

How we carried out this inspection

In December 2016 we carried out a desk-based focused inspection. This involved reviewing evidence that:

- Pre-employment checks were carried out for new staff.
- Staff received appropriate chaperone and infection control training.
- Infection control audits and checks of cleanliness were carried out regularly.
- Sharps boxes were appropriately labelled and fire extinguishers were serviced within designated timescales.

Are services safe?

Our findings

Overview of safety systems and processes

When we inspected in September 2015 some members of non-clinical staff carried out chaperone duties but had not received any training to allow them to do this safely or effectively.

During the inspection in December 2016 we found all staff who carried out chaperone training had received appropriate training.

Infection prevention and control

During our inspection in September 2015 there was no evidence that the practice carried out checks of cleaning standards; the healthcare assistant had not received any training on infection control; infection control audits were not carried out on a regular basis and we found some sharps bins had not been appropriately labelled and dated.

When we carried out the focussed inspection in December 2016 we found:

- the practice manager had arranged to accompany the domestic supervisor on a quarterly inspection of cleaning standards. One inspection had been carried out in October 2015; due to other commitments the practice manager had not attended the following three inspections but had arranged to attend in early December 2016.
- staff had received appropriate infection control training.
- an infection control audit had been carried out in October 2016; the practice manager told us they were in the process of compiling an action plan to address the issues identified;

- all sharps bins were labelled and dated.

Staffing and recruitment

In September 2015 we found the practice's recruitment policy did not include any requirement to obtain photographic identification, references or verification of qualifications/professional registrations. The most recently appointed members of staff had not been subject to any formal reference checks.

During our focussed inspection in December 2016 we found the practice had updated their recruitment policy; this contained details of the pre-employment checks which should be carried out before staff were appointed, including photographic identification and references. The practice had recruited two members of staff since the last inspection; one was an internal application and another was a GP recruited onto the Career Start Scheme which was run by the local GP Alliance. Comprehensive records had been maintained which showed the relevant pre-employment checks had been carried out for both members of staff.

Arrangements to deal with emergencies and major incidents

When we inspected in September 2015 we found the annual check of the fire extinguishers, which had been due two months earlier, had not been carried out.

During the inspection in December 2016 we found that the fire extinguishers had been checked soon after the previous inspection and again in July 2016. A member of the administrative team carried out regular visual checks to ensure the extinguishers were appropriately maintained.