

Crowhall Medical Group

Quality Report

Felling Health Centre
Stephenson Terrace
Felling
Gateshead
NE10 9QG.

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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 at Crowhall Medical Group on 15 March 2016. The overall rating for the practice was good. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Crowhall Medical Group on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 February 2017 to the breach in regulation that we identified in our previous inspection on 15 March 2016. This report covers our findings in relation to that requirement and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings from this inspection were as follows:

- The provider had complied with the requirement notice we set following our last inspection visit. In particular, we found that Disclosure and Barring Service checks had been completed for all newly employed clinical staff.

In addition, the provider had also addressed most of the improvements we asked them to make. In particular, the provider had:

- Where relevant, arranged for staff to complete training in fire safety, infection control and the use of the Mental Capacity Act.
- Carried out an infection control audit and prepared an action plan to help drive improvements.
- Introduced a log to record the checks staff carried out to make sure emergency medicines were within their expiry date.
- Assured themselves that the defibrillator located in the healthcare centre was being appropriately serviced and calibrated.
- Actively considered what action they should take to introduce a system which would ensure that, where relevant, appropriate action was taken in relation to new clinical guidelines, or changes to existing ones.
- Reviewed their decision that GPs did not need to carry a range of emergency medicines for use in acute situations, when on home visits. The provider

Summary of findings

had reviewed their original risk assessment regarding this decision. Following this review, they had re-affirmed their decision that GPs should not carry emergency medicines on home visits.

However, there was also an area where the provider should make improvements. The provider should:

- Put a system in place which helps to ensure that, where relevant, new clinical guidelines, or changes to existing ones, are reviewed to see whether any changes are required to the practice's systems, policies and procedures.

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 taken action to address the breach of legal requirement we found during our previous inspection. Disclosure and Barring Service checks had been completed for all newly employed clinical staff. Other improvements had also been made to help the management team maintain an effective overview of their compliance with the provider's recruitment policy.
- The provider had also addressed most of the improvements we asked them to make following our previous inspection. For example, they had carried out an infection control audit and prepared an action plan to help drive improvements. Staff had introduced a log to record the checks they carried out to make sure emergency medicines were within their expiry date. They had also checked the arrangements for servicing and calibrating the health centre's defibrillator, to make sure it was maintained in satisfactory working order.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Put a system in place which helps to ensure that, where relevant, new clinical guidelines, or changes to existing ones, are reviewed to see whether any changes are required to the practice's systems, policies and procedures.

Crowhall Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC Inspector.

Background to Crowhall Medical Group

Crowhall Medical Group is a medium sized practice providing care and treatment to approximately 6,596 patients of all ages, based on a General Medical Services contract. The practice is part of NHS Newcastle Gateshead Clinical Commissioning Group (CCG). We visited the following location as part of the inspection:

- Crowhall Medical Group, Felling Health Centre, Stephenson Terrace, Felling, Gateshead, Tyne and Wear, NE10 9QG.

The area in which the practice is situated is in the third most deprived decile. Figures show that 60.8% of practice patients were in paid work or full-time education, compared with the England average of 62.5%. The percentage of patients with a long-standing health condition is higher than the national average, 54.9% compared to 53.2%. There are more patients with caring responsibilities than the England average, 19.5% compared to 17.8%. Life expectancy for patients is lower than the local CCG and England averages.

Crowhall Medical Group is located in a purpose built health centre which provided patients with access to ground floor treatment and consultation rooms. (The building also accommodates a second practice and other community based healthcare services.) The practice offers a range of chronic disease clinics, as well as other services aimed at

promoting patients' health and wellbeing. There are three GP partners (female.) The practice has a practice manager, three nurse practitioners (female), three practice nurses (one of whom is also a nurse prescriber) (female), two healthcare assistants (one of whom is also a phlebotomist) (female), and a team of administrative and reception staff.

The practice's opening hours are Monday, Tuesday, Wednesday and Thursday from 7:30am to 6pm, and on Fridays between 8am and 6pm.

GP appointment times are Monday, Tuesday, Wednesday and Thursday between 7:30am and 5:50pm, and on Fridays between 8am to 5:50pm.

Information about how to access urgent out-of-hours care is available on the practice's website and in its patient information leaflet.

When the practice is closed patients can access out-of-hours care via Vocare (known locally as Northern Doctors Urgent Care Limited) On-Call service, and the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection on 15 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection in March 2016 can be found by selecting the 'all reports' link for Crowhall Medical Group on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up, focused inspection 27 February 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.

How we carried out this inspection

Before undertaking this focussed, follow up inspection, we reviewed a range of information that we held about the practice. We also wrote to the provider asking them to tell us what improvements they had made since our last visit.

As part of the inspection we:

- Visited the practice on 27 February 2017 and spoke with the practice manager.
- We also looked at some of the records kept by the provider.
- We also reviewed evidence forwarded to us by the provider.

Are services safe?

Our findings

When we last inspected the practice, in March 2016, we identified that the arrangements for ensuring that required pre-employment checks were carried out, were not fully satisfactory.

During this inspection in February 2017, we found that:

- Recently appointed clinical staff had undergone a DBS check. (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 vulnerable adults). Following the publication of our last report, the provider had produced a new recruitment protocol, as well as a 'Quick Guide', for staff to follow when appointing new staff. The provider told us that this helped to make sure the required checks were carried out and the necessary information obtained. In addition, the provider had set up a system to help them more effectively monitor the continuing professional registration of their clinical staff. This included maintaining a centralised file of staff's General Medical Council and Nursing and Midwifery Council renewal dates and renewal letters, and registration details. Since our last visit three new nurses had been appointed, and we were able to confirm that all had undergone a DBS check. Action had been taken to apply for a new DBS for a fourth nurse. The provider had been unable to locate their original DBS during our inspection in March 2016. The provider agreed to inform the CQC when this had been issued.
- The provider had introduced a log which staff used to record the checks they undertook, to make sure emergency drugs were within their expiry date and were fit for use.
- Immediately following our previous inspection, a comprehensive infection control audit had been carried out. We saw action plans had been put in place, with timescales attached. In addition to this, arrangements had been made for the small number of staff who had not completed infection control training to do undertake this.
- A fire drill had been carried out since our last visit, and an appropriate record kept. In addition to this, arrangements were made for the small number of staff who had not completed fire safety training to undertake this. Plans had been made for the local fire service to carry out a training session in February 2017, and for a fire drill to be carried out by NHS Property Services in March 2017.
- Staff shared access to a defibrillator with staff from the other GP practice located in the premises. The defibrillator was provided by the landlord of the premises and situated in the patient waiting area in the Felling Health Centre. Since our previous inspection, the landlord had arranged for the defibrillator to be serviced and calibrated in November 2016. Although a log was not kept on the premises, we were provided with photographic evidence confirming that the next servicing date was scheduled for May 2017.
- Following our last inspection, the GPs had reviewed their decision not to carry emergency medicines with them for use in acute situations, when they carried out home visits. Their discussion of this matter had been recorded as part of a set of meeting minutes. Reasons for not carrying emergency medicines included the practice's close proximity to local healthcare services and access to the 24-hour pharmacy located within the healthcare centre.