

# Tynemouth Medical Practice

## Inspection 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 location

Inadequate 

Are services safe?

Good 

Are services effective?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Tynemouth Medical Practice on 8 August 2019. At this inspection we followed up on breaches of regulations identified at a previous inspection on 14 February 2019.

We previously inspected Tynemouth Medical Practice on 26 July 2018, at which time we rated the practice as inadequate in all domains (Safe, Effective, Caring, Responsive and Well-led) We issued requirement notices for breaches of Regulations 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and warning notices for breaches of regulations 12 and 17 of the said regulations. We also placed the practice into special measures. A copy of our inspection report can be found on the CQC website at: .

We subsequently carried out a warning notice inspection in respect of regulations 12 and 17 on 15 November 2018, at which inspection we found that the practice had made sufficient progress to meet the warning notices. A copy of our warning notice report can be found on the CQC website at: .

Our last inspection on 14 February 2019 we followed up on the breaches of regulations found during our inspection in July 2018. We found that the practice required improvement for providing Safe care, however, it remained inadequate for all other domains. A copy of our inspection report can be found on the CQC website at: .

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

- 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.

**At this inspection we have rated this practice as inadequate overall.**

We rated the practice as **good** for providing safe services because:

- We were shown evidence of regular fire drills and alarm checks;
- All staff records we looked at for staff who needed an appraisal showed evidence of an appraisal within the last 12 months;

- Both the adult and children safeguarding policies showed evidence of having been created or reviewed within the last 12 months. Both also had future review dates set to remind the practice when the next review was due.
- The practice had completed all actions identified in its fire risk assessment.
- It had introduced a written procedure for storage of blank prescription paper.
- On review of prescriptions waiting for collection we saw no evidence of overdue medicines reviews.

We rated the practice as **inadequate** for providing effective services because:

- The practice's published 2018-19 performance for childhood immunisations showed uptake had declined for all four indicators CQC regularly looks at and all four indicators were significantly below the WHO minimum target of 90% uptake;
- Uptake of the practice's 2018-19 cervical cancer screening programme remained significantly below the national target of 80% uptake. Whilst, uptake of its bowel cancer screening programme had improved only marginally, and uptake of its breast cancer screening programme had declined in comparison to the practice's performance in 2017-18;

We rated the practice as inadequate for providing effective services to families, children and young people, and working age people, requires improvement for providing effective services to people with long-term conditions, and good for providing effective services to people whose circumstances may make them vulnerable and people experiencing poor mental health.

We rated the practice as **requires improvement** for providing caring services because:

- The practice's GP Patient survey showed improvement since our last inspection, however the results showed that two out of four indicators we looked at were below local and national averages.
- Patients we spoke to, and the majority of CQC comments cards we received, mentioned much improved levels of access and care offered by staff of the practice. However, some feedback we received from patients and some NHS Choices comments we looked at mentioned uncaring attitudes amongst staff.

# Overall summary

We rated the practice as **inadequate** for providing responsive services because:

- The practice had made a number of changes, to improve access, however the results of the GP Patient Survey relating to access and timeliness of appointments showed, for all four of the indicators we looked at, the practice's performance was below local and national averages, and one indicator remained significantly below local and national averages.
- The majority of patient comments and some recent NHS Choices comments mentioned improvements in access. However, several comments we received, and some recent NHS Choices comments complained of difficulty in getting through on the phone, and getting appointments, particularly with a patient's preferred GP.

These areas affected all population groups, so we rated all population groups as **inadequate**.

We rated the practice as **requires improvement** for providing well-led services because:

- Practice leaders had taken action to improve. Performance, as measured by its Quality and Outcomes Framework (QOF) outcomes showed the practice had improved in the majority of areas, in particular in regard to supporting patients suffering from mental health issues. However, in most areas its performance remained below historical local and national averages;
- The practice had taken action to improve phone access, including employing additional staff and re-organising staff rotas to ensure there were more staff in reception to deal with patients coming in to the practice and to be able to answer the phones at busy times of day. Most patient comments we received said it was now possible to get through to someone on the phone and to obtain an appointment. However, some patients commented that difficulties remained in trying to phone the practice and in obtaining an appointment.

- The practice had reviewed its staffing levels and had recruited staff at all levels across the practice including successfully recruiting: a new partner, a salaried GP, a practice nurse, and a healthcare assistant. One of the existing partners had resigned from the practice;

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

This service was placed in special measures in September 2018. Insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall. Therefore, we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector.

## Background to Tynemouth Medical Practice

Tynemouth Medical Practice is located at 24 Tynemouth Rd, Tottenham, London N15 4RH and is part of the NHS Haringey Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of enhanced services including: child health and immunisation; minor illness clinic; smoking cessation clinics; and clinics for patients with long term conditions.

The practice website can be found at: .

It is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures; Surgical procedures; Family planning; Maternity and midwifery services.

The practice had a patient list of approximately 10,100 at the time of our inspection.

The staff team at the practice includes two GP partners (one male and one female), four part-time salaried GPs and three regular locum GPs. Between them the GPs provide 50 clinical sessions per week (a whole time equivalent of 6.25 GPs). The clinical team is completed by a part-time advanced nurse practitioner, two part-time practice nurses, a part-time Healthcare Assistant and a part-time pharmacist.

The non-clinical staff consist of a part-time practice manager, a part-time deputy practice manager, a greater than full-time reception manager and 11 administrative and reception staff (who work a mixture of full-time and part time-hours).

The practice population has higher than average levels of income deprivation, for example, 40% of children are affected by income deprivation compared to a local average of 29% and a national average of 20%. Similarly, 45% of older people are affected by income deprivation (local average 34%, national average 20%).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The Provider had not established adequate systems and processes to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• Performance for QOF childhood immunisations and cancer screening was, in most areas, below national averages or targets.</li><li>• Some patients continued to experience difficulty in contacting the practice by phone, and also with booking an appointment.</li><li>• Patient feedback as evidenced by the GP Patient Survey demonstrated a need to continue to improve access to the service and sufficient suitable appointments.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p>