

# Northumberland Park Medical Group, Shiremoor Resource Centre

## Inspection report

Earsdon Road  
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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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Northumberland Park Medical Group, Shiremoor Resource Centre on 6 March 2020 to follow up on breaches of regulations identified at a previous inspection on 22 and 29 January 2019.

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.

## **We have rated this practice as requires improvement overall.**

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

- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Receptionists had not been given guidance on identifying deteriorating or acutely unwell patients but due to the way in which the appointment system worked they were being asked to signpost some patients who telephoned for a same-day appointment to other services.
- The practice was not sharing learning from significant events externally using SIRMS and there appeared to be a delay in the review of some significant events.
- There was prescription stationary on the premises which had not been logged.

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

- The appointment system required patients to call the practice between 8.30am and 9.30am if they wanted a same-day GP appointment. Patients calling after this time were told to call back the next day or were diverted to other services, however there was no system in place to determine if it was safe to do so.
- Patient feedback regarding the appointment system was below average and lower than at the previous inspection.

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

- While the practice had made some improvements since our inspection on 22 and 29 January 2020, it had not appropriately addressed the Requirement Notice in relation to good governance. At this inspection we also identified additional concerns that put patients at risk.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice did not have clear and effective processes for managing risks, issues and performance.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing effective and caring services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We are mindful of the impact of the Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

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

- Ensure that care and treatment is provided in a safe way.
- 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).

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

- Continue to follow the appraisal timetable put in place to ensure all staff receive an appraisal every 12 months.
- Formalise the supervision process for salaried and locum GPs.
- Formalise the process for sharing clinical guidance between clinicians at the practice.

# Overall summary

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

## Our inspection team

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

## Background to Northumberland Park Medical Group, Shiremoor Resource Centre

The practice covers a wide area, including Shiremoor, Backworth, West Allotment, Earsdon, Holywell and parts of Seaton Delaval, and provides care and treatment for 8,465 patients. The practice is commissioned to provide services under the terms of a General Medical Services (GMS) Agreement with NHS England and is a member of the North Tyneside clinical commissioning group (CCG).

The practice had experienced a significant increase in the size of their patient list in 2018 following the closure of a surgery located in the same building. This had impacted on staff workloads and placed pressure upon the practice's systems and processes. Leaders were actively addressing the challenges that they faced because of this.

We visited the following location as part of our inspection:

- Shiremoor Resource Centre, Earsdon Road, Shiremoor, Newcastle upon Tyne, NE27 0HJ.

The provider is registered with the CQC to deliver the following regulated activities: diagnostic and screening procedures; family planning services; maternity and midwifery services; treatment of disease, disorder or injury; and surgical procedures.

The practice is located in purpose-built premises. All patient services are fully accessible.

The practice has two GP partners (one male and one female) and one nurse partner (female); three salaried GPs (one male and two female); a practice nurse (female); two healthcare assistants; a pharmacy technician; a practice manager; and a small team of administrative and reception staff. The practice is a teaching practice and provides placements for trainee doctors, and medical students.

Information published by Public Health England rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 77.9 years compared to the national average of 79.3 years. Female life expectancy is 82.6 years compared to the national average of 83.2 years. The practice has more patients under 18 years of age, and fewer patients over 65 years of age, than the England averages.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>The provider did not adequately assess the risks to the health and safety of service users of receiving care or treatment or do all that is reasonably practicable to mitigate such risks.</b></p> <p><b>In particular, we found:</b></p> <ul style="list-style-type: none"><li>• Patients who requested a same-day appointment would only be placed on a list to be triaged by the practice nurse if they telephoned the practice between 8.30am and 9.30am. We were told that patients who telephoned the practice after this time would be told to call back the following day between 8.30am and 9.30am or they would be signposted by reception staff to another service. However, receptionists at the practice had not received any training in triage, nor any other training which might support them in making decisions as to whether it was safe for a patient to be signposted to another service or wait 24 hours before calling back to be triaged;</li><li>• There was no written proforma or flow chart in use at the practice to help to inform decision making around triaging. We were told that reception staff used local knowledge or leaflets from other services to guide their decision making around where to direct patients;</li><li>• Reception staff had not received training to be able to spot the symptoms of sepsis.</li><li>• A significant event analysis from the practice showed a patient who had not been put on the triage list for a same-day GP appointment due to calling after 9.30am was later the same day taken to hospital due to the seriousness of their symptoms. No review of the appointment system had been undertaken following this significant event.</li></ul>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

**There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.**

**In particular we found:**

- Practice policies had been updated but the old policies were still in the shared folder and it was not clear which was the updated version;
- In some cases, significant events were discussed 12 months after they had taken place and no learning was shared externally;
- The immunisation status for some staff was still not present in the staff files;
- The GP induction pack had been updated but information on safeguarding and infection control was still absent;
- A practice development plan had been carried out but no actions had been put in place to address the concerns it identified.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**