

Saville Medical Group

Quality 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 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 Saville Medical Group on 13 October 2015. Overall, we rated the practice as good. However, the practice was rated as requires improvement for providing safe services. In particular, we found that the systems for monitoring the temperature of the fridges, infection control and the arrangements for training of staff that carried out chaperone duties, should be reviewed.

We carried out a desk based focused inspection on 11 November 2016 to check whether the provider had taken to address the areas of improvement identified. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Saville Medical Group on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- The practice now had an effective system in place to monitor the temperature of all of the refrigerators where vaccines were stored and staff were aware of the actions to take when the temperature fell outside the acceptable range.
- The practice had reviewed and improved their infection control processes to ensure that infection control audits identified all risks.
- The practice had provided training for the staff who carried out chaperone duties, this ensured they understood the full remit of the role. They had taken steps to raise patients' awareness of chaperones.

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.

Good



- The practice now had an effective system in place to monitor the temperature of all of the refrigerators where vaccines were stored and staff were aware of the actions to take when the temperature fell outside the acceptable range.
- The practice had reviewed and improved their infection control processes to ensure that infection control audits identified all risks.
- The practice had provided training for the staff who carried out chaperone duties, this ensured they understood the full remit of the role. They had taken steps to raise patients' awareness of chaperones, for example, the practice website now contained details of the practices' policy on chaperones.

Saville Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector led this inspection.

Background to Saville Medical Group

Saville Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 32,400 patients from two locations:

- 7 Saville Place, Newcastle Upon Tyne, Tyne and Wear, NE1 8DQ
- 285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP

The main surgery at Saville Place is in a Victorian terraced building in Newcastle City Centre. The branch surgery is located in the residential area of Newbiggin Hall in a purpose built building.

The practice has over 70 members of staff, including eight GP partners (four female, four male), 13 salaried GPs (12 female, one male), two retainer GPs (female) and one GP trainee (female). The practice employs one clinical manager (female), seven nurse practitioners (female), six practice nurses (female) one treatment room nurse (female) and two healthcare assistants (female). They also employed a practice manager, a branch surgery manager and 36 staff who carry out reception, administrative and dispensing duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Saville Medical Group is open at the following times:

The main surgery was open from 7am to 8pm Monday to Wednesday, 7am to 5pm on Thursday and from 7am to 6.30pm on Friday.

The branch surgery was open 8am to 6.30pm on Monday, 7am to 6.30pm on Tuesday, 7am to 6.30pm on Wednesday, 8am to 1pm on Thursday and 8am to 6.30pm on Friday.

The telephones are answered by the practice during their opening hours. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Appointments are available at Saville Medical Group at the following times:

Appointment availability times at the main surgery varied. Consultations began from 8:20 or 8:30am with GPs and from as early as 7am with the nurses or health care assistant 4 days per week. Monday to Wednesday consultations with the clinical team were as late as 7:40pm. Consultations with GPs were until 11:30am on a Thursday, with nurse and healthcare assistant appointments available until 4:30pm. On Friday appointments were available with GPs until 4:40pm.

Consultations with the clinical team branch surgery also varied and began from as early as 7am on a Tuesday. There were appointments available as late as 6:05pm on a Tuesday and appointment availability until 12:15pm on a Thursday.

The practice is part of NHS Newcastle Gateshead clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in band ten for deprivation where one is the highest deprived area and ten in the least deprived. In general, people living in less deprived areas tend to have less need for health

Detailed findings

services. Average male life expectancy at the practice is 80 years, compared to the national average of 79 years. Average female life expectancy at the practice is 83 years, compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is below average (49% compared to the CCG average of 57% and the national average of 54%). The proportion of patients who are in paid work or full-time employment is above average (65% compared to the CCG average of 61% and the national average of 62%). The proportion of patients who are unemployed is below average (2% compared to the CCG average of 7% and national average of 5%).

Why we carried out this inspection

We undertook an announced desk based focused follow up inspection of Saville Medical Group on 11 November 2016. This inspection was carried out to check whether the

provider had taken action to address the areas of improvement, which had been identified during our comprehensive inspection on 13 October 2015. We inspected the practice against one of the five questions: is the service safe. This is because the service was rated as required improvement for this domain.

How we carried out this inspection

The inspection was carried out as a desktop review. In October 2016, we contacted the provider by telephone and we asked them to send us evidence to confirm that improvements had been made. The provider sent us a range of evidence to demonstrate this. This included copies of staff training records, minutes of meetings and documents related to fridge temperature monitoring. We also spoke to the practice manager and the clinical manager by telephone.

Are services safe?

Our findings

When we last inspected the practice in October 2015, we identified that some aspects of the practice safety systems and processes not fully effective. We identified that:

- There was an ineffective system in place to monitor the temperature of all of the refrigerators where vaccines were stored.
- Infection Control audits were carried out yet some risks had been missed.
- All staff who acted as chaperones had not received appropriate training for the role.

During our review of evidence sent to us by the practice by in November 2016 we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe. In particular we found that:

- The practice now had an effective system in place to monitor the temperature of all of the refrigerators where vaccines were stored. They had ensured that all appropriate staff were aware of the actions required to effectively monitor the temperature of refrigerators. For example, we saw records that confirmed that staff had completed training, processes had been reviewed, cold chain audits had been completed and that a safe and secure handling of vaccines policy had been introduced.
- The practice had reviewed their infection control processes. We saw records that confirmed that staff had completed infection control training. The practice had completed an infection prevention audit in June 2016; progress had been made in addressing the concerns identified. They had also completed an Infection Control Assessment, Audit and Action Plan for 2015/2016 for the practice. This identified ten criteria that supported the delivery of the systems and processes required to effectively manage infection control and the actions, they had taken to comply. The infection control lead at the branch surgery had also been scheduled to receive advanced infection control training to support this role.
- Since we last inspected the practice, the nursing staff had completed on-line training in 'confidentially, consent and chaperones'. We saw records that all staff had been required to read the practices' chaperone policy. They had taken steps to raise patient's awareness of the role of chaperones, the practice website now contained details of the practices' policy on chaperones and we were assured that this information is also displayed on the patient information television in the practices waiting area.