

Drs Turner Antoun and Partners (also known as Cruddas Park Surgery)

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	
Are services effective?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
What people who use the service say	7
Areas for improvement	7

Detailed findings from this inspection

Our inspection team	8
Background to Drs Turner Antoun and Partners (also known as Cruddas Park Surgery)	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of this practice on 9 December 2014. Breaches of legal requirements were found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service (which corresponds to Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014);
- Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control (which corresponds to Regulation 12 (2) (h) of the HSCA 2008 (Regulated Activities) Regulations 2014);
- Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines (which corresponds to Regulation 12 (f) & (g) of the HSCA 2008 (Regulated Activities) Regulations 2014);

- Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers (which corresponds to Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014);

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. 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 Drs Turner Antoun and Partners on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Medicines were managed appropriately and the correct guidelines were followed.
- Systems to manage and monitor the prevention and control of infection were in place and improvements had been made.
- Disclosure and Barring Service checks (DBS) had been completed for all staff.

Summary of findings

- Additional staff had been recruited to alleviate staffing concerns, including a GP, practice nurse and administration staff.
- Arrangements were in place to manage fire safety, other than a fire risk assessment which the practice were still to address.
- The practice had started to make improvements to their clinical audit system. They had carried out a two cycle audit and two first cycle audits. Clinical and prescribing audits were being carried out.
- Staff had received the appropriate training required for their role and an appraisal in the last year.
- There were governance arrangements in place which included structured staff meetings.

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.

Medicines were managed appropriately and the correct guidelines were followed. Systems to manage and monitor the prevention and control of infection were in place and improvements had been made. Disclosure and Barring Service checks (DBS) had been completed for all staff. Additional staff had been recruited to alleviate staffing concerns, including a GP, practice nurse and administration staff. Arrangements were in place to manage fire safety, other than a fire risk assessment which the practice were still to address.

Good



Are services effective?

The practice is rated as good for providing effective services.

The practice had started to make improvements to their clinical audit system. They had carried out one two cycle audit and two first cycle audits (with plans to complete the second cycle in an appropriate time frame). Prescribing audits were being carried out. Staff had received the appropriate training required for their role and an appraisal in the last year.

Good



Are services well-led?

The practice is rated as good for being well-led.

There were governance arrangements in place which included structured staff meetings.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of elderly patients. The practice was working on a clinical commissioning group (CCG) funded quality improvement programme for care homes. The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, a named GP for the over 75s and personal care plans. They were responsive to the needs of older people, and offered home visits. The practice had good working arrangements with other healthcare professionals such as district nurses to share information to improve patient care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs had lead roles in chronic disease management. Longer appointments and home visits were available when needed. The practice had begun to roll out a new system of annual reviews to this group of patients to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people. There were good systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were in line with or above the local rates for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of working-age people (including those recently retired and students). The practice offered extended opening hours for appointments from Monday to Friday and on Saturdays. Patients could book appointments or order repeat prescriptions online. Health promotion advice was offered which reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice had an open door policy to the registering of new patients and had a high number of homeless patients registered with them. They worked very closely with charities for those who were homeless or who had drug or alcohol addiction. The practice provided a service for patients who have been removed from their previous GP surgery list due to aggressive or violent behaviour. They regularly worked with multi-disciplinary teams in the case management of vulnerable people.

They provided care to patients who lived in a local care home for people with complex learning disabilities and carried out three monthly multi-disciplinary reviews to help improve care for the patients who lived there. The practice were working towards the implementation of an annual learning disability check programme.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). Patients who experienced severe mental health had received an annual physical health check. The practice was currently working towards improving their recall system for patients who experience poor mental health so that they received an annual check. There were annual reviews for patients with dementia.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. They had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.

Good



Summary of findings

What people who use the service say

We did not speak to any patients during this focused inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Carry out a fire risk assessment.

- Continue to progress their clinical audit system and produce further two cycle audits in order to demonstrate on going quality improvement and effective care.

Drs Turner Antoun and Partners (also known as Cruddas Park Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector carried out this inspection. The CQC GP regional advisor gave advice regarding clinical audit.

Background to Drs Turner Antoun and Partners (also known as Cruddas Park Surgery)

The area covered by Drs Turner Antoun and Partners extends to the West of Newcastle Upon Tyne city centre to Hillshead Road and Union Road, North to Brunton Road, Station Road and Newbiggin Hall Estate and South to the River Tyne.

The main surgery in the practice, Cruddas Park Surgery, is located close to Newcastle Upon Tyne city centre. The surgery was purpose built approximately 25 years ago. Patient areas are located on the ground floor, there is a car park for staff to the rear and some disabled parking spaces for patients. There is step free access to the building and two disabled toilets.

Hillsview Branch Surgery is situated in the North Kenton residential area of Newcastle Upon Tyne. The building is also approximately 25 years old. Patient areas are on the ground floor and there is a ramp to allow wheel chair access.

The index of multiple deprivation (IMD) placed the practice as band one for deprivation, where one is the highest deprived area and ten is the least deprived. The practice confirmed that the Cruddas Park Surgery was in one of the highest deprived areas of England and there were pockets of deprivation in the area surrounding the branch surgery at Hillsview. The practice provided an enhanced service for homeless patients.

The practice provides services to approximately 9,750 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract agreement with NHS England.

The practice has six GP partners, three female and three male. There are two practice nurses, two healthcare assistants and a practice manager, assistant practice manager, computer manager and 12 staff who carry out reception and administrative duties.

The service for patients requiring urgent medical attention out of hours is provided by Northern Doctors Urgent Care Ltd and the 111 service.

The addresses of the main and branch surgeries are;

- Main – Cruddas Park Surgery, 178 Westmoreland Road, Newcastle Upon Tyne, NE4 7JT

Detailed findings

- Branch – Hillsvie Surgery, Hillsvie Avenue, North Kenton, Newcastle Upon Tyne, NE3 3LB

Why we carried out this inspection

We undertook an announced focused inspection of Drs Turner Antoun and partners on 29 October 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 9 December 2014 had been made. We inspected the practice against three of the five

questions we ask about services: is the service safe, is the service effective, is the service well-led? This is because the service was not meeting some legal requirements at the previous inspection.

How we carried out this inspection

We carried out an announced visit on 29 October 2015. We spoke with, and interviewed, the practice manager and the lead GP partner. We looked at records the practice maintained in relation to the provision of services. We visited both surgeries during our inspection.

Are services safe?

Our findings

Overview of safety systems and processes

When we inspected the practice in December 2014 we were concerned with the way the practice managed medicines.

- We found out of date medical supplement drinks in one of the treatment room cupboards.
- Blank prescription forms were not handled in accordance with NHS protect guidance.
- Vaccine refrigerator temperature monitoring was not effective.

During the inspection in October 2015 we saw the medication we looked at in cupboards and refrigerators was in date and fit for use. Blank prescription forms at both surgeries were stored in a locked cupboard in a locked room. A system for monitoring the vaccine refrigerator temperatures was now in place and staff had been trained to carry this out.

At our previous inspection we identified systems to manage and monitor the prevention and control of infection were ineffective.

- The lead nurse for infection control had not received formal training.
- In the treatment room at the Cruddas Park Surgery some of the seals between the worktop and tiles were dirty and the cupboards had exposed wood, making them difficult to clean.
- The floor was carpeted in the healthcare assistant's (HCA) room at Hillview Surgery where bloods were taken, which was an infection control risk.
- There were toys in the waiting room at Hillview Surgery which were not included on the cleaning schedule.
- The privacy curtains around the couches in treatment rooms were fabric and there was no schedule to say when they had been cleaned.
- An infection control audit had failed to identify the issues we found.
- The practice did not have a documented legionella risk assessment.

We saw that all staff had received infection control training. Clinical staff had received formal training from the lead for

infection control at the local hospital trust. One of the GPs was now the infection control lead and oversaw a HCA at each surgery who also had responsibility for infection control. An action plan had been put in place to address infection control issues. The worktop and tiles in the treatment room at Cruddas Park had been re-sealed and bare wood replaced on the units. The room was tidy and clean. The treatment room at Hillview Surgery had been re-decorated and the flooring replaced with washable non-slip flooring. The toys in the waiting room had been disposed of. Privacy curtains around couches in treatment rooms were replaced with paper ones which had the date they were changed written on them. A further infection control audit had been carried out in August 2015 by the infection control lead GP. A legionella risk assessment had been carried out. Issues identified in this report were booked in to be addressed by a contractor on 2 December 2015.

Previously we identified some concerns in relation to recruitment checks.

- Only new staff had been subject to a Disclosure and Barring Service check (DBS). DBS

During this inspection we saw that all staff, practice nurses, HCAs and administration staff had been subject of a DBS check.

We said in our previous report the practice should review staffing levels to ensure there were enough staff to meet the needs of the patients. We saw that the practice had recruited a new full time female GP who had joined the partnership from September 2015. The practice also used the same regular locum GP for three days a week. There were still some issues regarding practice nurse provision, however, the practice had a newly appointed practice nurse who they shared with a neighbouring practice. The nurse worked one and a half days per week. Two administration apprentices had been offered substantive posts in the last year and a further two new apprentices were recruited in September 2015.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in December 2014 we were concerned about the arrangements in place to manage fire safety.

- The practice did not have a fire risk assessment in place.

Are services safe?

- There were no weekly tests of the fire equipment.
- Regular fire drills were not carried out.
- There was no evidence that staff had received fire safety training.

During the inspection of October 2015 we saw that the practice had still not carried out a fire risk assessment. However, there were records of weekly testing of the fire equipment at both surgeries. Fire drills had been carried out. Staff had completed on-line fire safety training.

At our previous inspection the practice did not have oxygen available in case of emergency. We saw that there was oxygen in place at both sites.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

When we inspected the practice in December 2014 we identified some concerns regarding clinical audit.

- The practice could not demonstrate that there was a system for clinical audit.
- Clinical audits did not have a method or standard setting and it was not clear what was being audited.

During the inspection in October 2015 we found that the practice had started to make improvements to their clinical audit system. The practice had carried out a two cycle audit on dementia scoring to see if their prescribing practices for this group of patients had improved. There was a first cycle audit regarding the prescribing of medicines for peripheral artery disease (PAD). The practice planned to re-audit this in January 2016. There were also further first cycle prescribing audits being carried out. There were plans in place to complete the second cycle of these audits at an appropriate time.

At our previous inspection we saw low Quality and Outcomes Framework (QOF) scores in the areas of mental health and dementia. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. We saw the practice had focused

on improving in these areas. For example, previously only 27% of patients with severe mental health problems had a care plan in place. QOF data from October 2015 showed that 69% now had a care plan in place. Previously 51% of patients experiencing dementia had received a review in the last 12 months. QOF data from October 2015 showed this figure had risen to 62%. A two cycle audit regarding patients experiencing dementia had also been carried out. The practice had sought advice from a local consultant experienced in dementia care to improve its care planning and review the management of challenging behaviours and possible depression in patients experiencing dementia.

Effective staffing

When we inspected the practice in December 2014 we identified some concerns in relation staff training and annual staff appraisals.

- We had difficulty accessing staff training records; we concluded staff had received some training but could not verify this.
- We saw some examples of staff appraisals but not all staff had received an appraisal.

During this inspection we found the practice had addressed both of these concerns. The practice had enrolled with an on-line training company. We looked at four example records of individual members of staff training. We saw they had received the appropriate training required for their role. We looked at six staff files and saw they had all received an appraisal in the last year.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

When we inspected the practice in December 2014 we had concerns in the way the governance arrangements operated within the practice. Due to staff shortages staff meetings were not always held.

During the inspection in October 2015 we found;

- Concerns identified by the inspection in December 2014 had been addressed and on going improvements were being made.
- A monthly whole team meeting had been held since April 2015, this included training on issues such as fire drills and workload. Discussions were held regarding future developments for the practice.

Innovation

The practice told us of areas of innovation which were on-going.

- The practice were part of a social enterprise with two other neighbouring practices. They had shared training

events. This included training on the year of care project, which provides personalised results to patients to provide shared goals and action plans. They also employed a practice nurse which was shared with one of the other practices.

- The practice was involved with a social prescribing project, Ways to Wellness, which provides support to patients between the ages of 40-74 with certain long-term health conditions.
- The practice bid for and they were successful in being awarded, the contract to provide the violent patient service for the local area. The service is for patients who have been removed from their previous GP surgery list due to aggressive or violent behaviour. This service was previously provided out of the local area.
- An audit had been undertaken of capacity, workforce and telephone handling in the practice which had been funded by the local clinical commissioning group (CCG). From this surgery and visiting times had been reviewed to improve access for patients.