

Brockwell 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 Brockwell Medical Group on 5 February 2016. The overall rating for the practice was good. However, we rated the practice as requires improvement for providing safe services. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Brockwell Medical Group on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 5 February 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 required pre-employment checks had been completed for all newly employed clinical staff.

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

- Taken action to ensure the practice actively used the local clinical commissioning group's (CCG) Safeguarding Incident and Risk Management System (SIRMS), to report concerning incidents. (The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and issues for improvement across its whole area.)
- Improved the practice's telephone system. In collaboration with their telephone provider, the provider had doubled their line capacity at all three locations. For example, at the Brockwell Surgery, 20 lines were provided rather than the previous ten. In addition, to help address continuing concerns raised by some patients about not being able to get through to the practice, the provider had further upgraded their telephone system. They had

Summary of findings

introduced a queuing system, which enabled more calls to be accepted and gave callers information about when they could expect their call to be answered. The provider told us that, since this latest system upgrade, introduced in September 2016, the practice had not received any further comments from patients about being unable to get through to the practice.

- Taken action to ensure that all staff knew how to access the practice's policies and procedures, and understood its business continuity plan and, whistle-blowing and medicine policies.
- Taken significant action to help improve its Quality and Outcomes Framework (QOF) performance. For example, the practice had implemented a nurse-led, 'Year of Care' (YoC) approach to the carrying out of all long-term conditions (LTCs) reviews. To help implement the new approach, additional advanced nursing practitioners had been appointed, to manage these clinics. The patient recall system had been strengthened by aligning each patient's recall with their birth month. The provider had also reviewed and improved their systems and processes for ensuring that information entered onto the QOF system was accurate. They had expanded their Clinical Quality Team (CQT), to help ensure that all

patient related correspondence coming into the practice that included QOF related data, was appropriately documented and coded on patients' medical records. The CQT had also been allocated the responsibility for monitoring the practice's QOF performance and ensuring that appropriate steps were taken, to ensure patients attended for routine checks and LTCs reviews. Because the introduction of new care planning, patient recall and QOF monitoring systems and processes had not had sufficient time to have an impact on the practice's QOF performance for 2015/16, we are repeating the area of improvement we previously asked the provider to consider.

However, there were also areas where the provider should make improvements. The provider should:

- Continue to take action to build on the arrangements it has put in place since our previous inspection to improve the practice's QOF performance.
- Consider replacing the flooring covering in the corridors and patient waiting area.

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.

Since our previous inspection, the provider had taken action to:

- Address the breach of legal requirement we found during our previous inspection. Required pre-employment checks had been completed for 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. For example,
- Ensure the practice actively used the local clinical commissioning group's (CCG) Safeguarding Incident and Risk Management System (SIRMS), to report incidents of concern. (The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and issues for improvement across its whole area.)

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to take action to build on the arrangements it has put in place since our previous inspection to improve the practice's QOF performance.
- Consider replacing the flooring covering in the corridors and patient waiting area.

Brockwell Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC Inspector.

Background to Brockwell Medical Group

Brockwell Medical Group provides care and treatment to 17,200 patients of all ages, based on a Personal Medical Services contract. The practice is part of the NHS Northumberland clinical commissioning group (CCG) and provides care and treatment to patients living in Cramlington, Seaton Delaval and Seaton Sluice. The practice serves an area where deprivation is lower than the England average. The practice population includes fewer patients who are under 18 years of age, and over 65 years of age, than the England averages. The practice has a low proportion of patients who are from ethnic minority groups. The practice provides care and treatment from three locations:

The Brockwell Surgery, Brockwell Centre, Northumbria Road, Cramlington, NE23 1XF.

The Seaton Terrace Surgery, Westbourne Terrace, Whitley Bay, NE25 0BE.

The Seaton Sluice Surgery, Collywell Bay Road, Seaton Sluice, Whitley Bay, NE26 4QZ.

However, we only visited the Brockwell Surgery as part of this focussed, follow-up inspection.

The main practice and both branch surgeries are located in purpose built health centres which have treatment and consultation rooms that provide disabled access. The

practice has seven GP partners (four male and three female), three salaried GPs (two female and one male), two Advanced Nurse Practitioners (female), five nurses (female), two healthcare assistants (female), one research assistant (female), one WTE clinical pharmacist (covered by a male and a female), one prescriptions officer (female), one orthopaedic practitioner (female) and a large team of administrative and reception staff. Management responsibilities were being shared between a GP managing partner and the deputy practice manager.

Opening hours and appointment times for the main practice and branch surgeries are as follows:

The Brockwell Surgery:

Monday and Thursday between 8am and 8pm. The practice is closed on Mondays between 1pm and 2pm. Appointment times start at 8am and finish at 7:50pm.

Tuesday, Wednesday and Friday between 8am and 6pm. Appointment times start at 8am and finish at 5:50pm.

The Seaton Terrace branch surgery:

Monday to Friday between 8:30am and 6pm. The practice is closed on Mondays between 12:45 and 2:15pm. Appointment times start at 8.30am and finish at 5:50pm.

The Seaton Sluice Surgery:

Monday between 8:30am and 12:45pm, and 2:15pm and 6pm. Appointment times start at 8:30am and finish at 5:50pm.

Tuesday to Friday between 8:30am and 1pm, and 2pm and 6pm. Appointment times start at 8:30am and finish at 5:50pm.

The practice closes one afternoon per month for staff education & development.

Detailed findings

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 5 February 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 February 2016 can be found by selecting the 'all reports' link for Brockwell Medical Group on our website at www.cqc.org.uk.

We undertook a follow up, focused inspection 1 March 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 Brockwell Surgery in Cramlington, on 1 March 2017, and spoke with the managing GP partner and the deputy practice manager.
- We looked at a sample of records kept by the practice.
- We also reviewed evidence forwarded to us by the provider.

Are services safe?

Our findings

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

In addition to the above, we had asked the provider to make use of the local clinical commissioning group's (CCG) Safeguarding Incident and Reporting Management System, to report incidents of concern.

During this inspection, on 1 March 2017, we found that:

- Recently appointed clinical nursing 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.) Staff's identities had been verified and copies of their qualifications had been obtained. The provider had also introduced a system to help them monitor whether clinical staff continued to be registered with their professional regulatory body.

- The provider had taken action to ensure the practice actively used the local CCG's Safeguarding Incident and Risk Management System (SIRMS), to report concerning incidents. (The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and issues for improvement across its whole area.) The provider had invited a representative from the local CCG to attend an education session and provide staff with advice about how to access the system and use it effectively. We were shown examples of the types of incidents that had been reported, since our last visit.

In addition, during our last inspection in February 2016, we found that the floor covering in some areas of the main practice, for example, in the patient waiting area, was showing signs of wear and tear. At the time, the managing GP partner told us that since a decision had been made not to relocate to another site, steps would be taken to replace the carpeted areas with a floor covering that was easier to keep clean. During this visit we found that, although the floor covering was regularly cleansed, because of its condition it did not actually look clean.