

Dr Kaura and Partners

Quality Report

Wrekenton Medical Group
Wrekenton Health Centre
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Date of inspection visit: 14 December 2016
Date of publication: 06/02/2017

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 effective?

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 of Dr Kaura and Partners on 17 March 2016, which resulted in the practice being rated as good overall but as requiring improvement for providing effective services. The full comprehensive report can be found by selecting the 'all reports' link for Dr Kaura and Partners on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out in December 2016 to confirm that the practice had carried out steps to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection in March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- Since our previous inspection staff had completed all mandatory training. A training matrix was in operation to help identify gaps or when updates were due.
- Unless specifically requested by the patient making the complaint, complaints information was not stored on a patients medical record.

- A system was now in place to ensure all meetings were minuted and minutes saved where they could easily be accessed by staff
- The practice had obtained documentary evidence confirming that NHS Property Services had carried out relevant Health and Safety checks. However, the last legionella risk assessment, carried out in July 2012, had highlighted some action points and the accompanying report, which was produced in July 2014 had recommended that a re assessment be carried out every two years. When this was pointed out to the practice during the inspection they contacted NHS Property Services to obtain a more up to date copy. However this was not received before finalising this report.

The practice should therefore:

- Put steps in place to monitor when health and safety checks are due to be completed by NHS Property Services, follow up on any delays or gaps and ensure they retain a copy on site of all up to date documentation.

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 effective?

The practice is rated as good for providing effective services.

- The provider had taken steps to ensure that all staff had undertaken recommended training since the previous inspection.

Good



Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Put steps in place to monitor when health and safety checks are due to be completed by NHS Property Services, follow up on any delays or gaps and ensure they retain a copy on site of all up to date documentation.

Dr Kaura and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector.

Background to Dr Kaura and Partners

Dr Kaura and partners, Wrekenton Medical Group provides care and treatment to approximately 10,664 patients from the Deckham, Saltwell, Heworth, Windy Nook, Leam Lane, Sheriff Hill, Beacon Lough, Wrekenton, Springwell, Usworth, Donwell, Eighton Banks, Birtley, Harlow Green and Low Fell areas of Gateshead, Tyne and Wear. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address:

Wrekenton Health Centre

Springwell Road

Gateshead

Tyne and Wear

NE9 7AD

The surgery is located in purpose built premises that are shared with external services. All reception and consultation rooms are fully accessible for patients with mobility issues. On-site car parking is available, which includes dedicated disabled car parking spaces.

The surgery is open from 7am to 6pm on a Monday to Friday and appointments are generally available from 8am

to 5.40pm. However, extended hours appointments are available with a GP from 7.10am to 7.40am three mornings per week and with a nurse or health care assistant from 7.10am to 8am five mornings per week.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and GatDoc.

Dr Kaura and partners offers a range of services and clinic appointments including long term condition reviews, childhood immunisation service, contraception services, smoking cessation and travel advice. The practice is also an approved training practice and involved in the training of qualified doctors wishing to gain experience of general practice.

The practice consists of:

- Three GP partners (one male and two female)
- Three salaried GPs (one male and two female)
- One nurse practitioner (female)
- Two practice nurses (female)
- Two health care assistants (female)
- A phlebotomist (female)
- Non-clinical members of staff including a practice manager, administration manager, reception, administration and secretarial staff

The area in which the practice is located is in the third (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

The average life expectancy for the male practice population is 77 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83).

Of the practice population, 61.8% were reported as having a long standing health condition (CCG average 56.9% and

Detailed findings

national average 54%). Generally a higher percentage can lead to an increased demand for GP services. At 69.5%, the percentage of the practice population recorded as being in paid work or full time education was higher than the CCG average of 60.5% and national average of 61.5%.

Deprivation levels affecting children were comparable with the local average but higher than the national average.

Deprivation levels effecting older people were higher than the local CCG and national averages.

Why we carried out this inspection

We undertook a focussed inspection of Dr Kaura and Partners which commenced in December 2016. We asked the practice to send us evidence to confirm that

improvements to access had been made following our comprehensive inspection on 17 March 2016. The review inspection focused on one of the five questions we ask about services; is the service effective? This is because we were not assured that staff had completed all of the training required for their roles in line with the latest guidance during the previous inspection.

How we carried out this inspection

In December 2016 we contacted the registered manager and practice manager by email and asked them to confirm that they had taken action to address the issues identified during our previous inspection in March 2016 and that they supply evidence to that effect.

Are services effective?

(for example, treatment is effective)

Our findings

When we last inspected the practice, in March 2016, we identified some concerns in relation to effective staffing. In particular we found:

- Gaps in training and a lack of training updates for some members of staff. Not all staff had undertaken fire safety, information governance or infection control training at a level appropriate to their role.
- The practice had introduced a new induction training policy in November 2015. However, this did not include the need to have infection control, safeguarding or basic life support training.

During the inspection in December 2016 we found that:

- Practice staff had undertaken all recommended and mandatory training, including fire safety, information governance and infection control training for either clinical or non-clinical staff. An electronic training matrix was in place to help identify when training required completing or updating.
- The induction policy had not been amended since the last inspection. While the practice could show that staff had undertaken training in respect of fire safety, information governance and infection control these issues, together with training on safeguarding and basic life support, should be included in the staff induction policy.

Although not specifically related to the effective domain we also found other issues during the March 2016 inspection:

- We were not assured that the storage of information relating to patient complaints was managed in line with the practice's agreed complaints policy as we found some complaint information that had been saved to patients' electronic medical records.

- That appropriate records were not being maintained in relation to the governance of the practice. Minutes of meetings had not been kept.
- That the practice did not have documentary evidence confirming that NHS Property Services had completed the Health and Safety checks they were contracted to carry out.

During the inspection in December 2016 we found that:

- The practice were not saving complaints information to a patient's medical records unless they were specifically requested to do so by the patient making the complaint.
- The practice had implemented a system in April 2016 to ensure that all business, clinical, multi-disciplinary, administration and nursing staff meetings were minuted and that minutes were stored electronically on the practice intranet system for staff to view and refer to.
- The practice had obtained documentary evidence from NHS Property Services that they were carrying out the Health and Safety checks they were contracted to undertake. For example, they had obtained documentary evidence confirming that a legionella risk assessment had been carried out in July 2012. However, the report for this survey, which was produced in July 2014, assessed the practice as having some high risk areas and identified a number of action points. The report also recommended that a re-assessment should be carried out every two years or after significant modifications. We contacted the practice again to see if they had a more recent risk assessment and were told that they had spoken to NHS Property Services and requested a copy of this. However, this had not been received by the time this report was finalised. This indicates that the practice still did not have documentary evidence confirming that NHS Property Services had completed the Health and Safety checks they were contracted to carry out.