

Oxford Terrace & Rawling Road 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

Contents

| Summary of this inspection | Page | |
|-----------------------------------------------------------|------|--|
| Overall summary | 2 | |
| The five questions we ask and what we found | 3 | |
| Detailed findings from this inspection | | |
| Our inspection team | 4 | |
| Background to Oxford Terrace & Rawling Road Medical Group | 4 | |
| Why we carried out this inspection | 4 | |
| How we carried out this inspection | 4 | |
| Detailed findings | 6 | |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oxford Terrace and Rawling Road Medical Group on 17 October 2016. The overall rating for the practice was good; but was requires improvement for providing safe services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Oxford Terrace and Rawling Road Medical Group on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 October 2017 to review in detail the actions taken by the practice to improve the quality of care.

The practice is rated as good overall, now including for providing safe services.

Our key findings at this inspection were as follows:

- The practice had implemented an action plan to address the issues identified during the previous inspection. The relevant improvements had been made.
- All non-clinical staff who had not received a DBS check had a risk assessment in their staff file as to why this was not necessary. We looked at a sample of two staff records and saw this to be the case.

- We saw that the process for patient safety alerts had been strengthened. The practice policy was now to add them to the practice meeting agenda. We saw minutes to confirm this. There were copies of the alerts held with relevant action noted.
- Vaccine refrigerators were monitored correctly to ensure they were fit for purpose.
- The practice had the appropriate spillage kits and a cleaning schedule for the spirometer and nebuliser.

At our previous inspection on 17 October 2016 we said the provider should make improvements in some areas. We saw at this inspection that improvements had been made;

- A comprehensive checking process had been implemented to ensure that emergency medicines and equipment were suitable for use.
- Patient group directions (PGDs) were signed in line with recommended guidance.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection on 17 October 2016, we rated the practice as requires improvement for providing safe services as there were out of date emergency medicines and equipment and patients group directions (PGDs) were not signed in line with recommended guidance.

These arrangements had improved when we undertook a follow up inspection on 12 October 2017. A comprehensive checking process had been implemented to ensure that emergency medicines and equipment were suitable for use. PGDs were signed in line with recommended guidance.

We saw that the process for managing patient safety alerts had been strengthened. The practice policy was to add them to the practice meeting agenda. We saw minutes to confirm this. There were copies of the alerts held with relevant action noted. All non-clinical staff who had not received a DBS check now had a risk assessment in their staff file as to why this was not necessary. We looked at a sample of two staff records and saw this had been carried out. Good



Oxford Terrace & Rawling Road Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector.

Background to Oxford Terrace & Rawling Road Medical Group

Oxford Terrace and Rawling Road Medical Group provides care and treatment to approximately 15,311 patients from the Dunston, Dunston Hills, Teams, Team Valley, Chowdene, Harlow Green, Wrekenton, Beacon Lough, Leam Lane, Heworth, Felling, Mount Pleasant, Sheriff Hill, Windy Nook, Deckham and Bensham areas of Gateshead, Tyne and Wear.

The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG) and operates on a Personal Medical Services (PMS) contract. The practice provides services from the following addresses; we visited the main surgery during this inspection:

- Main surgery: 1 Oxford Terrace, Bensham, Gateshead, Tyne and Wear, NE8 1RQ
- Branch surgery: 1 Rawling Road, Bensham, Gateshead, Tyne and Wear, NE8 4QS

The main surgery is located in a large, converted ex-residential property. All reception and consultation

rooms are fully accessible for patients with mobility issues. On street parking is available nearby.

The branch surgery is located in purpose built premises. All reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park is available.

The main surgery is open from 8am to 7.30pm on a Monday and Thursday (appointments from 8.30am to 7.20pm), from 8am to 6.30pm on a Tuesday, Wednesday and Friday (appointments from 8.30am to 6pm) and from 9am to 12 midday on a Saturday (appointments from 9am to 11.50am). The branch surgery is open from 8am to 6pm on a Monday to Friday (appointments from 8.30am to 6pm).

Patients registered with the practice were also able to access pre bookable appointments with a GP at one of three local health centres from 8am and 8pm on a weekday and 9am to 2pm on a weekend.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Gateshead Community Based Care Limited (known locally as GatDoc).

Oxford Terrace and Rawling Road Medical Group offers a range of services and clinic appointments including childhood health and immunisation service, long term condition reviews, minor surgery, travel advice, contraception and sexual health.

The practice consists of:

- Five GP partners (four male and one female) and one practice manager partner (female)
- Six salaried GPs (two male and four female)

Detailed findings

- Four nurse practitioners (all female)
- Three practice nurses (all female)
- Four health care assistants (all female)

• 28 non-clinical members of staff including quality and safety manager, operational services manager, registrations clerk, medical secretaries, practice administrators, finance administrator, IT support assistants, recall clerk, data coding administrators, complex care administrator, receptionists and cleaners.

The practice is a training practice and is involved in teaching and training GP registrars, medical students, student nurses, nurse associates and trainee pharmacists. It is also a 'research ready' practice and as such is committed to encouraging staff and patients to become involved in primary care research.

The average life expectancy for the male practice population is 76 (CCG average 77 and national average 79) and for the female population 81 (CCG average 81 and national average 83).

52.3%, of the practice population reported as having a long standing health condition is lower than the CCG average of 56.9% and national average of 54%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services. The percentage of the practice population recorded as being in paid work or full time education is 46.2% (CCG average 60.5% and national average 61.5%). Deprivation levels affecting children and adults are higher than the local CCG average and national averages.

Why we carried out this inspection

We undertook a comprehensive inspection of Oxford Terrace and Rawling Road Medical Group on 17 October 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 October 2016 can be found by selecting the 'all reports' link for Oxford Terrace and Rawling Road Medical Group on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Oxford Terrace and Rawling Road Medical Group 12 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

During our visit we:

- Spoke with the practice and assistant manager, operational service manager, nurse manager and nurse practitioner.
- Looked at documents and information about how the practice was managed.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 17 October 2016, we rated the practice as requires improvement for providing safe services as we found out of date emergency medicines and equipment and patients group directions (PGDs) had not been signed in line with recommended guidance.

These arrangements had improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

- At our previous inspection we saw that some non-clinical staff had not received a disclosure and barring check (DBS), (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 adults who may be vulnerable) and there were no risk assessments detailing why this was not necessary. At this inspection the practice manager told us that a risk assessment had been carried out for all those non-clinical staff who had not received a DBS check as to why this was not necessary. We looked at a sample of two staff records and saw this had been carried out. We were told that going forward the practice had decided that all non-clinical staff were to receive a DBS check and this was to be rolled out in the future.
- At our previous inspection we saw that although patient safety alerts were disseminated to clinical staff for consideration and action there was no process in place to ensure relevant action had been taken. At this inspection the assistant practice manager provided us with a copy of the practice's updated policy for drug alerts and patient safety notices. It had been amended to show that these would now be added to the monthly agenda for practice meetings. We saw copies of the minutes for the last three months meetings where safety alerts had been discussed. Copies of the alerts were held in a folder with the relevant action noted.
- Previously we saw that not all of the PGDs were appropriately signed (PGDs are specific guidance on the administration of medicines authorising health care

professionals such as nurses to administer vaccines without the patient having to see a doctor). At this inspection we saw all PGDs had been signed by the relevant healthcare professional.

At our previous inspection we were not assured that the arrangements for managing medicines, including emergency drugs and vaccinations kept the patients safe. At this inspection we saw that the practice had addressed these issues;

- We were shown the process for managing emergency medicines held in the surgery. There was a protocol in place overseen by the nurse manager. The bags were sealed with a plastic tag and numbered. The medication inside of them was logged with the dates of expiry. If the seal was broken the bag would be re-checked stocked appropriately and re-sealed for future use. The log of medication was checked weekly for expiry dates and bags dealt with appropriately.
- Medical equipment and vaccines which we checked were in date.
- Records of cleaning equipment, including the spirometer and nebuliser were maintained.
- The practice had spillage kits which included one to deal with vomit spillages.
- The vaccine refrigerators had enough room around the vaccines for the flow of air. There was evidence of them being monitored for the correct temperatures for the storage of vaccines.

Monitoring risks to patients

• At our previous inspection there had been a legionella assessment carried out at the branch surgery at Rawling Road. This identified that the premises required a new boiler and heating system, the practice were in the process of applying for funding for renovations which included a new boiler. We asked how the plans were progressing. The practice manager told us that there was now an agreement in place to extend the premises and the practice was in discussion with NHS England and the local clinical commissioning group (CCG) as to how to progress this.