

The New City Medical Group

Inspection report

The New City Medical Centre
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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 location

Good



Are services effective?

Requires improvement



Overall summary

We first carried out an announced comprehensive inspection at The New City Medical Group on 13 September 2016. The overall rating for the practice was good; although the practice was rated as requires improvement for providing effective services. We issued a requirement notice with respect to Regulation 18 on staffing because we found that the practice had failed to ensure all staff received appropriate training, to enable them to carry out the duties for which they had been employed.

We carried out an announced focused inspection on 21 November 2017; the practice remained good overall but was rated requires improvement for providing effective services. While there were some improvements, we issued a further requirement notice for Regulation 18 staffing. We found that some staff had not completed training that the provider considered mandatory and the practice did not record or monitor the training completed by the GPs.

The full comprehensive report for these inspections can be found by selecting the 'all reports' link for The New City Medical Group on our website at .

This inspection was an announced focused inspection carried out on 7 June 2018 to review in detail the actions taken by the practice to improve the quality of care. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

The practice is rated as requires improvement for providing effective services, and overall the practice is rated as good.

Our key findings at this inspection were as follows:

- The practice had implemented an action plan to address the issues identified at the previous inspection. Improvements had been made, however, a small number of staff had not completed training that the provider considered mandatory.

At our previous inspection on 21 November 2017, we told the provider that they should make improvements in some areas. We found that the practice did not have a development plan that set out how the provider intended to enact their vision and strategy. We also found that they did not have a planned and structured approach to carrying out clinical audits. At this inspection we found that the practice had not addressed these issues.

- The lack of an effective development plan was first identified when CQC inspected the practice in

September 2015, the practice had not taken action to address this area of improvement when we returned in November 2017 or at this inspection. The practice had produced a practice development plan in May 2018. This included a review of the current population needs and workforce. The practice development section of this plan listed several priority areas such as referral management and unscheduled care. However, the plan did not outline how the required work would be done and did not name the people who would be responsible for completing the work. The only priority area which had been identified by the practice and then completed was work to improve patient access to the surgery by the provision of automatic doors. The practice was not able to describe how the plan was linked to the vision and values of the practice.

- The practice did not have a planned or structured approach to carrying out clinical audits. Since we last inspected the practice identified the need for a more structured approach to clinical audit but it did not outline any approach the practice planned to implement.

There was one area of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care (see the requirement notice at the end of the report for further details).

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice.

Our inspection team

Our inspection was undertaken by a CQC Inspector.

Background to The New City Medical Group

The New City Medical Group is registered with the Care Quality Commission to provide primary care services for

Overall summary

around 5,250 patients. The practice is part of Sunderland clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- The New City Medical Centre, Tatham Street, Sunderland, Tyne and Wear, SR1 2QB.

The practice is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice maintains a website:
<http://newcitymedicalpractice.nhs.uk>

Patients can book appointments in person, on-line or by telephone. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care.

The practice occupies a purpose built; two-storey building that provides patients with access to ground and first floor treatment and consultation rooms. Lift access is provided to the first floor.

The provider is a single female GP. The practice employs a salaried GP (male), and two long-term locum GPs (one male one female). Other staff included an advanced nurse practitioner (female), a healthcare assistant (female), a practice manager and assistant manager, and a team of administrative and reception staff.

Information taken from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 81 years, which is two years lower than the England average and the average female life expectancy is 75 years, which is five years lower than the England average. 92.1% of the practice population were white, 0.9% were mixed race, 5.6% were Asian, 0.6% were black and 0.5% were from other races.

The proportion of patients with a long-standing health condition is above the national average (70% compared to the national average of 54%). The proportion of patients, who are in paid work or full-time employment, or education, is below the national average (44% compared to the national average of 62%).

The practice had displayed their CQC ratings from the November 2017 inspection, in the practice reception area and on their website, in line with legal requirements.

Are services effective?

At our previous inspection on 13 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of completion, monitoring and recording of training were not effective. We also found that the practice did not have a planned and structured approach to carrying out clinical audits.

At our inspection on 21 November 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of completion, monitoring and recording of training remained ineffective. We also found that the practice had not yet developed a planned and structured approach to carrying out clinical audits.

These arrangements for training had improved when we undertook a follow up inspection on 7 June 2018, however, they were still not fully implemented. We also found that the practice had still not developed a planned and structured approach to carrying out clinical audits. The practice is rated as requires improvement for providing effective services.

Monitoring care and treatment

When we inspected the practice in November 2017, we saw that the practice had completed limited quality improvement work and there was no plan in place to ensure clinical audit was structured in a way that would lead to improvements in patient outcomes. The records we reviewed showed the practice had completed one two-cycle clinical audit which had been completed since we last inspected the practice and two single-cycle reviews. There was no planned structured approach to carrying out clinical audit.

At this inspection, in June 2018, we found that the practice had created a clinical audit action plan. This plan had an objective to 'continually undertake regular clinical audit'. The practice overview in the plan stated that they would 'have a more structured approach'. However, there was no detail of what this structured approach was and the practice were not able to describe what their structured approach was, or how the work they had completed was part of a structured approach to clinical audit.

The practice supplied one two-cycle clinical audit that they had completed following a request by the local clinical commissioning group to focus on identifying patients

diagnosed with hypertensive disease (high blood pressure). This audit looked at the management of patients over the age of 70 who were not recorded as having high blood pressure. Their records were reviewed and 86.7% of patients had had their blood pressure measured in the last five years and if required, were being treated correctly. The remaining 13.3% of patients were invited to attend the practice for review. Following a review of those patients that responded, the practice found that 92.8% of patients now had had their blood pressure measured in the last five years and if required, received the appropriate treatment.

The practice also supplied two examples of single-cycle reviews. However, it was not possible to determine from these when the review had been completed or what it guidance or standard the audit was measuring the practice against. There was no indication of how the subjects chosen linked to the practice's clinical audit action plan or how they were part of a structured approach to clinical audit.

Effective staffing

When we inspected the practice in November 2017, we found that some staff had not completed all the training that the provider considered mandatory for their role.

The practice had ten permanent members of staff and employed two long term locums. A mandatory training protocol that all staff were required to sign had been introduced. The protocol detailed the arrangements in place to ensure that staff had sufficient time and support to complete the training the practice considered mandatory. We found that most practice staff had completed the training that the provider considered mandatory for their role, however, there were still some areas where staff had not completed the training required.

When we inspected the practice in November 2017, we found that the practice did not record or monitor the training completed by any of the GPs who worked at the practice. At this inspection we found improvements. The practice now recorded and monitored the training recorded by all of the GPs that worked at the practice. They had enabled the long-term locums to access their on-line training system in order to complete on-line training.

Please refer to the Evidence Table for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The programme of continuous clinical and internal audit in use was not effective in monitoring quality and supporting the practice to make improvements.• The practice did not have a development plan that clearly set out how the GP provider intended to implement their vision and strategy.• The practice's systems and processes for recording and monitoring staff training did not ensure that the training the practice considered mandatory was completed by staff in a timely manner. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>