

Percy Street

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 well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of this practice on 5 March 2015. 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 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;
- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (h) of the Health and Social Care Act 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 Priory Medical Group on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had addressed all of the issues identified during the previous inspection.
- Action had been taken to improve the management of medicines and infection control arrangements.
- Appropriate recruitment checks had been carried out for staff and there were arrangements in place to ensure the GPs and nurses were registered with the relevant professional bodies.
- Infection control and health and safety audits had been carried out; action had then been taken to address any issues arising.

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.

Revised policies had been implemented to improve the management of medicines, equipment and infection control.

Appropriate recruitment checks had been carried out for staff and there were arrangements in place to ensure the GPs and nurses were registered with the relevant professional bodies.

Defibrillators were in place at each of the three sites.

Good



Are services well-led?

The practice is rated as good for providing well led services.

Infection control and health and safety audits had been carried out; action had then been taken to address any issues arising.

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 older people.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered personalised care to meet the needs of the older people in its population. The practice had written to patients over the age of 75 years to inform them who their named GP was. The practice was responsive to the needs of older people, including offering home visits for health checks and flu vaccinations. However, the percentage of patients over the age of 65 who had received a seasonal flu vaccination was below than the overall average for other practices nationally (65% compared to national average of 73%).

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Clinical staff told us care reviews for patients with long term conditions took place at six monthly or yearly intervals. These appointments included a review of the effectiveness of their medicines, as well as patients' general health and wellbeing. Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2013/14 showed the practice had achieved maximum points (with an overall score of 98.3%) for the majority of the 20 clinical conditions covered.

Although the practice had achieved a high overall score for QOF the exception rate was high in comparison to other practices (13.9%, compared to a national average of 7.9% and a local average of 8.7%). GPs told us if a patient did not attend appointments or respond to invites then they would be 'exempted', as per the QOF guidelines (QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). It was not clear what plans were in place to ensure those patients' care was properly managed. Staff told us they continued to send invites out and tried to catch patients opportunistically and review their conditions when they were at the practice for other appointments. However, there were no formal arrangements in place for clinicians to monitor their care.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

We saw the practice had processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were reviewed at multidisciplinary meetings involving child care professionals such as school nurses and health visitors.

The practice advertised services and activities available locally to families. Lifestyle advice for pregnant women about healthy living, including smoking cessation and alcohol consumption was given by the GPs and midwives. Some of the nurses were trained in family planning and the practice routinely offered contraceptive implant and coil fittings.

Appointments were available outside of school hours and reception staff had been trained to take note of any urgent problems and notify the doctor, for instance, an unwell child or parental concern. The premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Immunisation rates were high for all standard childhood immunisations.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

Patients could order repeat prescriptions and book appointments on-line. Extended hours appointments were available until 7:00pm four evenings a week and on Saturday mornings (with GPs and nurses). We saw health promotion material was made easily accessible through the practice's website. This included signposting and links to other websites including those dedicated to weight loss, sexual health and smoking cessation. The practice provided additional services such as smoking cessation advice clinics, travel vaccinations and minor surgery.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Systems were in place to identify patients, families and children who were at risk or vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health.

Most patients experiencing poor mental health had received an annual physical health check. The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had care plans in place for patients with dementia and had recently been involved in a local scheme to increase the diagnosis rates. Recording of such patients within the practice had risen from 57% to 65%.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations. Well established relationships had been established with local organisations such as MIND. Information and leaflets about services were made available to patients within the practice.

Good



Percy Street

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Percy Street

Percy Street is registered with the Care Quality Commission to provide primary care services. It is located in the town of Tynemouth in North Tyneside.

The practice provides services to around 14,500 patients from three locations:

- 19 Albion Road, North Shields, Tyne and Wear, NE29 0HT
- Percy Street, Tynemouth, Tyne and Wear, NE30 4HD
- Addington Drive, Hadrian Park, Wallsend, Tyne and Wear, NE28 9UX

We visited all three addresses as part of the inspection.

The practice has six GP partners, four salaried doctors, four practice nurses, two healthcare assistants, a practice manager, a practice pharmacist and 21 staff who carry out reception and administrative duties.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice age distribution is broadly in line with the national average.

The North Shields surgery is located in a two storey building; patient facilities are situated on both the ground and first floor. A lift is available for patients to access the first floor. The surgeries at Tynemouth and Hadrian Park are within single storey buildings. All surgeries also offer a disabled WC, wheelchair and step-free access.

Opening times at each surgery are between 8:30am and 5.30pm Monday to Friday. All branches are closed for lunch

each day between 12:30pm and 1.30pm. The North Shields branch is open until 7:00pm Monday to Thursday. The Tynemouth branch is open on Saturdays between 8:30am and 12.00pm and the Hadrian Park branch is open from 7:30am on Wednesdays and until 7:00pm on Thursdays. Patients can book appointments in person, on-line or by telephone.

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by Northern Doctors Urgent Care Limited (NDUC).

Why we carried out this inspection

We undertook an announced focused inspection of Priory Medical Group on 10 December 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 5 March 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service well led? This is because the service was not meeting some legal requirements.

How we carried out this inspection

We carried out an announced visit on 10 December 2015. We spoke with and interviewed the practice manager and we also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Learning and improvement from safety incidents

When we inspected the practice in March 2015 we found there were no systems in place to ensure that clinicians had read, understood or taken any necessary action upon receipt of patient safety alerts.

During the inspection in December 2015 we found the practice had addressed this issue. The practice manager received all safety alerts and passed on to a practice nurse who had been designated as the lead clinician. The nurse then disseminated the alerts to all clinical staff as appropriate. We saw records were maintained which showed what action had been taken in each case.

Medicines management

When we inspected the practice in March 2015 we were concerned about some of the arrangements for managing medicines:

- fridge temperature checks were not carried out consistently;
- some medicines at each of the three sites were out of date.

During the inspection in December 2015 we found the practice had addressed these issues. A new policy had been agreed and implemented and there were revised procedures in place for staff to follow. We saw records which showed the fridge temperatures were checked twice each day. We visited all three sites and looked at a sample of medicines, all were in date.

Cleanliness and infection control

We identified a number of concerns in relation to infection control when we inspected the practice in March 2015. This included:

- staff told us specimens were sometimes stored in refrigerators where medicines were held;
- no infection control audits had been carried out;
- there were no arrangements in place for the management and testing of the water supply for the presence of the legionella bacteria.

During the inspection in December 2015 we found the practice had addressed these issues. A revised infection control policy was in place and audits had been carried out at each of the three sites. The practice manager confirmed that specimens were no longer stored in the medicines

fridges. We saw notices had been attached to medicines fridges to remind staff of these arrangements. Steps had been taken to implement arrangements for the management and testing of the water supply. A legionella risk assessment had been carried out at each site. This had recommended the replacement of some equipment and suggested that monthly checks of the water temperatures be carried out. We saw records which showed the relevant equipment had been replaced and checks were being carried out each month.

Equipment

When we inspected the practice in March 2015 we found some equipment in two of the clinical rooms was out of date and there were no formal arrangements in place to check such items.

During the inspection in December 2015 we saw action had been taken to address this issue. Revised protocols were in place and equipment was checked every two weeks. We visited all three sites and looked at a sample of equipment; everything we looked at was within its expiry date.

Staffing and recruitment

During our inspection in March 2015 we identified some concerns in relation to staffing and recruitment:

- the practice did not have an up to date recruitment policy;
- some of the necessary recruitment information for staff was not available;
- there were no arrangements in place to routinely check clinical staff's professional registrations.

During the inspection in December 2015 we saw action had been taken to address these issues. A comprehensive recruitment policy had been implemented. We looked at three staff files and found all of the necessary recruitment information was available. The practice manager checked the clinical staff's professional registrations each month; we looked at records which confirmed the checks had been carried out.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in March 2015 we found that none of the three sites had a defibrillator available. No risk assessment had been carried out to determine whether the practice could respond to the needs of a seriously ill person.

Are services safe?

During the inspection in December 2015 we saw each of the sites had a defibrillator in place.

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 March 2015 we identified concerns in relation to the practice's governance framework:

- there were no arrangements to regularly audit areas such as infection control;
- some of the audits were ineffective.

During the inspection in December 2015 we found the practice had addressed this issue. Infection control and

health and safety audits had been carried out. Where areas for improvement had been identified action had been taken to address the concerns. For example, the infection control audit had highlighted that there were no cleaning schedules in place for medical equipment. Following the audit we saw cleaning schedules had been introduced and had been completed by staff.

The health and safety audit had highlighted that some of the radiators were not covered at the Hadrian Park site. We visited the branch and saw action had been taken to install covers where necessary.