

Freeman Clinics Limited

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?

Requires improvement



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 Freeman Clinics Limited on 6 October 2015. Overall, we rated the practice as good. However, there was a breach of legal requirements. In particular, we found that the provider had not ensured that appropriate records were maintained in relation to the management of the practice and that sufficient arrangements were in place to share learning and improve safety following significant events.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the above regulation. We carried out a focused inspection on 2 November 2016 to check whether the provider had taken steps to comply with the above legal requirement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Freeman Clinics Limited on our website at www.cqc.org.uk.

Our key findings across all the areas we inspected were as follows:

- The practice had complied with the requirement notice we set following the last inspection, however, improvements could be made. The practice had ensured that appropriate records were maintained in

relation to the safe management of the practice, specifically meetings held at the practice. However, for some training required to ensure the practice provided safe care and treatment the records were incomplete.

- They had arrangements in place to make sure that learning from significant events was shared with the relevant staff. Action was taken following significant events to improve safety in the practice.
- The practice had taken steps to address the areas we told them they should improve.
- The practice had reviewed their clinical staffing levels. However, staffing levels were still of concern as we found that on some days no GP clinical sessions were made available for patients as there were no available GP's. The practice relied heavily on locum GPs, which impacted on continuity of care.
- The practice had an effective system for reviewing and acting on safety alerts received.
- The practice had implemented arrangements to check and record the immunisation status (for Hepatitis B) of all appropriate staff.

There were areas where the provider needs to make improvements.

The provider should:

Summary of findings

- Continue to review their clinical staffing levels to enable sufficient and appropriate staff to be available to support the safe running of the practice.
- Review their arrangements for the monitoring of staff training.

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 requires improvement for providing safe services.

Requires improvement



- The practice had complied with the requirement notice we set following the last inspection, however, improvements could be made. The practice had ensured that appropriate records were maintained in relation to the safe management of the practice, specifically meetings held at the practice. However, for some training required to ensure the practice provided safe care and treatment the records were incomplete. They had arrangements in place to make sure that learning from significant events was shared with the relevant staff. Action was taken following significant events to improve safety in the practice.
- Frequent staff shortages increased the risks to patients who used the services. The practice relied heavily on locum GPs, in the four months prior to the inspection there were only six days when all of the GP sessions provided were covered by salaried GP's. During this time the practice had planned to offer GP appointments for over 30 clinical sessions, however, they were unable to do so as there were no available GP's. This included four days when no GP clinical sessions were available. Managers were aware of the concerns and were actively attempting to recruit further GP staff.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

The provider should:

- Continue to review their clinical staffing levels to enable sufficient and appropriate staff to be available to support the safe running of the practice.
- Review their arrangements for the monitoring of staff training.

Freeman Clinics Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector.

Background to Freeman Clinics Limited

Freeman Clinics Limited is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 3,200 patients from one location: 169 Pontleland Road, Cowgate, Newcastle upon Tyne, NE3 5AE. The Freeman Clinics is a limited company which runs three GP practices in the Newcastle and North Tyneside areas.

The practice is located in a purpose-built two storey building. There is a lift, on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

The practice has two salaried GPs (one female, one male), a pharmacist, a practice nurse (female), a healthcare assistant (female), a radiography assistant, a practice manager, an assistant practice manager and 13 staff who carry out reception or administrative duties. The practice provides services based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

Freeman Clinics Limited is open at the following times:

- Monday to Friday 8am to 6:30pm.

A walk in service is also provided for registered and non-registered patients, this is open from Monday to Sunday 8am to 8pm.

The telephones are answered by the practice during their opening hours. The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Appointments are available at Freeman Clinics Limited at the following times:

- Monday to Friday 8.10am to 7pm.

Registered patients are also able to pre-book weekend GP appointments at the walk in centre at following times: Saturday and Sunday 8.10am to 8.30am, 11.00am to 11.20am, 1.20pm to 1.40pm then 3.55pm to 4.15pm with a GP.

The practice is part of NHS Newcastle Gateshead clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 76 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

Why we carried out this inspection

We undertook an announced follow up inspection of Freeman Clinics Limited on 2 November 2016. This inspection was carried out to check whether the provider had taken the action they said they would take to address shortfalls in relation to legal requirements, which had been identified during our comprehensive inspection on 6

Detailed findings

October 2015. We inspected the practice against one of the five questions: is the service safe. This is because the service was not meeting some of the legal requirements relating to safety at the time of the inspection.

practice manager, a salaried GP and a member of the administrative team. We looked at a sample of records the practice maintained in relation to the provision of the service.

How we carried out this inspection

We carried out an announced inspection on 2 November 2016. We spoke with the practice manager, the assistant

Are services safe?

Our findings

Reliable safety systems and processes including Safeguarding

When we inspected the practice in October 2015, we found that the practice was not always able to demonstrate a safe track record over time or demonstrate that learning from significant events was effective. We found:

- It was not always clear how learning had been shared or how incidents had been followed up to ensure action had been taken to improve safety in the practice. There was very little documented evidence of discussions with staff or any subsequent reviews.
- The arrangements for disseminating information on management of safety alerts from the Medical and Healthcare products Regulatory Authority (MHRA) to locum GPs were not clear.

During the inspection in November 2016, we:

- Reviewed a sample of the forms, records and minutes used to record the management of significant events. In some of the information we reviewed not all of the relevant information was recorded at the time of the event. However, when we reviewed the minutes of the practice meetings where these events were discussed. The actions taken and lessons learned were clearly documented and shared with staff. The practice agreed that it would improve their process if they ensured that relevant details of significant events were recorded in more detail when initially reported.
- The practice had improved their approach to the management of safety alerts from the Medical and Healthcare products Regulatory Authority (MHRA). The practice ensured that all alerts received were reviewed and acted on. The practice kept a record of the alerts received and the action taken, a printed copy of all alerts received was kept in each clinical room and locum staff were made aware of the need to review this information.

Overview of safety systems and processes

When we inspected the practice in October 2015, we identified some concerns relating to safety systems and processes. We found:

- The practice was unable to show us documentary evidence that all administrative staff had been

completed safeguarding training. Notes were taken at safeguarding meetings but there were no formal minutes which documented who had attended and any decisions made. We also found that staff identified as fire wardens had not received training to support this role since 2012.

During the inspection in November 2016, we found:

- Formal minutes were made following safeguarding meetings. We reviewed the minutes of the last three meetings held, they documented who had attended and any decisions made. When we inspected the log used to monitor staff training it showed that not all staff had completed safeguarding training to the required level. Shortly after the inspection the practice sent us additional information showing that most staff had now completed this training. However, for one of the GPs level three safeguarding had been completed over three years ago, the practice records stated that this training should have been completed by February 2016.
- Since the last inspection, the practice had also taken steps that ensured that the privacy curtains in the consulting rooms were cleaned every three months. The practice now kept appropriate records that showed whether staff were immunised against infectious diseases.
- When we inspected the log used to monitor staff training it showed fire warden training had last been completed in 2012, the records showed that this training should have been completed by September 2015. The practice told us that staff had completed this training but we did not see records that confirmed this.

Staffing

When we inspected the practice in October 2015, we identified concerns relating to staffing, we told they practice they should improve in this area. We found:

- The number of clinical sessions where no GP's were available and the high number of clinical sessions covered by locum GPs impacted on the continuity of care for patients. Managers were aware of the concerns and were actively attempting to recruit further GP staff.

During the inspection in November 2016, we found:

- Frequent staff shortages increased the risks to patients who used the services. We reviewed the GP rota for July to October 2016. Within this period the practice had

Are services safe?

planned to offer GP appointments for over 30 clinical sessions, however, they were unable to as there were no available GP's. This included four days when no GP clinical sessions were available. During this time, the practice employed only two salaried GPs, which meant that a high number of clinical sessions were covered by locum GPs. While some of the locum GPs who worked at the practice were regular long-term locums, lack of clinical sessions and the high use of locum GPs impacted on the continuity of care for patients. Managers were aware of the concerns and were actively

attempting to recruit further GP staff; however, since the last inspection the number of salaried GPs had reduced from three to two. The practice provided a walk in service that enabled them to provide services seven days a week, however, this offered a limited number of pre-bookable GP appointments.

- The practice told us that they had formal arrangements for clinical cover to be provided in an emergency from other practices in the the company, however, as some clinical sessions had not be able to be provided this arrangement was not always effective.