

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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection on 6 October 2015 and announced focused inspection on 2 November 2016 at Freeman Clinics Limited.

At the inspection on 6 October 2015, we rated the practice as good. However, there was a breach of legal requirements. In particular, we found that the provider had not ensured they maintained appropriate records 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. We found they had complied with legal requirements; however, there were still areas where the practice should make further improvements. We told them they 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. In addition, they should review their arrangements for the monitoring of staff training.

This inspection was an announced focused inspection, carried out on 30 August 2017, to check on the progress the practice had made with the improvements to maintain safe services. Overall the practice is rated as good.

You can read the report from our last comprehensive and focused inspections 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 continued to improve the process for recording significant events. They now recorded full details of the significant event when staff initially reported it.
- The practice had taken steps to address the areas we told them they should improve. The practice had improved the arrangements for the monitoring of staff training.
- Although the practice still had issues with GP clinical resources, they had taken reasonable and practical steps to address this and improve continuity of care.

There were areas where the provider needs to make improvements.

Summary of findings

The provider should:

- Continue to monitor staffing levels.

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.

- The practice had continued to improve the process for recording significant events. They now recorded full details of the significant event when staff initially reported it.
- The practice had taken steps to address the areas we told them they should improve. The practice had improved the arrangements for the monitoring of staff training. Although the practice still had issues with GP resources, they had taken reasonable and practical steps to address this issue and improve continuity of care.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor staffing levels.

Freeman Clinics Limited

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector

Background to Freeman Clinics Limited

Freeman Clinics Limited provides care and treatment to around 3,100 patients. The practice is part of NHS Newcastle Gateshead clinical commission group (CCG) and operates on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

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

- 169 Ponteland 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 company also holds the contract for the walk in centre at Ponteland Road Health Centre. The majority of the work of the walk in centre is sub contracted to an NHS Trust. However, the practice provides GP clinical support to the walk in centre.

During the inspection, the local Healthwatch and clinical commissioning group were holding a consultation on the future of the practice. The consultation related to the GP practice only, and did not include the walk in service on the same site. The consultation was due to run until early October 2017.

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.

Freeman Clinics Limited is open at the following times:

- Monday to Sunday 8am to 8pm.

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

- Monday to Friday 8.10am to 7pm
- Saturday and Sunday 8.10am to 8.30am, 11.00am to 11.20am, 1.20pm to 1.40pm then 3.55pm to 4.15pm.

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

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 76.7 years, compared to the national average of 79.4 years. Average female life expectancy at the practice is 80 years, compared to the national average of 83.1 years.

Detailed findings

Why we carried out this inspection

We undertook an announced comprehensive inspection of Freeman Clinics Limited on 6 October 2015 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We rated the practice as good overall. However, we rated the practice as requires improvement in safe, and there were breaches of legal requirements. We carried out an announced focused inspection on 2 November 2016 to check whether the provider had taken the action they said they would take to address shortfalls in relation to legal requirements at the previous inspection. Although the practice had made some progress with the improvements, we continued to rate them as requiring improvement for safe. This was because there were still areas where the practice should make further improvements.

We carried out this announced follow up focused inspection on 30 August 2017 to check on the progress the practice had made to ensure they provide safe services.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 30 August 2017. During our visit we:

- Spoke with practice manager, the assistant practice manager and a salaried GP. We also spoke with the Managing Director of Freeman Clinics Limited by telephone following the inspection.
- Looked at information the practice used to manage the service.

Are services safe?

Our findings

At our previous inspection on 6 October 2015 and 2 November 2016, we rated the practice as requires improvement for providing safe services, as some arrangements were not satisfactory. This included the arrangements to ensure appropriate clinical staffing levels to support the safe running of the practice and the arrangements for the monitoring of staff training.

Safe track record and learning

In November 2016, we found the practice had improved their approach to managing and learning from significant events. However, we found in some significant events we reviewed, staff had not recorded all of the relevant information at the time of the event.

In August 2017, we found the practice had further improved their approach to significant events. For example, they had carried out additional significant event meetings at times when locum GPs could attend, to ensure they were involved in identifying learning and improvements. We saw detailed recording of significant events with the practice clearly identifying learning points and improvements.

Overview of safety systems and processes

In November 2016, we found some concerns relating to safety systems and processes. We found the practice was unable to show us documentary evidence that all administrative staff had completed appropriate safeguarding and fire awareness training. Shortly after the inspection, the practice sent us additional information showing that most staff had now completed this training; however, there were still some gaps in evidence to demonstrate staff undertook refresher training at appropriate intervals.

In August 2017, we found the practice had made good progress with ensuring staff had the knowledge and skills to keep people safe. The majority of staff had received up-to-date safeguarding and safety training. Where training was yet to take place, appropriate prompts were in place to remind staff of their responsibilities. The practice had achieved a 94% rate for mandatory training. We checked training records for five staff members, which confirmed staff had received a variety of safety training, such as basic life support, fire safety and the safeguarding of children and vulnerable adults. Where a higher level of training was required to take account of risks and individual

responsibilities, the practice supported staff to do this. For example, the salaried GPs had received training to level three and the practice nurse to level two in safeguarding children. The practice nurse had received a higher level of training on infection control procedures.

The practice had implemented arrangements to keep a regular check on team progress with mandatory training, and they implemented trigger points to highlight where staff still needed to undertake update and refresher training. The practice had also introduced time during the induction process for new staff to undertake the necessary mandatory training required, so they completed this early upon taking up post.

The practice manager told us they had taken further action to help them ensure staff had the knowledge and skills they needed to do their job. They had introduced a key skills framework, which set out the key competencies staff needed to do their job. They told us over the year, staff produced a competency portfolio to demonstrate how they met the competencies for their job role. This helped the management team to identify any skills gaps and put in place training plans to address these. We saw an example of the key skills framework for a receptionist.

Staffing

When we inspected the practice in October 2015 and November 2016, we identified concerns relating to staffing, we told they practice they should improve in this area. In particular, there were a number of clinical sessions where no GP's were available. In addition, the high number of clinical sessions covered by locum GPs had an impact on the continuity of care for patients. Managers told us they were aware of these concerns. They were actively attempting to recruit further GP staff; however, between the two inspections, the number of salaried GPs had reduced from three to two.

In August 2017, we found the practice still had issues with recruiting additional salaried GPs and GP clinical resources generally. However, they had taken reasonable and practical steps to address this issue and improve continuity of care.

Over the last six months, there were some gaps in the rota where the practice had been unable to provide any type of GP cover within the practice. The management team were

Are services safe?

aware of this and they were actively managing the staffing rotas to reduce the occurrence of this. The commissioners of the service were also aware of this and the practice sent them weekly reports on this issue.

The practice had an active escalation route, where they identified gaps in GP rotas. This included asking salaried GPs, locum GPs and other GPs working within the provider group if they could work the identified sessions. The provider had two other GP practice locations in the area. Where they were unable to identify a GP to work a session at the practice, they were able to access a GP remotely from one of these other locations. This allowed a GP working remotely to pick up urgent requests for telephone appointments or medicines. The practice also used other healthcare professionals, such as nurse practitioners, where they were unable to access GP clinical cover.

The practice had in place arrangements for dealing with emergencies, when there was no GP on site. The practice told us they would access the on-site nurse practitioners from the walk in centre to obtain immediate medical support, where a GP was not available. All staff working at the practice were trained to deal with medical emergencies, and where required, the practice would call 999 emergency services.

We saw the practice had undertaken a capacity and demand review in September 2017 to determine the resources required. They also had in place key performance indicators to help them continually monitor their resources in this area. This compared the quarterly hours of available appointment time per 1,000 patients. In the financial year, this was an average of 18.6 hours of GP appointments per 1,000 patients.

The practice was taking an active approach to recruiting new GPs. There was an ongoing recruitment advert for a salaried GP. Where a locum worked for the practice, they sought to encourage them to work for the practice on a more permanent basis. They had also reviewed the contracts of employment offered, to make them more enticing for GPs to come and work at the practice. However,

recruitment was difficult due to the ongoing consultation about the future of the practice. The local clinical commissioning group and Newcastle Healthwatch were holding a consultation event on the day of the inspection, to seek the views of patients and other stakeholders on this. (Healthwatch are the consumer champion for health and care, with local Healthwatch existing to ensure the voices of people who use services are listened and responded to, leading to improvements in service provision and commissioning.) The consultation was due to close by early October 2017.

The practice had reviewed and increased the skills mix within the practice to support GPs to focus more on patient consultations. Since the inspection in November 2016, the practice had continued to develop and consolidate the role of the pharmacist within the practice. They were able to take some administration duties away from the GPs, such as adding medicines to a patient's record and medicines reviews and were able to undertake consultation with patients, within the scope of their role. The practice had recently recruited a nurse practitioner, who was shortly due to take up post. This demonstrated the practice was considering the skills mix within the practice team, to ensure they were making the most of the clinical resources available.

The practice had considered and taken action to address the impact on the continuity of care for patients, when they used locum GPs. This included the use of regular locums, so patients were familiar with and knew the GPs who worked at the practice. The practice had strengthened the wording of contracts of employment and accompanying information given to new locum GPs to ensure these clearly set out expectations for working at the practice.

The practice had also strengthened their induction process and content of locum induction packs to ensure new GP staff were aware of the practice policies and procedures. This also included information about relevant patient safety alerts, so the practice could be assured locum GPs were up to date with these.