

Tynemouth Medical Practice

Inspection report

Tynemouth Road
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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

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Tynemouth Medical Practice on 14 February 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 26 July 2018. Our report following the inspection on 26 July 2018 rated the practice as inadequate in all domains (Safe, Effective, Caring, Responsive and Well-led). We issued requirement notices for breaches of Regulations 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and warning notices for breaches of regulations 12 and 17 of the said regulations. A copy of our inspection report can be found on the CQC website at: . We subsequently carried out a warning notice inspection in respect of regulations 12 and 17 on 15 November 2018, at which inspection we found that the practice had made sufficient progress to meet the warning notices. A copy of our warning notice report can be found on the CQC website at: .

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as inadequate overall, with a rating of inadequate for effective, caring, responsive and being well-led, and requires improvement for providing safe care.

We rated the practice as requires improvement for providing safe services because:

- The practice was unable to provide evidence of fire drills or alarm checks. Following the inspection the practice sent us evidence of fire alarm testing for the months of November 2018 and January 2019.
- Not all non-clinical staff who needed one had received an appraisal within the last 12 months. The practice advised any outstanding appraisals would be completed during the week following the inspection.
- Safeguarding policies for adults and children did not provide for safeguarding issues should the patient access advice via the practice's online service, and there were various versions on the IT system which could put staff at risk of accessing an out of date version;

- The practice had not completed actions identified in its fire risk assessment, nor had it set review or completion dates for outstanding issues;
- The practice was securely storing blank prescription paper, however it did not make us aware of, or provide us with evidence, it had a written procedure for this purpose;
- Prescriptions waiting for collection showed evidence of overdue medicines reviews;
- The provider had failed to introduce a system to undertake regular audits of unusual prescribing, quantities, dose, formulations and strength for controlled drugs in line with national guidelines.

We rated the practice as inadequate for providing effective services because:

- Year to date performance for Quality and Outcomes Framework (QOF) showed that the practice was, in some areas, performing significantly below the local and national averages.
- Performance for childhood immunisations was significantly below the World Health Organisation (WHO) minimum target of 90%.
- Uptake of the practice's cervical screening programme was significantly below the target 80% coverage.
- The practice's performance for people experiencing poor mental health had declined significantly between the last data collection year (2017-18) and the current year to date (2018-19).
- There was limited evidence of quality improvement as a result of clinical audit or other quality improvement activities.

We rated the practice as inadequate for providing caring services because:

- Patient comments received via Healthwatch Haringey and NHS Choices showed that some patients experienced rude and unhelpful staff when attending the surgery.
- Patient feedback received via the National GP survey found that satisfaction levels were, in some areas, significantly below local and national averages, for example 52% of respondents answered positively about the overall experience of the practice, compared to local and national averages of 80% and 84%, respectively.

We rated the practice as inadequate for providing responsive services because:

Overall summary

- The practice had failed to make adjustments when patients found it hard to access services. Patient feedback via Healthwatch Haringey and NHS Choices showed access by phone or via online services had not improved since our previous inspection in July 2018.
- Although the practice told us patients were informed if there were delays, on the day of inspection we saw a patient return to the reception desk to find out why their appointment had not taken place on time.
- Patients were not always able to get an appointment with the GP of their choice.
- The practice had made no substantive progress in improving access either by phone or its online service.

We rated the practice as inadequate for providing well-led services because:

- Leaders could not show they had the capacity and skills to deliver high quality, sustainable care, for example: QOF performance showed the practice was, in some areas, performing significantly below local and national averages; this pattern was repeated in below average performance for the uptake of childhood immunisations and other clinical indicators..
- The practice was aware of phone access issues at the time of our inspection in July 2018 but had yet to develop an action plan and implement changes to provide substantive improvements for the benefit of patients.
- While the practice had a vision to provide high quality sustainable care, it was not supported by a credible strategy, for example, it had failed to recruit GPs or to recruit and retain experienced practice nurses. The practice told us of efforts it had made to recruit GPs including placing advertisements and unsuccessful applications to local initiatives.
- The practice had not reviewed and updated all policies and procedures within the last 12 months.
- It did not have a systematic programme of clinical and internal audit.
- There was limited evidence of systems and processes for learning, continuous improvement and innovation.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Update adult and children Safeguarding policies to ensure they took account of patients accessing any online services.
- Ensure staff are able to access latest versions of all practice policies and procedures.
- Ensure staff vaccination records are maintained, and recorded on staff personnel files, in line with current guidance.
- Introduce a system to securely store and monitor blank prescription paper.
- Ensure patients waiting for an appointment are made aware when appointments are delayed.

This service was placed in special measures in September 2018. Insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall. Therefore, we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist advisor and a second CQC inspector.

Background to Tynemouth Medical Practice

Tynemouth Medical Practice is located at 24 Tynemouth Rd, Tottenham, London N15 4RH and is part of the NHS Haringey Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of enhanced services including: child health and immunisation; minor illness clinic; smoking cessation clinics; and clinics for patients with long term conditions.

The practice website can be found at:
www.tynemouthmedicalcentre.nhs.uk.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures; Surgical procedures; Family planning; Maternity and midwifery services.

The practice had a patient list of approximately 10,200 at the time of our inspection.

The staff team at the practice includes two full-time GP partners (one male and one female), three part-time salaried GPs and two regular locum GPs. Between them the GPs provide 38 clinical sessions per week. The clinical team is completed by a part-time female advanced nurse practitioner, a part-time female practice nurse and a part-time pharmacist.

The non-clinical staff consist of a part-time practice manager, a part-time deputy practice manager, a full-time reception supervisor and 10 administrative and reception staff (who work a mixture of full-time and part time-hours).

The practice population has higher than average levels of income deprivation, for example, 40% of children are affected by income deprivation compared to a local average of 29% and a national average of 20%. Similarly, 45% of older people are affected by income deprivation (local average 34%, national average 20%).