

# Redhouse Medical Centre

## 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 effective?

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 comprehensive inspection at Redhouse Medical Centre on 12 July 2016, where we rated the practice as requiring improvement overall. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Redhouse Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 7 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had made progress in addressing all areas of weakness identified during the previous inspection in July 2016.

- They had implemented an annual review process to check for any themes emerging from significant events over the year, and also check on the implementation of learning.
- The approach to clinical audit within the practice was developing; however this was still largely reactive. The practice had not yet developed an audit programme to support them in proactive quality improvement.
- We found the practice had improved the approach to handling patient safety alerts, such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA). However, the practice did not maintain a documentary record of the action taken in response to each alert.
- They had implemented improvements in recruitment checks.
- Arrangements had been made to offer appraisals for all staff, including non-clinical staff.
- The practice had addressed those areas we told them they should at the July 2016 inspection. This included arranging training for the practice's designated infection control lead; replacing window blinds with loop cords for those that did not present a ligature risk; improving arrangements to ensure they maintained the cold chain for temperature sensitive medicines;

# Summary of findings

purchasing paediatric defibrillator pads; and preparing a GP locum induction pack. The practice had also taken steps to develop a patient participation group, but they had not successfully held a meeting of the group yet.

- The vision and strategy for the practice was developing. They had started to develop a business plan to document the future development of the practice.
- The leadership capability and structure within the practice was being developed to ensure it supported the practice going forward.

There are areas where the provider should make improvements. The practice should:

- Continue to develop and strengthen their governance systems to ensure staff are supported to proactively

manage and continually improve the quality of the service provided. This includes developing a proactive programme of clinical and non-clinical audit to support quality improvement, further improve patient outcomes and safety of the practice.

- Check the infection control arrangements within the practice are appropriate by carrying out an audit and following up and implementing any improvements identified.
- Maintain a good audit trail of action taken in response to patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Agency (MHRA).

**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 taken action to address the areas of weakness raised during our previous inspection in July 2016. They had implemented improvements in recruitment checks and in following up the learning from significant events to check whether they had made the improvements and whether they were successful at reducing the risk of similar events happening again.

We also found:

- Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.
- Risks to patients were assessed and well managed.
- Arrangements had improved to ensure appropriate recruitment checks were undertaken prior to employment.

Good



### Are services effective?

The practice is rated as good for providing effective services.

The practice had taken action to address the areas of weakness raised during our previous inspection in April 2016. They had implemented improvements in the areas relating to clinical audit, staff appraisal and managing the process for reviewing patient test results and discharge summaries.

- The approach to clinical audit within the practice was developing; however this was still largely reactive. The practice had not yet developed an audit programme to support them in proactive quality improvement.
- Arrangements had been made to offer appraisals for all staff, including non-clinical staff.
- The arrangements for archiving patient test results and discharge summaries and cover for reviewing these in the absence of colleagues had improved.

Good



### Are services well-led?

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

The practice had started to develop and strengthen the vision and strategy, leadership and governance arrangements.

Good



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- The practice had started to develop a practice business plan to set out the plans for the future development of the practice. However, this was still largely reactive rather than proactive.
- The practice had improved the approach to significant events, patient safety alerts and clinical audit, but further development was required to ensure these supported the practice to continue to learn and improve.
- Leadership arrangements within the practice were developing.

# 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 provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 12 July 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 12 July 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 12 July 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 12 July 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 12 July 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effectiveness and how well-led the service was, identified at our inspection on 12 July 2016. These applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to develop and strengthen their governance systems to ensure staff are supported to proactively manage and continually improve the quality of the service provided. This includes developing a proactive programme of clinical and non-clinical audit to support quality improvement, further improve patient outcomes and safety of the practice.
- Check the infection control arrangements within the practice are appropriate by carrying out an audit and following up and implementing any improvements identified.
- Maintain a good audit trail of action taken in response to patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Agency (MHRA).

# Redhouse Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor.

## Background to Redhouse Medical Centre

Redhouse Medical Centre provides care and treatment to 4993 patients of all ages, based on a Personal Medical Services (PMS) contract. The practice is part of the NHS Sunderland clinical commissioning group (CCG) and provides care and treatment to patients living in all areas north of the River Wear up to the A19 boundary. We visited the following location as part of inspection: Redhouse Medical Centre, 127 Renfrew Road, Sunderland, SR5 5PS.

The practice is part of Sunderland clinical commissioning group (CCG) and provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

Information taken from Public Health England placed the area in which the practice was located in the second most deprived decile. (A decile is a method of splitting up a set of ranked data into 10 equally large subsections). In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 75 years, which is four years lower than the England average and the average female life expectancy is 81 years, which is two years lower than the England average.

The percentage of patients reporting with a long-standing health condition is much higher than the national average (practice population is 61.3 % compared to a national average of 54.0%).

The practice had a mostly white British population. There were higher levels of social deprivation, especially in relation to older people and children. Nationally reported data showed the practice had a higher percentage of people with long-standing health conditions than the England average. National data also showed that 1.3% of the population were from an Asian ethnic minority background, and 1% were from non-white ethnic groups.

The practice was located in a building which had been adapted to meet patients' needs.

The practice had three GP partners (two male and one female), a practice nurse (female), a healthcare assistant (female), a practice manager, an assistant manager and a small team of administrative and reception staff.

The practice is open a Monday between 8:30am and 7:45pm, and on Tuesday, Wednesday, Thursday and Friday between 8:30am and 6pm. The practice is closed at weekends.

GP appointment times: Monday between 9am and 11:20am, and 2pm and 7:30pm; Tuesday to Friday between 9am and 11:20am, and 2pm and 5:10pm.

The NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited (NDUC), provide the service for patients requiring urgent medical attention out of hours.

## Why we carried out this inspection

We undertook a comprehensive inspection of Redhouse Medical Centre on 12 July 2016 under Section 60 of the



# Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Redhouse Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Redhouse Medical Centre on 7 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (including two GP partners, the practice nurse, the practice manager and assistant practice manager.)
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 12 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of undertaking pre-employment checks of staff and checking on the implementation of learning from significant events were not effective.

These arrangements had improved when we undertook a follow up inspection on 7 February 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

In July 2016 we found there was no evidence to demonstrate the practice had followed up the learning from significant events to check whether improvements had been made and whether they were successful at reducing the risk of similar events happening again.

In February 2017, we found the practice had implemented an annual review process to check for any themes emerging from significant events over the year, and also to check on the implementation of learning. As a result of this, the practice had identified a theme within the summarising of records, and had arranged additional training for staff to offer them further support in this task.

Although staff told us they checked on the implementation of learning from significant events more frequently, through the regular monthly team meetings, this was informal and was not recorded.

At the last inspection in July 2016 we found the system for handling patient safety alerts, such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA), was not effective. There was no monitoring to check if staff had considered and acted upon these. There was no evidence to demonstrate the practice had discussed these during practice meetings.

In February 2017, we found the practice had made some improvements. They now maintained a record of staff that had received and read the alerts. However, they did not maintain a record of the action taken in response to each alert.

### Overview of safety systems and process

In July 2016 we found some safety systems and processes were not effective. This included the process for carrying

out pre-employment checks on staff; lack of appropriate training for the infection control lead; and an absence of training in the use of patient groups directions (PGDs) for the practice nurse.

In February 2017 we found the practice had addressed these areas of concern.

- The practice had recruited two new staff members since the last inspection. We reviewed the personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had also requested an enhanced DBS check for a staff member who we identified had undergone only a standard DBS check prior to employment at the July 2016 inspection.
- The practice had arranged appropriate training for the practice nurse to support her in the role as infection control lead. This was due to take place the day after the inspection. The practice nurse told us she planned to carry out an updated infection control audit following the training, to support her in implementing any improvements or learning she had identified from the training. The last infection control audit in the practice was carried out in 2015.
- We found the practice nurse now had a good understanding of the use of patient group directions (PGDs). (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- At the July 2016 inspection, we told the practice they should provide a back-up thermometer in each vaccine refrigerator. The practice had made improvements to ensure they maintained the cold chain for temperature sensitive medicines. The practice had purchased data loggers to provide a secondary verification of the temperature maintained within the vaccine refrigerators.

## Are services safe?

### Monitoring risks to patients

In July 2016 we found the practice had not undertaken a risk assessment for blinds with loop cords in patient areas. Blinds with loop cords are a ligature risk for vulnerable patients. In February 2017, we found the practice had addressed this concern by replacing all blinds with loop cords, for those operated with a pole.

### Arrangements to deal with emergencies and major incidents

In July 2016 we found there were no paediatric pads for the defibrillator for use with young children. In February 2017 we found the practice had sourced and now had in place paediatric pads for the defibrillator.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 12 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing effective services.

### Management, monitoring and improving outcomes for people

In July 2016, we found the arrangements for clinical audit were not effective at supporting the practice to improve patient outcomes and safety.

In February 2017, we found the approach to clinical audit within the practice was developing. A GP partner was identified to lead this work. We found the scope of audit was largely still reactive to outside triggers, such as requests from the local clinical commissioning group medicines team. The practice had carried out audit work relating to medicines such as statins (to lower cholesterol), the use of reliever inhalers (to manage the symptoms of asthma) and nutritional supplements. The practice had not yet developed an audit programme to support them in proactive quality improvement.

### Effective staffing

In July 2016 we found the arrangements for induction of new staff and staff appraisals were not effective.

In February 2017 we found the practice had made improvements. For example, the practice had an induction programme for newly appointed non-clinical members of

staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had developed a clear and concise induction pack for GP locums.

Arrangements had been made to offer appraisals for all staff, including non-clinical staff. The practice had arranged for additional management support from the local clinical commissioning group. An experienced external appraiser had attended the practice to carry out appraisals for staff. These were conducted in conjunction with the practice management team, which helped build internal capability and experience. Managers within the team had also identified training in appraisals, but had not yet undertaken this. The training was to be part of a project to develop cross organisational appraisals to better support those staff members who may otherwise be isolated professionally, such as practice managers and practice nurses. The practice planned to participate in the scheme, where they would appraise and be appraised by staff from other practices locally.

We saw evidence that the one GP who had not undergone an appraisal at the time of the inspection in July 2016, had now had an appraisal.

### Coordinating patient care and information sharing

In July 2016, we found not all clinicians understood the arrangements for archiving patient test results and discharge summaries and cover for reviewing these in the absence of colleagues.

In February 2017, we found the practice had made improvements. There were now clear arrangements for archiving test results and discharge summaries. There was a buddy system in place for covering absence of colleagues.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 12 July 2016, we rated the practice as requires improvement for providing well-led services as the practice had not developed a vision for supporting the delivery of high-quality person centred care. We also saw that leadership arrangements were unclear and arrangements for assessing, monitoring and improving the quality and safety of the service were not always effective.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 7 February 2017. The practice is now rated as good for being well-led.

### Vision and strategy

In July 2016, we found there was no agreed strategy setting out the plans for the future development of the practice.

In February 2017 we found the vision and strategy was developing. The practice had started to develop a business plan which detailed where the practice was currently and how it could develop in the future. The focus was still reactive, rather than proactive, but it showed the direction the practice would take. Areas where the practice intended to develop included reviewing the skills mix within the practice to support succession planning.

### Governance arrangements

In July 2016 we found the arrangements for assessing, monitoring and improving the quality and safety of the service were not always effective. This included the approach to significant events, patient safety alerts and clinical audit.

In February 2017 we found the approach in these areas had improved, but some elements were still being developed. For example:

- The practice had improved the approach to significant events by implementing an annual review process. There was also an informal approach that checked more frequently on improvements made.
- The practice now maintained a record of which staff had received and read patient safety alerts, such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA); they did not maintain a record of the action taken in response to each alert.

- The approach to clinical audit within the practice was developing, and a GP partner was identified to lead this work. However, we found the scope of audit programme was largely still reactive to outside triggers. The practice had not yet developed an audit programme to support them in proactive quality improvement.

### Leadership and culture

In July 2016 we found leadership capability and structure within the practice was underdeveloped. The practice made some key business decisions outside the leadership structure.

In February 2017, we found the leadership arrangements were developing. A GP who had recently become a partner had taken on a leadership role within the practice. A management structure was being developed. GP partners had taken on responsibility for key areas of business, such as medicines management, clinical audit and performance in Quality Outcomes Framework (QOF) clinical domains. (QOF is a system intended to improve the quality of general practice and reward good practice.) The new management arrangements supported the practice's efforts to develop and improve.

### Seeking and acting on feedback from patients, the public and staff

At the last inspection in July 2016 there was no patient participation group (PPG) in place, but the practice had taken steps to set one up. In February 2017, we found the practice had continued to pursue setting up a PPG. They continued to advertise for members within the practice premises and on the practice website. They had been in contact with the local Healthwatch organisation to gain advice and guidance on good practice in setting up a PPG. (Healthwatch are a national network of consumer champions in health and care.) They had contacted patients via email to ask them if they were interested in joining a group. They had identified a small number of patients and arranged a date, but due to last minute unavailability of group members the meeting was cancelled. The practice plans to arrange a new date in March 2017, and in the meantime is continuing to encourage patients to take part.

### Continuous improvement

At the last inspection in July 2016 there was a lack of evidence to demonstrate the practice had a proactive approach to continually improving. In February 2017, we

## Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

found the practice had demonstrated a willingness to improve. They had either addressed or started to address those areas of weakness we identified in the inspection in July 2016.

The practice also participated in national initiatives such as the National Diabetes Audit. (The National Diabetes Audit measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales.)