Tynemouth Medical Practice

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice over two days on 20 January and 3 February 2015, when we found breaches of legal requirements.

After the comprehensive inspection, the practice wrote to us to say what it would do to meet the legal requirements in relation to the breaches of regulations 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, good governance and fit and proper persons employed.

We undertook this focussed inspection on 25 January 2016 to check that it had implemented its action plan and to confirm that it now met the legal requirements. This report covers our findings in relation to those requirements.

We found that the practice had taken appropriate action to meet the requirements of the regulations.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Tynemouth Medical Practice on our website at www.cqc.org.uk.

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?

Good

The practice is rated as good for providing safe services. The practice had taken appropriate action and introduced procedural changes to address the issues found at our comprehensive inspection in January 2015.

- The practice had amended its recruitment precedures to ensure that adequate checks were made before appointing staff.
- Disclosure and Barring Service checks had been carried out on all existing staff, including those performing chaperone duties.
- Staff training needs were monitored and assessed.
- Policies relating to the management of medicines had been reviewed and appropriate monitoring of supplies and storage was being carried out and recorded.
- Nurses had been appointed as joint-leads for infection control. All staff had received appropriate training.
- The infection control policy had been reviewed, an infection control audit had been carried out and cleaning schedules were in place.
- There were arrangements in place to manage the risk of legionella.
- A fire risk assessment had been carried out and staff had been provided with appropriate training to deal with fire risks.

Are services well-led?

Good

The practice is rated as good for providing well-led services. The practice had taken appropriate action and introduced procedural changes to address the issues found at our comprehensive inspection in January 2015.

- Clinical and governance policies had been reviewed.
- Policy reviews were a standing agenda item for practice meetings.
- Staff annual appraisals had been completed and recorded. Forthcoming appraisals had been programmed.

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.

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for the population groups we inspect against.

Good

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

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for the population groups we inspect against.

Good

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

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for the population groups we inspect against.

Good

Working age people (including those recently retired and students)
The practice is rated as good for the care of working age people (including those recently retired and students).

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for the population groups we inspect against.

Good

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

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for the population groups we inspect against.

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 (including people with dementia).

Good

Summary of findings

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for the population groups we inspect against.

Tynemouth Medical Practice

Detailed findings

Why we carried out this inspection

We had previously carried out a comprehensive inspection of the practice on 20 January and 3 February 2015 and found that it was not meeting some of the legal requirements associated with the Health and Social Care Act 2008 and regulations made under that act. From April 2015, all health care providers were required to meet certain Fundamental Standards, which are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 relates to the Fundamental Standard of safe care and treatment; Regulation 17 to the Fundamental Standard of good governance; and Regulation 19 to the Fundamental Standard regarding fit and proper persons employed.

At the comprehensive inspection, we had found that the practice was failing to meet the requirements of regulations 12, 17 and 19 and served three notices requiring the provider to take action, as follows -

- Regulation 12 - We found that the provider had not protected people against the risk associated with staff not receiving suitable training in infection control and by failing to carry out regular infection control audits. The provider had not protected people against the risk associated with a failure to ensure the proper and safe management of medicines. Further, the provider had not protected people against the risk associated with a failure to carry out a suitable fire risk assessment of the premises and of staff not receiving appropriate fire safety training.
- Regulation 17 - We found that the provider had not protected people against the risk associated with a failure to regularly review and update governance policies and procedures.
- Regulation 19 - We found that the provider had not protected people against the risk associated with staff not being subject to appropriate pre-employment checks, including Disclosure and Barring Service checks.

Further, the provider had not protected people against the risk associated with a failure to have available the information specified in Schedule 3, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our comprehensive inspection in 2015 the practice sent us a plan of the actions it intended to take to meet the legal requirements. Our follow up inspection on 25 January 2016 was carried out to check that the actions had been implemented and improvements made.

We inspected the practice against two of the questions we ask about services: Is the service safe? And Is the service well-led? In addition, we inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and well-led would affect the rating given previously for all the population groups we inspect against.

Detailed findings

How we carried out this inspection

We carried out an announced inspection on 25 January 2016. During the inspection we -

- Spoke with two of the GP partners and the deputy practice manager.
- Reviewed staff records regarding recruitment and training.
- Reviewed records, policies and procedures relating to the clinical and general governance of the service.

Good

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding / Staffing and recruitment

At our comprehensive inspection in 2015, we looked at records relating to individual staff. We saw that clinical staff had the appropriate professional registrations, but the records were inconsistent and not well-kept, making it difficult for us to assess. We were not able to establish that appropriate pre-employment checks, for example proof of identification, references, qualifications, and criminal records checks through the Disclosure and Barring Service (DBS) had been carried out on non-clinical staff. 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.

Further, we were not able to establish whether DBS checks were repeated in relation to non-clinical staff who carried out chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.

The records showed that staff had received suitable induction training, but the practice was not able to provide evidence that ongoing refresher training was provided.

At our follow up inspection in January 2016, we were shown the practice's amended recruitment policy, which stipulated the carrying out of a DBS check and obtaining suitable job references as part of the recruitment process. No job offer was made before the pre-employment checks, including the DBS check, had been completed. The practice had introduced a pre-employment checklist to ensure the revised procedure was followed in all cases. The reviewed policy required that the recruitment paperwork be checked and signed off by a senior manager to confirm the procedure had been complied with. We reviewed a number of personnel files, which included reference questionnaires and copies of job offer letters which were conditional upon suitable pre-employment checks being carried out. We found that the revised recruitment procedure was being properly implemented. We also saw evidence that DBS checks had been repeated in respect of all existing staff, including those who performed chaperone duties.

We were shown an up to date training schedule relating to all staff at the practice, which confirmed that training needs were monitored and implemented by managers. We saw examples of training certificates to show that the refresher training was being provided. These included safeguarding, basic life support and infection control and prevention, all provided throughout in 2015, since our comprehensive inspection.

Medicines management

At our comprehensive inspection in 2015, we saw that the practice had policies relating to the management of medicines and emergency drugs. However, there was no evidence to confirm that the policies had been regularly reviewed and updated. For example, the policy covering the management of emergency drugs was dated March 2012 and named as the responsible person a clinician who had since left the practice. We checked medicines stored in the treatment rooms and medicine refrigerators. We found that some rooms and fridges were locked, whilst others were not, possibly leaving medicines accessible to unauthorised persons. We found that the daily record of temperature monitoring for the fridge used for storing vaccines was incomplete, with no records entered for some dates. This potentially affected the integrity of the medicines stored in it, although there was no indication that the required storage temperature range had been exceeded.

There was no system for routinely monitoring supplies of medicines other than emergency medicines.

The practice's prescribing procedure was dated March 2008 and there was no evidence of it having been reviewed since then. Prescription pads were not logged as a security measure, in accordance with national guidelines. We found two prescription pads in an unlocked drawer in one of the receptionists' rooms.

At our follow up inspection in January 2016, we were told that one of the GP partners had been appointed as lead for Medicines Management. We saw evidence that the practice had reviewed its policies, for example relating to prescribing, the management of emergency drugs and the safe disposal of expired vaccines. We were shown completed examples of drugs and medication supplies

monitoring forms as well as forms recording fridge temperatures. Stocks and usage were reviewed regularly. Medicines were securely stored and we saw that prescription pads were appropriately logged and secured.

Cleanliness and infection control

At our comprehensive inspection in 2015, staff told us that cleaning was done by contractors, engaged by the premises landlord, outside the control of the practice. There were no cleaning schedules in place. The practice manager told us when concerns were noted they were frequently being brought to the landlord's attention and discussions over cleaning problems were ongoing and we saw records to confirm this.

There was no evidence of staff members having appropriate infection control training, nor of any infection control audits having been carried out.

The practice was unable to confirm that there was an appropriate policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). Management of the premises was controlled by the landlord and documentary evidence of building checks and testing was held offsite, not available for us to inspect. The practice manager told us that this was the subject of ongoing discussions with the landlord.

At our follow up inspection in January 2016, we were informed that the three practice nurses had been given joint responsibility to lead on infection prevention and control. We saw evidence that all staff had received infection control training during 2015. The infection control policy had been reviewed in November 2015. We saw specific policies, for example relating to hand washing, the use of Personal Protective Equipment (gloves, aprons, masks, etc.); the use and disposal of sharps (needles and blades) and clinical waste disposal were in place. A cleaning schedule had been agreed with the premises landlord and documented to allow easy monitoring by practice staff. We were shown evidence of an infection control audit being conducted, in accordance with the action plan submitted by the practice.

We saw evidence of suitable arrangements to manage the risk of legionella, for example water temperatures being monitored on a monthly basis and regular sampling and testing.

Monitoring safety and responding to risk

At our comprehensive inspection in 2015, we were told that health and safety risks to staff, patients and visitors to the practice were managed by the premises landlord. These included annual and monthly checks of the building, the environment, staffing, dealing with emergencies and equipment. However, copies of relevant premises management documentation had not passed on to the practice.

We were told that a fire risk assessment had been carried out by the premises landlord, but evidence of it was not available for us to see. Staff had not been given annual fire safety (fire awareness) training.

At our follow up inspection we were shown evidence that monthly health and safety checks were carried out. A fire risk assessment had been conducted by two of the GP partners. An additional fire marshal had been appointed and both fire marshals had refresher training booked. All staff had completed online fire awareness training. Quarterly fire drills were conducted and the fire alarm system was tested weekly.

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

At our comprehensive inspection in 2015, we looked at a number of these policies and protocols, but there was a lack of evidence that they had been recently reviewed or updated.

Some staff told us that due to absences, they had not been appraised for over a year. The practice manager showed us a number of handwritten appraisal notes from recent meetings, which were to be typed up shortly.

The practice's action plan that stated –

"Review culture has been adopted at the practice. Specific policies are reviewed on a weekly basis. Global reminders for the review of the policies have been diarised across all management and clinical Partners to ensure regular review. Policies are circulated practice-wide following update."

At our follow up inspection in January 2016, we were shown examples of reviewed policies such as guidelines for diabetic care, the review of patients with psychosis, heart failure and atrial fibrillation (a condition that causes an irregular or abnormally fast heart rate). We saw evidence of these last two policies being presented to and discussed at a clinical meeting in February 2015. We saw minutes to confirm that hypertension (high blood pressure) guidelines had been discussed at a doctors and nurses meeting in March 2015. The practice's policies relating to late-attending patients and the procedure for triaging emergency patients and late-attenders were reviewed at business meetings in July and August 2015. There was a rolling programme to ensure regular review of practices policies in future, with the issue being a standing agenda item for practice meetings.

We were shown evidence that all staff's annual appraisals had been completed and recorded. We saw that the 2016 appraisals were scheduled to be completed in August.