

Tynemouth Medical Practice

Inspection 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 location

Are services safe?	
Are services well-led?	

Overall summary

We previously carried out an announced comprehensive inspection at Tynemouth Medical Practice on 26 July 2018. Overall the practice was rated as inadequate and placed into special measures. We identified concerns in regard to whether the services were safe, effective, caring, responsive and well-led. We served warning notices under regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report for the comprehensive inspection can be found on the CQC website at .

The practice sent us a plan of action to ensure the service was compliant with the requirements of the regulations.

We carried out this focussed inspection on 15 November 2018, to review the practice's action plan, looking at the identified breaches set out in the warning notice, under the key questions of Safe and Well-led. We found the practice had made some improvements sufficient for us to consider the warning notices had been met. However, further improvement needs to be made including: in regard to patient satisfaction, governance arrangements and the use of audit and other quality improvement activities to drive performance of the practice.

We have not reviewed the ratings for the key questions or for the practice overall as this is a focussed follow-up inspection to look at whether the Warning Notices served under the Safe and Well-led key questions have been met. We will consider the practice's ratings in all key questions and overall when we carry out a full comprehensive inspection at the end of the period of special measures.

At this inspection we found:

- The practice had introduced appropriate systems to ensure all staff received training in safeguarding of vulnerable adults and children to an appropriate level, together with training in all areas generally considered essential for staff working in GP practices. This ensured staff had the necessary skills to identify and deal with risks to patients.

- Phone access to the practice had been identified as a major contributor to patient dissatisfaction. The practice was actively working with its telecoms provider to identify the issues and to find a solution. It also planned changes to staff working patterns so more staff were available in reception to answer phones at busy times.
- Since our last inspection an experienced practice manager had been appointed to strengthen the leadership capability and capacity.
- There was a systematic approach to improvements, for example the practice had introduced a system to ensure it reviewed, learnt from, and responded appropriately to complaints.
- It was regularly checking all medical use equipment, including defibrillator and oxygen supply, to ensure it would be functional should it need to be used in a medical emergency.
- The practice had introduced a system to provide regular clinical supervision for nursing staff.

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

- Continue to work to improve patient satisfaction for example, in regard to access to the practice.
- Ensure that clinical re-audits are completed so that identified improvements are achieved.
- Ensure that all new staff employed benefit from undergoing the practice's induction programme.
- Continue to review and update practice governance policies.
- Develop a system for recording all meetings so decisions and learning can be shared.
- Continue to regularly review and update practice governance policies.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Tynemouth Medical Practice

Tynemouth Medical Practice is situated within 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 is located at 24 Tynemouth Rd, Tottenham, London N15 4RH.

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 10,500 at the time of our inspection.

The staff team at the practice includes two full-time and one part-time GP partners (one male and two female), three part-time salaried GPs and two regular locum GPs. Between them the GPs work the equivalent of five full-time GPs. The clinical team is completed by a part-time female advanced nurse practitioner, two female practice nurses (one full-time and two part-time) a part-time female trainee practice nurse and a part-time pharmacist.

The non-clinical staff consist of a part-time practice manager, a full-time deputy practice manager, a full-time reception supervisor and 12 administrative and reception staff (who work a mixture of full-time and part time-hours).

Are services safe?

At our previous inspection in July 2018 we rated the practice as inadequate for providing safe services. We issued a warning notice in respect of the following issues: staff who required one had not all received a Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) check, or a suitable risk assessment in lieu thereof; the practice did not carry out appropriate staff checks at the time of recruitment and on an ongoing basis; there were no arrangements to ensure electrical equipment was annually subjected to Portable Appliance Testing (PAT testing) or medical use equipment regularly calibrated; there was no evidence the practice had undertaken regular comprehensive health and safety risk assessments; most staff had not gone through the practice's induction programme; staff personnel records showed staff had not received training in the areas we would expect staff in a GP practice to have undertaken, or clinical staff had up to date registrations with a professional body or professional indemnity cover; staff had not undertaken any or up to date training in safeguarding of vulnerable adults and children; there was no system to ensure test results were received for all tests sent for analysis; there was no clinical supervision of nursing staff.

Safety systems and processes

At our previous inspection in July 2018 we found: staff who required one had not all received a Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) check, or a suitable risk assessment in lieu thereof; there were no arrangements to ensure electrical equipment was regularly PAT tested or medical use equipment regularly calibrated; there was no evidence the practice had undertaken regular comprehensive health and safety risk assessments; most staff had not received up to date training in safeguarding of vulnerable adults or children. At this inspection we found the practice had resolved all issues:

- All staff personnel files we looked at showed staff had received a DBS check.
- We looked at personnel files for 11 members of staff and found all had received safeguarding of vulnerable adults and children training to an appropriate level.
- We saw evidence the practice's electrical equipment had undergone annual PAT testing in November 2018.
- The practice was regularly checking all medical use equipment, including defibrillator and oxygen supply, to ensure it would be functional should it need to be used in a medical emergency.

- All equipment had been calibrated in August 2018, to ensure it remained operational and accurate.
- We were provided with evidence the practice had carried out a comprehensive health and safety risk assessment in November 2018. It highlighted any actions required and action taken, together with review and completion dates. For example, it noted there was damaged flooring in two rooms, the health and safety risk assessment highlighted the need for replacement, we saw this had been actioned on 3 November 2018.

Risks to patients

At our previous inspection in July 2018 we found: most staff had not gone through the practice's induction programme; personnel files showed no evidence most clinical staff had up to date registrations with a professional body or professional indemnity cover; staff had not undertaken any or up to date training in a range of skills generally considered necessary for staff working in GP practices. At this inspection we found the service had made significant progress with most of the issues:

- Staff personnel records we looked at showed clinical staff had up to date registrations with a professional body, we also saw clinical staff were covered by a group medical indemnity cover policy.
- We found all staff had undertaken training in a range of areas generally considered essential for staff working in a GP practice. Training undertaken included: basic life support, fire safety, health and safety, infection prevention and control, information governance and the Mental Capacity Act.
- One member of staff employed since our last inspection had not benefitted from going through the practice's induction procedure.

Information to deliver safe care and treatment

At our previous inspection in July 2018 we found: there was no system to ensure results were received for all tests sent for analysis; and there was no clinical supervision of nursing staff. At this inspection we found the service had made progress with most of the issues:

- We saw evidence the practice had introduced a robust system to ensure results were received for all tests sent. We were told by staff test results were discussed in clinical meetings. However, there were no records kept

Are services safe?

to verify this and to show decisions and learning had been shared amongst all appropriate staff. The practice told us it would introduce a suitable system to record discussions and decisions of meetings.

- The practice had introduced a system to provide regular clinical supervision for nurses, and nurses were also encouraged to approach the doctor on call within the practice with any issues of concern. However, the

practice was not recording supervision meetings for the benefit of shared learning. The practice told us it would introduce a suitable system to record discussions and decisions of clinical supervision meetings.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection in July 2018 we rated the practice as inadequate for being well-led. We issued a warning notice in respect of the following issues: there was a lack of awareness around: arrangements for reviewing and learning from complaints; the practice had not submitted performance data to appropriate organisations; the practice had not ensured it employed sufficient staff at all levels; there was no robust system to ensure test results were received for all tests sent; most staff had not received training in safeguarding of vulnerable adults and children; there was no record clinical staff were currently registered with a professional body or had professional indemnity cover; most staff had not received up to date training in a range of areas generally considered essential for staff working in a GP practice; most staff had not received a Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) check, or a suitable risk assessment in lieu thereof; most practice policies had not been updated within the last 12 months; medical equipment had not been calibrated and electrical equipment had not been annually subjected to Portable Appliance Testing (PAT tested); newly employed staff had not gone through an induction programme; the practice was not undertaking regular completed two-cycle clinical audits or other quality improvement activities; leaders lacked awareness of patients concerns.

Leadership capacity and capability

At our previous inspection in July 2018 we found there was a lack of awareness around: arrangements for reviewing and learning from complaints; the need to submit performance data to the appropriate organisations. At this inspection we found the service had made progress:

- At our previous inspection we found the practice had failed to submit its Quality and Outcomes Framework (QOF) data for analysis for the QOF year 2016-17. Shortly before this inspection the QOF year 2017-18 data had been published, the practice had not made a submission of data for analysis. The practice told us:
 - It had attempted, without success, to make a late submission.
 - It had implemented a robust procedure to ensure it would in the future make all necessary submissions on time.
- We saw the practice had updated its complaints policy, and complaints summary. The practice had recorded seven complaints. We reviewed two complaints and

noted the practice had investigated complaints and discussed any issues in meetings of all staff. It had provided complainants with an appropriate response and an apology, where appropriate.

Vision and strategy

At our previous inspection in July 2018 we found: the practice had not ensured it employed sufficient staff at all levels. At this inspection we found the service had made some progress:

- The practice told us:
 - It had advertised for GPs to join the practice on permanent contracts. However, there had been no applicants.
 - It had applied to be part of local initiatives to employ experienced GPs from overseas. However, its application had been unsuccessful.
 - It had also applied for a local initiative to support into permanent employment newly qualified GPs. However, its application had been rejected.

Governance arrangements

At our previous inspection in July 2018 we found: there was no robust system to ensure test results were received for all tests sent; most staff had not received training in safeguarding of vulnerable adults and children; there was no record clinical staff were currently registered with a professional body or had professional indemnity cover; most staff had not received up to date training in a range of areas generally considered essential for staff working in a GP practice; most staff had not received a Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) check, or a suitable risk assessment in lieu thereof; most practice governance policies had not been updated within the last 12 months; medical equipment had not been calibrated and electrical equipment had not been annually subjected to Portable Appliance Testing (PAT tested); newly employed staff had not gone through an induction programme. At this inspection we found the service had made progress in most areas:

- We looked at 10 policies and found six had been reviewed and updated within the last 12 months. The practice manager had introduced a system to ensure all practice policies were regularly reviewed and updated, and, with the management team, was in the process of reviewing and updating all policies.

Are services well-led?

- The practice had introduced a robust system to ensure results were received for all tests sent.
- We looked at 11 personnel files and found staff had received training in safeguarding of vulnerable adults and children to an appropriate level.
- Staff personnel records we looked at showed clinical staff had up to date registrations with a professional body, we also saw clinical staff were covered by a group medical indemnity cover policy.
- We saw evidence staff had undertaken training in a range of areas generally considered essential for staff working in a GP practice.
- All staff personnel files we looked at showed staff had received a DBS check.
- The practice had undertaken annual PAT testing of all electrical equipment in November 2018.
- All medical use equipment had been calibrated in August 2018, to ensure it remained operational and accurate.
- One new member of staff employed since our last inspection had not benefitted from going through the practice's induction procedure.

Managing risks, issues and performance

At our previous inspection in July 2018 we found: the practice was not undertaking regular completed two-cycle clinical audits or other quality improvement activities. At this inspection we found the service had made some progress:

- The practice had not used QOF data to drive quality improvement at the practice. The practice had introduced a robust procedure to ensure that all data submissions would be made on time.
- We saw evidence the practice had implemented an audit programme. Since our last inspection it had completed a first cycle of a clinical audit of vitamin B12 deficiency. The second cycle of the audit was due to run in 2019. It had also committed to all GPs participating in the audit programme.

- The practice was participating in a Quality Improvement Support Team (QIST) project run by the local GP federation, Federated 4 Health. This focussed on a review of working to establish best practice and then spreading that knowledge to enable all member practices to reduce unwarranted variation, raise the standard of care across Haringey and develop a sustainable culture of quality improvement.

Engagement with patients, the public, staff and external partners

At our previous inspection in July 2018 we found: leaders lacked awareness of patients concerns. At this inspection we found the service had made progress:

- We reviewed the most recently published data from the NHS GP patient survey (January – March 2018), which showed some improvement in patient satisfaction. However, patient satisfaction levels were still below the local and national averages in regard to the difficulty in contacting the practice by phone, and with interactions with clinicians. More recent data from the practices NHS Friends and Family survey found that patient satisfaction was significantly higher. For example, in October 2018, 42 patients completed the survey with 37 (88%) saying they were likely or very likely to recommend the practice to friends or family.
- The practice was actively working with its telecoms provider. It was running a phone queue audit to gather evidence to determine whether additional phone lines were needed because patients were unhappy about the long waits to be able to speak to someone. The practice had reduced the number of callers waiting in the queue to reduce waiting times. It was also going to implement changed staff rotas in reception to ensure there were more staff available at peak times to answer the phones and speak with patients in reception.

Please refer to the evidence tables for further information.