

Newport Medical Group

Quality Report

34 Grantham Road
Sparkbrook
Birmingham
B11 1LU

Tel: 0345 245 0764

Website: newportmedicalgroup.nhs.uk

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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Newport Medical Group on 25 March and 29 April 2015. We found the practice was in breach of legal requirements. The breaches related to Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Safe care and treatment.

Following the inspection the practice wrote to us to say what they would do to meet the legal requirements.

We undertook this focused inspection on 14 April 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newport Medical Group on our website at www.cqc.org.uk

Our key findings across the areas we inspected were as follows:

- Patient Group Directives for nurses to administer medicines were up to date and relevant.

- Patients are made aware when appointments are booked with the Advanced Nurse Practitioner (ANP) and not a GP.
- Chaperone policy was reviewed to ensure consistency.
- Appropriate cleaning systems were put in place to monitor if cleaning was being done according to standards set by the practice.

There was an assistant practice manager who had taken over many responsibilities within the practice
- The practice complaints policy was reviewed and appropriate system were put in place to respond to complaints in a timely manner.
- The practice had reviewed its whistle blowing policy to ensure it was adequate.

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?

Reliable systems had been arranged for the administration of medicines and vaccines within the practice. The practice had ensured medicine directives were up to date for the safe use of medicines. Chaperone policy had been reviewed to ensure it was robust and staff members were informed of the changes to the policy. There was a designated lead to oversee the hygiene standards within the practice to prevent infections. Spot checks had been introduced to ensure cleaning was being done to appropriate standards.

Good



Are services well-led?

The practice had reviewed the capacity of the management team and as a result an assistant practice manager role had been formally established. This allowed for many of the responsibilities to be delegated by the practice manager. This allowed the practice manager to perform their clinical duties while ensuring day to day management activities were carried out. The practice whistleblowing policy had been reviewed to ensure it was robust, as too had the complaints policy. Updates to policies were communicated to all staff in meetings so that they were aware if the changes. The practice had reviewed its complaints policy to ensure all complaints were being responded to effectively and timely.

At our last inspection we found that the appointments were booked with the advanced nurse practitioner (ANP) and not with a GP, and patients were not informed of this. At this inspection we saw that a poster had been placed in the surgery we visited to inform patients.

Good



Newport Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

The review was led by a CQC inspector who had access to remote advice from a specialist advisor.

Background to Newport Medical Group

Newport Medical Group is registered with the Care Quality Commission. We previously inspected this practice as part of our comprehensive inspection on 25 March and 29 April 2015. We rated the practice as requires improvement for the delivery of safe services because medicine directives were not up to date. We also identified areas where the provider should consider action for further improvement.

We carried out follow up inspection of this service on 14 April 2016. This review was carried out to check that improvements to meet legal requirements and recommendations planned by the practice after our previous inspection had been made.

Why we carried out this inspection

We undertook a follow up inspection on 14 April 2016 to check the provider had followed their plan and to confirm that they now met the legal requirements.

This follow up inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and under the Care Act 2014.

How we carried out this inspection

We carried out a follow up review of the practice based on our previous inspection findings on 25 March and 29 April 2015. We asked the practice to provide relevant information that would ensure that the provider was now meeting regulations. We also visited one of the locations to review other evidence on 14 April 2016.

We reviewed the practice against four of the five questions we ask about the services:

- Is it safe?
- Is it effective
- Is it responsive
- Is it well led

This is because the service was not previously meeting one of the legal requirements for this.

Are services safe?

Our findings

Overview of safety systems and processes

On our previous inspection on 25 March and 29 April 2015 we saw Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable healthcare assistants (HCAs) to administer vaccinations after specific training when a doctor or nurse was on the premises. However, we saw that these directives were not up-to-date. This did not provide us with confidence that the treatment was being provided by ensuring proper and safe management of medicines through current and up to date medicine directives.

At part of this follow up inspection we asked the practice to provide with current medicines directives. We saw that they were now up to date and were fit for purpose. This would administration of medicines by practice nurses in line with legal requirements and national guidance.

Reliable safety systems and processes including safeguarding

At our previous inspection patients confirmed that chaperones were available for intimate examinations by a clinician. They also confirmed that chaperones stood outside of the privacy curtains when clinical staff were undertaking procedures inside the privacy curtain. Staff members we spoke with explained that they positioned themselves outside of the curtain when requested by

patients and this was also confirmed a lead GP we spoke with. We looked at the chaperone policy which stated that staff undertaking the role of a chaperone could stand outside of the curtain if asked by the patient. This did not comply with recommended chaperoning guidelines when observing treatments and examinations. For example, General Medical Council (GMC) chaperoning guidance outlines that chaperones should be in a position to be able to observe the examination. 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.

During this follow up inspection we saw that the chaperone policy had been reviewed and updated to reflect appropriate guidance. We saw evidence that staff had been informed of the changes and staff members we spoke with confirmed this.

Cleanliness and infection control

At our previous inspection we found the practice had contract cleaners coming to the practice daily. We saw cleaning schedules were in place however cleaning records were not kept. There was no system for auditing and monitoring the quality or effectiveness of the cleaning.

At this follow up inspection we saw that a system of auditing the quality and effectiveness of the cleaning had been introduced. We saw evidence that regular spot checks were being carried out to ensure standards were being maintained.

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

During our previous inspection on 25 March and 29 April 2015 the practice manager told us that they also worked as an Advanced Nurse Practitioner (ANP) and that they spent 70% of their time in this role. This did not ensure that they had adequate time to fulfil their role effectively as a practice manager for the three locations. From our discussion with the practice manager we found that they did not have an overall understanding of the operational needs and knowledge of the three practices. An ANP is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.

We also found an ANP was available for consultation. Patients we spoke with told us that consultations were usually booked with an advanced nurse practitioner without informing them. One patient told us that they had raised this several times with the practice but they were still being booked with the advanced nurse practitioner under the 'pretence' of seeing a GP. Another patient we spoke with told us that they had two previous consultations with the nurse and had not realised this. We looked on the practice website which made clear the role of the nurse practitioner. It also stated that they were available for appointments and they specialised in triage. We spoke with the reception staff on the day and they told us that they informed patients when they were booking patients with the nurse. However, we observed a patient refer to the advanced nurse practitioner as the 'doctor' and reception staff made no attempt to correct them.

On our inspection on 25 March and 29 April 2015 we saw that the practice had a complaints policy with a named lead and their role was to respond timely to all complaints received. The practice complaints policy stated that they would be responded within 10 days of the complaint being received. However, we saw one complaint was responded to after 17 days. The complaints lead told us that when

they were away on leave complaints would be left for them to action on their return. This did not ensure that complaints were being handled in line with recognised guidance.

During this follow up visit on 14 April 2016 we gathered evidence to ensure the above issues identified had been resolved.

In regards to the role of the practice manager, we were told that the practice had reviewed the capacity of the management team and had formally established the role of an assistant practice manager. We spoke with the assistant practice manager who confirmed that they had taken over many of the responsibilities from the practice manager. This allowed the practice manager to perform their clinical duties while ensuring day to day management activities were carried out via delegation to the assistant practice manager. The assistant practice manager told us they regularly communicated with the practice manager to ensure effective day to day management.

To ensure all patients were aware that an ANP was available for consultation alongside a GP the practice displayed a notice in the practice. The poster informed who the ANP was by name so that it was clear to patients that they were not a GP.

The practice had responded to issues we had raised regarding handling and responding to complaints. We saw that the complaints policy had been reviewed with a named lead and a deputy in the event the lead was away. We saw that the practice had responded appropriately and timely to complaints received since our previous inspection.

Practice seeks and acts on feedback from its patients, the public and staff

On our inspection on 25 March and 29 April 2015 we found that the practice whistle blowing policy was not robust as it did not include actions or contacts for staff should they need to raise a concern to an external agency. At this follow up inspection we saw that the policy had been reviewed with third party contact details. We saw documented evidence to show they were made aware of the changes.