

# Fell Tower Medical Centre

## Quality Report

575-583 Durham Road,  
Low Fell,  
Gateshead,  
Tyne and Wear,  
NE9 5EY

Tel: 0191 4913322

Website: [www.felltowermedicalcentre.nhs.uk](http://www.felltowermedicalcentre.nhs.uk)

Date of inspection visit: 24 November 2016

Date of publication: 03/01/2017

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 well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4
Areas for improvement	5

### Detailed findings from this inspection

Our inspection team	6
Background to Fell Tower Medical Centre	6
Why we carried out this inspection	6
How we carried out this inspection	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Fell Tower Medical Centre on 15 January 2015, which resulted in the practice being rated as good overall but as requiring improvement for the well led domain and the people experiencing poor mental health population group. This was because:

- The practice needed to improve their governance arrangements to ensure a strong link between analysis of their performance and continuous quality improvement, including use of audits, significant events and incidents analysis.
- The performance on the Quality and Outcomes Framework (QOF) indicators was lower than other practices.

In November 2016 we commenced a focussed inspection where we asked the practice to send us information to demonstrate how they had responded to the issues previously identified.

This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection by selecting the 'all report' link for Fell Tower Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings were as follows:

- The practice had developed a formal business plan. This reflected the vision and values, included a summary of goals and objectives and was regularly monitored.
- A programme of staff meetings was in place. The practice had completed or was in the progress of completing a number of audits since the last inspection.
- Staff had received training on reporting significant events; and the number reported by nursing and administration staff subsequently increased.

The area where the provider should make improvements is:

- Take steps to ensure the care plans for patients with dementia are reviewed.

**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 well-led?**

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

When we inspected in January 2015 we found the practice had identified a number of key areas where they planned to improve the service. However, these areas for improvement had not been formally documented in an action plan. During the inspection in November 2016 we found the practice had developed a formal business plan. This reflected the vision and values, included a summary of goals and objectives and was regularly monitored.

During our inspection in January 2015 managers told us they planned to strengthen governance arrangements. When we carried out the focussed inspection in November 2016 we found a programme of staff meetings was in place. The practice had completed or was in the progress of completing a number of audits since the last inspection.

In January 2015 we found that the practice had plans to increase the number of significant events reported by nursing and administrative staff. During our focussed inspection in November 2016 we found action had been taken to address all concerns. The number of significant events reported by nursing and administration staff subsequently increased.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### **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).

During our inspection in January 2015 we found that the practice's performance on mental health related Quality and Outcomes Framework (QOF) indicators was below average. For example, the practice had achieved 77.2% of the points compared to the national average of 90.4% and the percentage of patients with dementia whose care had been reviewed was below average, 68.8% compared to the national average of 83.8%.

We reviewed the latest QOF data for 2015/2016; this showed that although performance was still below average, the practice had improved and had achieved 84.1% of the points available (compared to the national average of 92.8%). Managers told us their exception rate was below local and national averages, which contributed to the lower overall scores (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

However, the 2015/2016 showed that the percentage of patients with dementia whose care had been reviewed was still below average, 72.5%, compared to the national average of 83.7%.

**Good**



# Summary of findings

## Areas for improvement

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

Take steps to ensure the care plans for patients with dementia are reviewed.

# Fell Tower Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector.

## Background to Fell Tower Medical Centre

Fell Tower Medical Centre is registered with the Care Quality Commission to provide primary care services. It is located in the centre of Low Fell, Gateshead.

The practice provides services to around 7,400 patients from one location: 575-583 Durham Road, Low Fell, Gateshead, Tyne and Wear, NE9 5EY. The practice has three GP partners (one female and two male), one salaried GPs (male), a nurse practitioner and three practice nurses (all female), two healthcare assistants, a practice manager and a number of staff who carry out reception and administrative duties.

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). The practice population is made up of a higher than average proportion of patients over the age 65 (19.5% compared to the national average of 17.1%). Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is based in purpose built premises which are accessible from the main street or from the car park behind the surgery. There is level access for patients entering the

building from the car park. Patient services are delivered from the ground and first floors, with lift or stair access between the two floors. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Surgery opening times are Monday, Tuesday, Thursday and Friday 8:30am to 6pm, with extended hours on a Wednesday from 7am to 7:30pm. Patients can book appointments in person, on-line or by telephone.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Gateshead Community Based Care Limited, which is also known locally as Gat Doc.

## Why we carried out this inspection

We undertook a focussed inspection of Fell Tower Medical Centre in November 2016. This inspection was carried out to check that improvements planned by the practice after our comprehensive inspection on 15 January 2015 had been made. We inspected the practice against one of the five questions we ask about services: is the service well led?, and one of the population groups: people experiencing poor mental health (including people with dementia).

# Detailed findings

## How we carried out this inspection

In November 2016 we contacted the practice by email and asked them to confirm that they had taken action to improve governance arrangements and performance in relation to people experiencing poor mental health. We requested they supplied evidence to that effect.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

When we inspected in January 2015 we found the practice had identified a number of key areas where they planned to improve the service. However, these areas for improvement had not been formally documented in an action plan. We were concerned that without this the practice would be unable to move forward with their plans in a sustainable and effective way.

During the inspection in November 2016 we found the practice had developed a formal business plan. This reflected the vision and values, included a summary of goals and objectives and was regularly monitored.

### Governance arrangements

During our inspection in January 2015 managers told us they planned to strengthen governance arrangements by; introducing staff meetings to increase opportunities for shared learning and improvement and undertaking a minimum of two completed clinical audits and one non-clinical audit per year.

When we carried out the focussed inspection in November 2016 we found a programme of staff meetings was in place. Whole team meetings were held quarterly; practice meetings weekly and safeguarding and palliative care meetings quarterly. Cascade meetings were held each week; heads of department were invited to raise and discuss any issues about the day to day running of the practice.

The practice had completed or was in the progress of completing a number of audits since the last inspection.

This included an audit on monitoring of patients prescribed lithium, an audit to check that patients with atrial fibrillation had been assessed for anticoagulation. Some of the audits were single cycle and were due to be repeated to monitor the effectiveness of any improvements made. A two cycle audit of the 'DNA' (did not attend) rate was carried out; the second cycle showed a decrease in the DNA rate of 9%.

### Leadership, openness and transparency

In January 2015 we found that the practice had plans to increase the number of significant events reported by nursing and administrative staff by supporting them to understand what constituted a significant event and giving opportunities for the practice to discuss such events as a team.

Managers told us they were planning to reinstate clinical leads for key population groups to provide leadership and support for staff.

During our focussed inspection in November 2016 we found clinical leads had been nominated for each of the key population groups and long term conditions. The leads were supported by teams consisting of nursing and administrative staff.

One of the GPs was the safeguarding lead; they presented an overview of significant events at whole team meetings. This covered the definition of a significant event; the action to take and emphasised there was a no blame culture. Since January 2016, 38 issues had been reported and reviewed by staff from all departments.