

Church View Medical Centre

Quality Report

Silksworth Terrace, Sunderland, SR3 2AW
Tel: 0191 521 1753
Website: www.churchviewmedicalcentre.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 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 focused inspection at Church View Medical Centre on 24 October 2016.

We had previously carried out an inspection of the practice on 8 September 2015 when a breach of legal requirements was found. The practice could not demonstrate their approach to audit supported them to improve either clinical outcome for patients or improved clinical practice.

After the inspection on 8 September 2015 the practice wrote to us to say what they would do to meet the legal requirements set out in the Health and Social Care Act (HSCA) 2008.

In October 2016 we undertook a focused inspection where we asked the Trust to send us information to evidence that they now met legal requirements. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Church View Medical Centre on our website at www.cqc.org.uk.

Our key findings were as follows:

- The practice had taken action in relation to the requirement notice we issued at the last inspection and were no longer in breach of regulations. The practice had increased focus on clinical audit. There was a clinical audit plan in place and there was evidence this was discussed regularly through clinical and team meetings. The Trust provided us with several examples of completed clinical audit cycles.
- The practice had also addressed those areas we told them they should consider improving. They had carried out a formal legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). They had updated their complaints leaflet to detail the arrangements for external resolution.

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 being well-led.

- The practice had taken action in relation to the requirement notice we issued at the last inspection and were no longer in breach of regulations. The practice had increased focus on clinical audit. There was a clinical audit plan in place and there was evidence this was discussed regularly through clinical and team meetings. The Trust provided us with several examples of completed clinical audit cycles.
- The practice had also addressed those areas we told them they should consider improving. They had carried out a formal legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). They had updated their complaints leaflet to detail the arrangements for external resolution.

Good



Summary of findings

What people who use the service say

We did not speak to patients as part of this inspection.

Church View Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission (CQC) Lead Inspector.

Background to Church View Medical Centre

The area covered by Church View Medical Centre is predominantly the Sunderland West area. The practice provides services from Church View Medical Centre, Silksworth Terrace, Sunderland, SR3 2AW.

The surgery is located in the Silksworth area of Sunderland. The surgery is purpose built. Facilities for patients are located on the ground floor and there is disabled access including designated parking bays and disabled toilet facilities.

The practice has three salaried GPs, of which one GP is the lead, two are full-time and one part time, (two male and one a female doctor). There are three practice nurses and one nurse practitioner. There are two health care assistants. There is a practice manager and there are nine administrative staff and a domestic assistant.

The practice provides services to approximately 6,000 patients of all ages. The practice is commissioned to provide services within a Personal Medical Services (PMS) agreement with NHS England. The provider of the service is City Hospitals Sunderland NHS Foundation Trust (the Trust).

The practice is open Monday to Friday 8am to 6pm and appointments could be made during this time. Patients were able to book appointments either on the telephone, at the front desk or using the on-line system.

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

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection focused on one of the five questions we ask about services; is the service well-led? This was because the service was not meeting a legal requirement in this domain when we inspected on 8 September 2015.

How we carried out this inspection

The focused inspection was carried out as a desk top review. In September 2016 we contacted the Trust by letter and we asked them to send us evidence to confirm that improvements to meet legal requirements had been made.

The Trust sent us a range of evidence to demonstrate this. This included copies of clinical audits undertaken within the last two years and the clinical audit plan; minutes of meetings; internal governance reports; information about complaints, patient feedback results and action plans; Logs of safety alerts actioned, incidents and significant events; and, other relevant performance data and evidence.

Are services well-led?

Good 

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

Our findings

When we last inspected the practice, in September 2015, we identified that some aspects of the practice's governance procedures were not satisfactory. In particular, we found that:

- The practice could not demonstrate their approach to audit supported them to improve either clinical outcome for patients or improved clinical practice. This was because the practice had not completed the full clinical audit cycle for those audits they had conducted within the last two years. Clinical audits have a two process cycle to ensure changes identified after the first cycle are implemented effectively.

During our review of evidence sent to us by the Trust on 24 October 2016, we found that:

- The practice had increased focus on clinical audit. There was a clinical audit plan in place and there was evidence this was discussed regularly through clinical and team meetings.
- The practice sent us a series of eight clinical audits, of which five demonstrated the complete audit cycle.

Although the practice had a renewed focus on audit, we found some did not lead to improved outcomes. For example, the practice had audited their approach to prescribing antibiotics. (It is best practice to use some antibiotics sparingly, as overuse can lead to infections becoming resistant to antibiotics making them less effective in the future.) The second data collection in December 2015 found, whilst the total number of prescriptions of certain antibiotics had increased, so had the actual percentage of prescribed appropriately. But still over half were prescribed outside local guidelines. The practice intended to make some further improvements and

audit this area again in six to twelve months. We reviewed the local prescribing benchmarking data for the practice. These demonstrated prescribing rates for antibiotics were generally similar to the clinical commissioning group (CCG) average.

The practice had recognised the challenge in keeping up the momentum with clinical audit. We saw several references to requests for clinicians to set aside time to carry out clinical audit within notes of clinical and team meetings. This ensured audit was seen as integral to delivery of the service and kept on the agenda for teams as a matter of importance. We found the practice had started to use clinical as a way to drive improvement in clinical care.

At the last inspection in September 2015, we also said the practice should :

- Carry out a formal legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Updated the leaflet given to patients who wish to make a complaint to specifically contain information regarding taking a complaint further than the practice, for example to NHS England or the Parliamentary and Health Service Ombudsman.

The Trust provided us with a copy of the latest legionella risk assessment, which was carried out in October 2015.

The Trust provided us with an updated patient leaflet, which was given to patients who wished to make a complaint. This now included full details of how patients could escalate their complaint, if they remained unhappy with the response to their complaint. This included external resolution through either NHS England or the Parliamentary and Health Service Ombudsman.