

West Road Medical Centre

Inspection report

170 West Road
Newcastle Upon Tyne
Tyne and Wear
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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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Overall summary

We carried out an announced focused inspection at West Road Medical Centre Medical Centre on 28 August 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us. This was because of the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions:

- Is the practice effective?
- Is the practice well-led?

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Is the practice safe?
- Is the practice responsive?
- Is the practice caring?

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Outstanding overall and Outstanding for the following population groups – older people; people with long term conditions; families, children and young people; working age people (including those recently retired and students); and, people whose circumstances may make them vulnerable. The population group experiencing poor mental health (including people with dementia) was rated as good.

We rated the practice as outstanding for providing effective services because:

- There was a clear ethos of working in partnership to meet the needs of patients, particularly those most at risk of otherwise not having good access to healthcare.
- There was a culture of clinical audit to support the practice to achieve good health outcomes for patients and to continually improve.

We rated the practice as outstanding for providing well-led services because:

- The practice had demonstrated sustained innovation and improvement since the last inspection.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- Leaders were not afraid of safe innovation and strove to continually improve the health outcomes for patients. Change was well managed, and innovation was considered and implemented in a safe way.

We found that:

- The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Care was delivered and reviewed in a coordinated way when different teams, services or organisations are involved. There was a clear ethos of working in partnership to meet the needs of patients, particularly those most vulnerable and most at risk of otherwise not having good access to healthcare.
- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw this was integral to how the practice monitored and improved the way they worked.
- We found staff had the knowledge and skills needed to provide effective care.
- The practice demonstrated they had good governance processes to monitor and improve safety and safeguarding within the practice.
- There was a clear vision and strategy to deliver high quality, sustainable care. The practice was clearly linked in with other organisations to help them deliver effective, targeted, coordinated health care to their population.
- There were arrangements in place to support good governance and management. The practice had an in-depth knowledge of their own performance. Where areas for improvement were identified the practice developed and implemented action plans to support improvements.
- The practice culture was clearly to innovate to support sustainability and good quality care.

Overall summary

- The practice had clear and effective processes for managing risks, issues and performance. These were well embedded and kept the practice up to date with what actions were needed.
- The practice learned, improved and innovated as a result of safety information and incidents.

We saw examples of outstanding practice:

- The practice had in place a frailty project to support all frail or at risk of being frail patients to achieve good health outcomes, including in end of life care. 100% of people living in the local linked care home had a care plan in place and 60% had an emergency health care plan in place. Of those patients on the frailty list who had died, 100% were recorded as dying in their preferred place of death.
- The practice had extended the Year of Care approach beyond those conditions normally covered. They had extended it to include coeliac patients; non-alcoholic fatty liver disease; and gout and associated conditions.

- The practice had improved their approach to supporting patients experiencing domestic violence. In collaboration with a local advocacy organisation, they had amended care templates and provided staff with additional training to support the routine conversation about domestic violence with patients. This had led to 177 patient discussions about domestic violence; from which the practice identified of 22 who were experiencing domestic violence and of these 13 had not previously disclosed this information to health professionals.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Outstanding 
People with long-term conditions	Outstanding 
Families, children and young people	Outstanding 
Working age people (including those recently retired and students)	Outstanding 
People whose circumstances may make them vulnerable	Outstanding 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to West Road Medical Centre

The Care Quality Commission (CQC) registered West Road Medical Group to provide primary care services.

The practice provides services to around 9,700 patients from one location, which we visited as a part of this inspection:

- 170 West Road, Newcastle Upon Tyne, Tyne and Wear, NE4 9QB

West Road Medical Group provides care and treatment to patients of all ages, based on a General Medical Services (GMS) contract agreement for general practice. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG).

The practice has five GP partners (four female and one male). They also have one salaried GP (female), two nurse practitioners (both female), three practice nurses (all female), two healthcare assistants (female), a practice manager and staff who undertake reception and administrative duties.

NHS 111 service and Vocare Limited (known locally as Northern Doctors Urgent Care) provide the service for patients requiring urgent medical care out of hours.

Information from Public Health England placed the area in which the practice is located in the second most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. Average male life expectancy at the practice is 75.2 years, compared to the national average of 79.2 years. Average female life expectancy at the practice is 80.5 years, compared to the national average of 83.2 years.

63.3% of the practice population were white, 2.0% were mixed race, 28.6% were Asian, 3.3% were black and 2.7% were other races.