

Newport Medical Group


Quality Report

Stoney Lane Surgery
234 Stoney Lane
Balsall Heath
Birmingham
B12 8AW
Tel: 0121 449 9685
Website: newportmedicalgroup.nhs.uk

Date of inspection visit: 14 April 2016
Date of publication: 03/06/2016

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

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Newport Medical Group	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	5

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 from 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
- A visit by NHS England, West Midlands did not identify any concerns in regards to the circumcision procedures carried out at the practice.

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

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. Circumcision of boys under 12 months were carried out at this site. NHS England had visited the practice to review the delivery of the service. A report provided by NHS England gave assurance that appropriate arrangements were in place for the delivery of this service.

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. This was communicated to all staff in meetings so that those fulfilling the role of a chaperone were aware of 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 one 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.

On our previous inspection we also saw that the practice undertook circumcision procedures for boys under one year of age. We asked the nurse how the procedure was completed to ensure the child remained safe throughout. They explained the use of a moulded circumcision restraint board with a restraint policy in place to support this. From our discussion with the nurse it was clear that the child's welfare and safety had been considered. In order to ensure that the arrangements in place were the safest and most appropriate, so as not to cause undue distress to children undergoing the procedure, we raised this matter to the local safeguarding team. We had also informed other key stakeholders such as NHS England local area team and the Clinical Commissioning Group (CCG).

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.

Following our previous inspection on 25 March and 29 April 2015, NHS England had visited the practice to review the delivery of the circumcision service. The practice sent us a copy of a report provided by NHS England which gave assurance that appropriate arrangements were in place for the delivery of this service.

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 was 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 we were told that the Advanced Nurse Practitioner (ANP) also fulfilled the role of the practice manager across all three sites. When we spoke with them they told us that 70% of their role was spent as an ANP. Although the role of site managers was established to support the practice manager we found further improvements were needed. At this visit we were told that they had reviewed the capacity of the management team and as a result

An assistant practice manager role had been formally established taking 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.

During our previous inspection we found that there was a complaints lead who responded to all complaints. We saw the policy needed review and there were delays in acknowledgement of complaint. We were told that the delay was due to the complaints lead being away and there were no other arrangements in place. At this follow up inspection we saw that the complaint policy and process.

We saw that the policy named a deputy responsible for responding to complaints if the lead was away on leave. We saw that the practice had responded appropriately and timely to complaints received since our previous inspection.

At our previous inspection we found that an advanced nurse practitioner (ANP) was available for consultation. An ANP is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice. Patients we spoke with told us that consultations were usually booked with an advanced nurse practitioner without informing them. At this follow up we saw that a poster had been displayed to inform patients that an advanced nurse practitioner was available for consultations.

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.