

The New City Medical Group

Quality Report

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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 effective?

Requires improvement



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 The New City Medical Group on 13 September 2016. The overall rating for the practice was good; although the practice requires improvement for providing effective services. We issued a requirement notice with respect to Regulation 18 on Staffing because we found that the practice had failed to ensure all staff received appropriate training, to enable them to carry out the duties for which they had been employed. The full comprehensive report for the September 2016 inspection can be found by selecting the 'all reports' link for The New City Medical Group on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 November 2017 to review in detail the actions taken by the practice to improve the quality of care. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

The practice is rated as requires improvement for providing effective services, and overall the practice is rated as good.

Our key findings at this inspection were as follows:

- The practice had implemented an action plan to address the issues identified at the previous inspection.

- However, not all of the required improvements had been made. Some staff had not completed training that the provider considered mandatory and the practice did not record or monitor the training completed by the GPs.

At our previous inspection on 13 September 2016, we told the provider that they should make improvements in other areas. These included recruitment checks, practice development, infection control, clinical meetings and clinical audit. We saw at this inspection that some improvements had been made:

- The provider now completed Disclosure and Barring Service (DBS) checks for all staff appointed at the practice.
- A documented development plan, setting out the actions they would take to deliver their vision and strategy, had not been completed by the practice. Following this inspection the practice sent us an action plan, which showed how they intended to ensure mandatory training was completed and how practice meetings would be more effective. No other areas of practice development were identified.
- A comprehensive infection control audit had been carried out. We saw that the practice had ensured any follow up actions were completed.

Summary of findings

- The whole clinical team now attended a clinical meeting each month and these meetings were minuted. However, some of the meeting minutes we reviewed lacked detail that would support the monitoring of any actions required.
- The practice did undertake clinical audit although no two cycle audits had been completed since we last inspected.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In addition the provider should:

- Prepare a development plan that clearly sets out how the GP provider intends to enact their vision and strategy.
- Develop a planned and structured approach to carrying out clinical audits.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service **SHOULD** take to improve

- Prepare a development plan that clearly sets out how the GP provider intends to enact their vision and strategy.
- Develop a planned and structured approach to carrying out clinical audits.

The New City Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Inspector.

Background to The New City Medical Group

The New City Medical Group provides care and treatment to about 5300 patients of all ages, based on a General Medical Services (GMS) contract. The practice is part of the NHS Sunderland clinical commissioning group (CCG) and provides care and treatment to patients living in the Hendon area of Sunderland. We visited the following location as part of the inspection: New City Medical Centre, Tatham Street, Hendon, Sunderland, SR1 2QB.

The practice serves an area where deprivation is higher than the local CCG and England averages. In general, people living in more deprived areas tend to have a greater need for health services. The percentage of people with a long-standing health condition is also higher than the England average, as is the percentage of people with caring responsibilities. Life expectancy for both men and women is lower than the England average. National data showed that 5.6% of the population are from an Asian ethnic minority background, and 2.3% are from other non-white ethnic groups.

The practice occupies a purpose built; two-storey building that provides patients with access to ground and first floor treatment and consultation rooms. Lift access is provided to the first floor. The provider is a single female GP. The practice employs a salaried GP (male), and two long-term locum GPs (one male one female). Other staff included an advanced nurse practitioner (female), a healthcare assistant (female), a practice manager and assistant manager, and a team of administrative and reception staff.

The practice is open Monday to Friday between 8:30am and 6pm. GP appointment times are Monday to Friday between 9am and 11:30am, and between 2:30pm and 5:30pm. The practice is closed at weekends.

When the practice is closed patients can access out-of-hours care via Vocare, which is known locally as Northern Doctors Urgent Care, and the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of The New City Medical Group on 13 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective care and good overall.

The full comprehensive report following the inspection on 13 September 2016 can be found by selecting the 'all reports' link for The New City Medical Group on our website at www.cqc.org.uk.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring care and treatment

When we inspected the practice in September 2016 there was evidence of quality improvement activity including clinical audits. However, the practice did not have a planned, structured approach to carrying out clinical audit activity.

- When we inspected the practice in November 2017, we saw that the practice had completed quality improvement work. The records we reviewed showed the practice had completed four single-cycle reviews. No two-cycle clinical audits had been completed since we last inspected the practice. There was no planned structured approach to carrying out clinical audit.

Effective staffing

When we inspected the practice in September 2016, we saw that staff were not always supported to participate in relevant staff training. We found that some staff had not completed all of the training that the provider considered mandatory for their role.

- The practice had introduced a new e-learning system following the inspection in September 2016. When we inspected the practice in November 2017, we saw that some staff had still not completed the training the provider considered mandatory. Specifically we found that there was no evidence to show that:
 - Four out of the twelve staff had completed adult safeguarding training.

- Two of the twelve staff had completed information governance training.
- Five of the ten staff allocated health and safety training had completed this. The two GPs had not been allocated this training.
- Two of the twelve staff had completed infection control training.
- Two of the twelve staff had completed fire safety training.
- One of the twelve staff had completed Cardio Pulmonary Resuscitation (CPR) training.
- When we inspected the practice in November 2017, the information we reviewed showed that the practice did not record or monitor the training completed by any of the GPs who worked at the practice. In addition to the lead GP, the practice employed a salaried GP and two long-term locum GPs. One locum GP worked for two days a week and one worked for one day a week. The practice did not monitor or review the training they had completed to make sure they had the skills, knowledge and experience to deliver effective care, support and treatment. Following the inspection, the practice forwarded records of training completed by one of the long-term locums.
- The practice manager told us that administrative staff had protected time for training one afternoon each month and, that the monthly staff meeting on the same day, was used to monitor training. However, the minutes of these meetings were very brief and did not record the detail of any discussion that related to training. Clinical staff accessed external training on this day.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	The registered person failed to ensure all staff received appropriate training, to enable them to carry out the duties for which they had been employed.
Maternity and midwifery services	Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Surgical procedures	
Treatment of disease, disorder or injury	