

# Northumberland Park Medical Group, Shiremoor Resource Centre

## Inspection report

Earsdon Road  
Shiremoor  
Newcastle upon Tyne  
Tyne and Wear  
NE27 0HJ

Tel: 0191 253 7892

[www.northumberlandparkmedicalgroup.nhs.uk](http://www.northumberlandparkmedicalgroup.nhs.uk)

Date of inspection visit: 22/01/2019 and 29/01/2019

Date of publication: 15/03/2019

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

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Northumberland Park Medical Group, on 22 and 29 January 2019, as part of our inspection programme.

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 and other organisations.

## **The practice was rated as requires improvement for providing safe services because:**

- The arrangements for documenting the outcomes of the practice's multi-disciplinary team safeguarding meetings and significant events were not effective. Although staff told us lessons were learnt when things went wrong, it was not always clear whether agreed changes had been reviewed and implemented, to make sure they had helped to drive improvements.
- Immunisation histories had not been obtained for some non-clinical staff.
- The practice's health and safety risk assessment did not comprehensively address risks to patients' safety.
- The practice's locum GP pack was out-of-date and there was no lead GP to oversee the performance of locum and salaried GPs.

## **The practice was rated as requires improvement for providing effective services because:**

- The practice did not have a comprehensive programme of quality improvement activity.
- The practice did not have an effective staff appraisal system.
- The practice's arrangements for documenting staff inductions were not effective.
- The Quality and Outcome Framework long-term conditions clinical indicators relating to the treatment of patients with asthma and atrial fibrillation, were lower than the local clinical commissioning group and national averages.
- Follow-up consultations did not always take place following a patient's discharge from hospital.

## **Because these concerns impacted on all population groups, we have rated them as requires improvement for providing effective services.**

## **The practice was rated as good for providing caring services because:**

- Feedback from people who used the service was positive about the way that staff treated them.
- Staff treated patients with kindness and respect and involved them in decisions about their care and treatment. Most of the practice's results from the national GP patient survey, regarding how patients were treated, were higher than the local clinical commissioning group and national averages.

## **The practice was rated as good for providing responsive services because:**

- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way, that ensured choice and continuity of care.
- Most patients told us they could access care and treatment in a timely way.

## **The practice was rated as requires improvement for well-led because:**

- The practice did not have a clear vision and credible strategy to provide high quality sustainable care.
- Leaders had not identified the actions needed to address the challenges they faced, regarding the delivery of high-quality care and the sustainability of the service. A development programme for leaders was not in place.
- The practice's governance arrangements were not always effective. There were shortfalls in the practice's systems and processes, and in the leadership oversight of these, which could place some patients at risk of not receiving appropriate care and treatment.

We also found that:

- Effective arrangements were in place to maintain a safe patient environment. Regular checks were carried out to make sure clinical, and other equipment, was safe to use.
- The practice had effective systems for the appropriate and safe use of medicines.
- Arrangements had been made to ensure care and treatment was delivered in line with current legislation, standards and evidence-based guidance.
- Most outcomes for people who use the service were positive, consistent and met expectations.

# Overall summary

**The overall rating for this practice was requires improvement due to concerns in providing safe, effective and well-led services. We are rating the practice as good overall for providing responsive services, including all the population groups, because patients could access timely care and treatment which had been tailored to meet their needs.**

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance, in accordance with the Fundamental Standards of Care.
- Ensure persons employed in the provision of the regulated activity receive appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The areas where the provider **should** make improvements are:

- Improve how patients who are also carers are identified, to enable this group of patients to access appropriate care and support.
- Provide patients with access to information about complaints in the reception waiting areas.
- Review the arrangements for monitoring emergency hospital admissions, sharing information with community services and social services, and identifying patients at risk of suicide or self-harm.
- Review the effectiveness of the practice's performance management system.
- Review the arrangements on the practice's website for providing patients with information about support groups.
- Consider providing the practice's infection lead with advanced training in the prevention and management of infection control.

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

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a CQC member of staff who was shadowing the team.

## Background to Northumberland Park Medical Group, Shiremoor Resource Centre

The practice covers a wide area, including Shiremoor, Backworth, West Allotment, Earsdon, Holywell and parts of Seaton Delaval, and provides care and treatment for 7,956 patients. The practice is commissioned to provide services under the terms of a General Medical Services (GMS) Agreement with NHS England and is a member of the North Tyneside clinical commissioning group (CCG).

The practice had experienced a significant increase in the size of their patient list over the last 12 months, following the closure of a surgery located in the same building. This had impacted on staff workloads and placed pressure upon the practice's systems and processes. Leaders were actively addressing the challenges that they faced because of this.

We visited the following location as part of our inspection:

- Shiremoor Resource Centre, Earsdon Road, Shiremoor, Newcastle upon Tyne, NE27 0HJ.

The provider is registered with the CQC to deliver the following regulated activities: diagnostic and screening procedures; family planning services; maternity and midwifery services and treatment of disease; disorder or injury, surgical procedures.

The practice is located in purpose-built premises. All patient services are fully accessible.

The practice has: two GP partners (one male and one female) and one nurse partner (female); three salaried GPs (one male and two female); a practice nurse (female); two healthcare assistants; a pharmacy technician; a practice manager; and a small team of administrative and reception staff. The practice is a teaching practice and provides placements for trainee doctors, and medical students.

The National General Practice Profile for the practice states that 98.9% of the practice population is from a white background. Other ethnic groupings are as follows: 0.5% are from an Asian background; 0.6% of the population are from black, mixed or other non-white ethnic groups. Information published by Public Health England rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 79 years compared to the national average of 79.2 years. Female life

expectancy is 83.6 years compared to the national average of 83.3 years. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p data-bbox="815 663 1385 730">Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p data-bbox="815 752 1294 786"><b>How the regulation was not being met:</b></p> <p data-bbox="815 808 1493 954"><b>The provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care. The provider had not put effective arrangements in place to:</b></p> <p data-bbox="815 976 1501 1077"><b>Assess, monitor and improve the quality and safety of the services provided. In particular, the provider did not have:</b></p> <ul data-bbox="823 1111 1509 1771" style="list-style-type: none"><li data-bbox="823 1111 1493 1211">• A systematic programme of quality improvement, including assurance checks to make sure that policies and procedures were current and up-to-date.</li><li data-bbox="823 1223 1493 1323">• An effective system for documenting the outcomes of the practice’s multi-disciplinary meetings and significant events.</li><li data-bbox="823 1335 1461 1402">• An effective system for obtaining evidence of staff’s relevant immunisation history.</li><li data-bbox="823 1413 1493 1514">• An effective system for overseeing the performance of salaried and locum GPs, and for updating the practice’s locum GP induction pack.</li><li data-bbox="823 1525 1493 1592">• An effective system for sampling and carrying out peer reviews of completed clinical records summaries.</li><li data-bbox="823 1603 1390 1671">• An effective system for documenting the staff inductions that were carried out.</li><li data-bbox="823 1682 1453 1715">• An effective system for gathering patient feedback.</li><li data-bbox="823 1727 1445 1771">• A practice development plan, to help improve the quality and safety of services.</li></ul> <p data-bbox="815 1794 1477 1973"><b>Assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. There were gaps in the practice’s arrangements for monitoring and addressing some current and future risks. In particular, the provider had not:</b></p> <ul data-bbox="823 1995 1517 2107" style="list-style-type: none"><li data-bbox="823 1995 1517 2107">• Carried out an appropriate risk assessment to identify the emergency medicines that were not suitable for the practice to stock.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Assessed the risks posed by accepting a Disclosure and Barring Service check .
- Carried out a comprehensive infection control assessment/audit.
- Assessed risks to the security of the premises.
- Completed an assessment of the risks associated with the clinical summaries of the paper records either being inaccurate or requiring updating, for a significant number of new patients the practice had recently accepted.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:**

**The provider did not have an effective staff appraisal system. Staff had not received an appraisal for over two years.**