

# The Simpson Centre

## Quality Report

The Simpson Centre  
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Date of inspection visit: We have not revisited the practice as part of this review because the practice was able to demonstrate that they were meeting the regulations associated with the Health and Social Care Act 2008 without the need for a visit.  
Date of publication: 28/04/2017

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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at The Simpson Centre in Beaconsfield, Buckinghamshire on 14 September 2016 we found a breach of regulations relating to the provision of safe services. The overall rating for the practice was good. Specifically, the practice was rated requires improvement for the provision of safe services and good for the provision of effective, caring, responsive and well-led services. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Simpson Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 19 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We found the practice had made improvements since our last inspection. Using information provided we found the practice was now meeting the regulations that had

previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

Our key findings were as follows:

- The practice including the branch surgery in Penn (also in Buckinghamshire) had established and was now operating safe and effective systems to assess, manage and mitigate the risks identified relating to fire safety, electrical installation and legionella.
- A system had been introduced to improve the security of prescription stationary. For example, all clinical rooms had been fitted with key coded locks and prescriptions were now locked away in a cupboard overnight to prevent unauthorised access to blank and completed prescription forms.
- Further steps had been taken steps to assist patients with hearing difficulties. The broken aid to assist patients with hearing difficulties had been removed and the practice had received quotes for two brand new hearing loops. Until installation, one of the managers within the practice had completed a basic sign language and communication for hearing impaired course. This had been cascaded to all practice staff during a training afternoon.

# Summary of findings

**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?**

The practice had taken appropriate action and is now rated as good for the provision of safe services.

Our last inspection in September 2016 identified concerns relating to how the practice assessed, recorded and managed risks, including risks within health and safety and premises.

We also saw concerns regarding the management of medicines specifically the security of blank and completed prescriptions.

Using information provided by the practice we found the concerns had been addressed:

- The security of blank and completed prescriptions had been reviewed. Following the review, all clinical rooms had been fitted with key coded locks and prescriptions were now locked away in a cupboard overnight. Both of these actions ensured security and prevented unauthorised access to prescription stationary.
- The practice had assessed and now managed environmental risks within the practice. This included an up to date fire risk assessment, an up to date legionella risk assessment and an up to date electrical installation risk assessment and subsequent review of the associated risks. Examples of completed actions included implementation of systems ensuring standards would be regularly monitored and reviewed.

**Good**



# The Simpson Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based review inspection was completed by a CQC Inspector.

## Background to The Simpson Centre

The Simpson Centre provides GP services from two surgeries to 17,500 patients in and around the market town of Beaconsfield, Buckinghamshire and nearby village of Penn, Buckinghamshire. The practice serves an area with very low levels of deprivation. Ethnicity based on demographics collected in the 2011 census shows the population of the surrounding area is predominantly white British. It has fewer patients aged between 15 and 40 than the national average, and more aged 14 and under and 40 and over.

Just below 57% are in paid employment or full time education compared to the national average of 62%; among those in employment, a high number commute to work in London or other larger towns. Owing to house building projects in the area and the practice's commitment to accepting out of area patients when medically appropriate, patient numbers have increased by about 1,100 since the beginning of 2014.

The patient population has a life expectancy between four and five years longer than the national average and the practice provides support to three local care homes, including one with a specialist dementia unit. In total, 50% of its patients have a long standing health condition, compared to the national average of 54%.

The practice has eight GP partners, five female and three male, and three female salaried GPs. There are four practice nurses, equivalent to 3.7 whole time, and two healthcare assistants. A phlebotomist is available on site three days a week at The Simpson Centre, and one day a week at The Penn Surgery.

The practice has been a training practice for more than 30 years, but does not current have any GP Registrars owing to the retirement of its GP trainer. One partner commenced their GP trainer training in early 2017; after the training is completed the practice will again accept trainees. GP Registrars are qualified doctors who are undertaking additional training to gain experience and higher qualifications in general practice and family medicine.

The Simpson Centre is a large converted 1950s house, which has been extended since becoming a GP surgery in the 1970s. The Penn Surgery is a purpose built building, built nine years ago. The surgeries share a patient list, but patients are allocated to named GPs at one of the surgeries depending on where they live, and are encouraged to attend appointments at that location in most instances. The GPs are each based at one of the surgeries, with the nursing team and some non-clinical staff working across both sites.

The practice is open from 8.30am to 6.30pm Monday to Friday at both surgeries, with extended hour's appointments four evenings a month, alternating between the surgeries, and from 8.30am until 11am on alternate Saturdays. A duty GP is available for emergency telephone calls and appointments from 8am on weekdays. The out of hour's service is provided by Buckinghamshire Urgent Care and is accessed by calling NHS 111. Advice on how to access the out of hour's service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Services are delivered from:

# Detailed findings

- The Simpson Centre, 70 Gregories Road, Beaconsfield, Buckinghamshire, HP9 1PS.
- The Penn Surgery, Elm Road, Penn, Buckinghamshire, HP10 8LQ.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 14 September 2016 and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We undertook a follow up desk-based focused inspection on 19 April 2017 to follow up and assess whether the necessary changes had been made, following our inspection in September 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the requirements of the regulations that had previously been breached.

This report should be read in conjunction with the full inspection report.

## How we carried out this inspection

We carried out a desk-based focused inspection of The Simpson Centre on 19 April 2017. This involved reviewing evidence provided by the practice and a range of information we hold about the practice.

- We reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulation.
- We also reviewed information provided by the practice, including evidence of the new arrangements to manage prescription security, evidence of revised premises risk assessments and information of improved systems to assist patients with hearing difficulties.

All were relevant to demonstrate the practice had addressed the breach of regulation identified at the inspection in September 2016.

# Are services safe?

## Our findings

When we inspected The Simpson Centre in September 2016, we identified concerns relating to how the practice assessed, recorded and managed risks, including risks within health and safety and premises. There were procedures in place for monitoring and managing risks to patient and staff safety. However, a number of risk assessments were found to have not been completed within the required period for fire, electricals and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

We also saw concerns regarding the management of medicines specifically the security of blank and completed prescriptions.

We reviewed information provided by the practice and found the practice had made improvements to address the concerns previously identified.

### Overview of safety systems and processes

The practice had reviewed arrangements for managing medicines, specifically prescription stationary. The practice had raised prescription security awareness to all members of staff and completed actions to increase security and prevented unauthorised access to prescription stationary.

- All clinical rooms had been fitted with key coded locks and prescriptions were now locked away in a cupboard overnight. These actions prevented unauthorised access.
- The practice had reviewed the location of the reception printer. The printer had been relocated away from the

main reception desk and out of reach from patients and visitors. Furthermore, the reception area was manned at all times during opening hours and overnight all the prescription (blank/filled) were locked in a cupboard.

### Monitoring risks to patients

We saw the practice had established and was now operating safe systems to assess, manage and mitigate the risks identified relating to fire safety, electrical safety and legionella.

Following the September 2016 inspection, we saw assessments had been undertaken and immediate remedial action completed. For example:

- Following the electrical safety risk assessment, the practice had replaced electrical cabling and improved electrical safety signage throughout the two premises.
- The practice had arranged for a legionella risk assessment to be completed for both premises. This assessment was completed in October 2016. Following the risk assessments, the practice created and implemented a protocol and monitoring system to record legionella information, for example, monthly water temperature recordings.
- As part of the fire risk assessment the practice had implemented a revised practice specific fire protocol in line with current guidelines and appointed a member of staff to become a fire safety champion. Training for this role had been planned to be completed in May 2017.

These actions were now ensuring that requirements relating to safe care and treatment were being met.