

Hesa Medical Centre

Inspection 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 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 Hesa Medical Centre as part of our inspection programme. This is the first inspection of this service that has taken place.

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 Requires Improvement overall.

We rated them requires improvement for safe, effective and well-led and good for caring and responsive. We rated them good for population groups older people, people whose circumstances make them vulnerable and mental health. We rated them require improvement for families and children, people with long term conditions and mental health.

The practice is rated requires improvement for Safe as not all staff files contained copies of references, there was no evidence of regular clinical supervision or peer review for all clinical staff. We also found the practice did not have a consistent process for monitoring patients on high risk medication. Further, there was no process for ensuring patient safety alerts were actioned appropriately.

The practice is rated requires improvement for Effective due to the childhood immunisations, cervical screening rates and the management of their diabetic patients being below national targets.

The practice is rated requires improvement for Well-led as the provider did not operate effective monitoring of their safety and governance processes to ensure they were always followed by all staff.

We Found:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- They offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Staff demonstrated commitment and engagement with the vision for the service. They were proud to work for the organisation.
- Staff performance was not always monitored and reviewed
- The practice promoted good health and prevention and provided patients with suitable advice and guidance.
- There was a commitment to work with external partners
- The service had a business development strategy and quality improvement plan.

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.

The areas where the provider should make improvements are:

- Continue to implement processes to improve the take up of childhood immunisations.
- Continue to implement processes to improve the take up of cervical smears.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by GP specialist advisor and a nurse advisor.

Background to Hesa Medical Centre

Hesa Medical Centre provides GP led primary care services through an Alternative Provider Medical Services (APMS) contract to around 12,000 patients living in Hayes. The local area is a mixed community and there is a wide variation in the practice population.

The practice is run by two partners who lead a staff team comprising of 10 locum GPs, a nurse practitioner, a practice nurse, business manager, practice manager, reception manager, two physicians' associates, pharmacist, two health care assistants (HCA) and a team of reception/administrative staff. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8am to 8pm on Mondays to Fridays. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. Patients also had access to evening and weekends appointments at a local HUB. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them. Patients could book appointments online.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulations were not met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:</p> <ul style="list-style-type: none">• There were a number of locum GPs working at the practice and not all their files contained copies of references.• The practice employed a nurse prescriber and a pharmacist, however there was no evidence of regular clinical supervision or peer review.• The practice did not have an effective process in place to monitor patients' health.• There was no formal process in place to check/ensure patient safety alerts were actioned by clinical staff.