

Brunswick Medical Centre

Quality Report

39 Brunswick Centre

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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 safe?	Good	
Are services caring?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the Brunswick Medical Centre on 22 November 2016. The overall rating for the practice was requires improvement.

Under the key question of the practice providing Safe services, there had been insufficient evidence that staff recognised and acted upon significant adverse events, with appropriate investigation, reflection and learning. The practice had adopted the use of Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation, but the PGDs had not been completed correctly and were therefore invalid. We served a requirement notice relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also noted concerns highlighted by the GP Patient Survey, regarding continuity of care and patients' satisfaction with GP consultations, under the key question, Caring.

The full comprehensive report on the November 2016 inspection can be found by selecting the 'reports' link for the Brunswick Medical Centre on our website at

<http://www.cqc.org.uk/location/1-1249244528>. After the inspection, the practice sent us a plan of the action it intended to take to improve the quality of care and meet the legal requirements under the key question, Safe.

This inspection was an announced focussed inspection carried out on 13 July 2017 looking at the issues previously identified and to check and confirm that the practice had carried out its plan to meet the legal requirements. We found that the practice had taken appropriate action to meet the requirements of the regulations relating to providing a safe service.

In addition, under the key question of Caring, we looked at continuity of care and patients' satisfaction with GP appointments. We saw evidence from the most recent GP Patient survey, the practice's Friends and Family Test results and the provider's own patient survey data, which showed a general sustained improvement since our inspection in November 2016.

Accordingly, we have revised the practice's ratings in respect of providing a safe and caring service, which has led to a revision in the overall rating to Good.

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 is rated as good for providing safe services.

- The provider's significant event procedure had been reviewed and revised in January 2017. We saw records confirming that five incidents since our last inspection had been appropriately recorded, reviewed and actioned in line with the procedure. Significant events were discussed both in-house and with the provider's regional manager at the monthly meetings and reviewed on a quarterly basis.
- We found that the practice's Patient Group Directions were correctly completed and in order.

Good



Are services caring?

The practice is rated as good for providing caring services.

- We saw evidence from the most recent GP Patient survey, together with the practice's Friends and Family Test results and the provider's own patient survey data, which showed a general sustained improvement in continuity of care and patients' satisfaction with GP appointments since our inspection in November 2016.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns identified at our inspection on 22 November 2016, which applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns identified at our inspection on 22 November 2016, which applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns identified at our inspection on 22 November 2016, which applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns identified at our inspection on 22 November 2016, which applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns identified at our inspection on 22 November 2016, which applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns identified at our inspection on 22 November 2016, which applied to everyone using the practice, including this population group. The population group ratings have been updated to reflect this.

Good



Brunswick Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC inspector

Background to Brunswick Medical Centre

The Brunswick Medical Centre operates from 39 Brunswick Centre, London WC1N 1AF. The premises are leased by NHS England from a private landlord, located a short distance from Russell Square underground station, and also have good bus services nearby. The service has been provided by the Hurley Clinic Partnership (“Hurley”) since April 2013. Hurley operates a number of other services across London, Essex and Kent.

The practice provides NHS services through an Alternative Provider Medical Services (APMS) contract to approximately 6,700 patients. The practice is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 35 general practices. The provider is registered with the Care Quality Commission to carry out the following regulated activities - Diagnostic and screening procedures; Maternity and midwifery services; Family planning; Treatment of disease, disorder or injury. The patient profile has a lower than average population of children, younger teenage and older patients, aged over-40; with a higher than average student and working age population, aged between 20 and 39 years. The deprivation score for the practice population is in the fourth “more deprived decile”, indicating a higher than average deprivation level among the patient group. Data indicated that over the past year or so the patient list had increased by almost a thousand.

There are 26 and a half GPs’ clinical sessions per week; each full session includes 18 patient appointments slots. The practice’s clinical team is made up of a female clinical lead GP, working seven clinical sessions a week, and a female salaried GP, working one and a half clinical sessions. Hurley’s Medical Director, a female GP, works two clinical sessions per week at the practice. A long term regular male locum GP works four clinical sessions. The 12 other GP clinical sessions each week are covered by regular locums from the provider’s bank of staff. The clinical team is completed by a full time female practice nurse, working eight clinical sessions; and a part time female healthcare assistant, who works two clinical sessions.

The administrative team comprises a practice manager and assistant practice manager, who both work at another practice half a week, but one is on site all the time. There is a reception supervisor and four receptionist / administrators. Hurley provides additional management and administrative support when needed.

The practice operates between the following times –

Monday 8 am to 8 pm

Tuesday 8 am to 8 pm

Wednesday 8 am to 8 pm

Thursday 8 am to 6.30 pm

Friday 8 am to 6.30 pm

Saturday 9 am to 12 noon

Routine appointments are available throughout the day and are 10 minutes long, although patients can book double appointments if they wish to discuss more than one issue. Routine appointments can be booked up to four

Detailed findings

weeks in advance. The practice also offers a number of same day urgent appointments. Requests for same day appointments are triaged by the duty GP. Appointments to review patients' long term conditions are 20 minutes long.

Emergency home visits are available for patients who for health reasons are not able to attend the practice. Patients may also request telephone consultations to discuss non-urgent healthcare issues and the provider offers online consultations via a link on the practice website. If they have previously registered for the system, patients can book or cancel appointments and request repeat prescriptions online.

Further evening appointments, at two other practices in south Camden, can be booked by Brunswick's reception staff at a patient's request. In addition, a number of Saturday appointments are available under a local scheme operating at three other locations across the borough. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website, together with details of a walk-in clinic, which any patient can attend.

Why we carried out this inspection

We undertook a comprehensive inspection of Brunswick Medical Centre on 22 November 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. The full comprehensive report following the inspection on 22 November 2016 can be found by selecting the 'all reports' link for Brunswick Medical Centre on our website at <http://www.cqc.org.uk/location/1-1249244528>.

We undertook a follow up focused inspection of Brunswick Medical Centre on 13 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and Hurley's regional and senior business managers.
- Reviewed the practice's significant events procedure and several records of events since our last inspection.
- Reviewed the practice's file of Patient Group Directions.
- Reviewed the latest results of the GP Patient survey, the practice's Friend and Family Test results, and data from the provider's own quarterly patients' survey.
- Reviewed seven comments cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

At our comprehensive inspection on 22 November 2016, we rated the practice as requires improvement for providing safe services. We found that systems, processes and practices did not always keep people safe. There was insufficient evidence that staff recognised and acted upon significant adverse events, with appropriate investigation, reflection and learning. The practice had adopted the use of Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation, but the PGDs had not been completed correctly and were therefore invalid. The practice told us this was due to a technical fault with the IT system, but it had not been noted before we raised it. We served a requirement notice relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the practice sent us a plan of the action it intended to take to improve the quality of care and meet the legal requirements under the key question, Safe. This inspection was an announced focussed inspection carried out on 13 July 2017 looking at the issues previously identified and to check and confirm that the practice had carried out its plan to meet the legal requirements.

Safe track record and learning

At our follow up inspection in July 2017, we saw evidence that the provider's significant event procedure had been reviewed and revised in January 2017. It contained detailed guidance on how incidents were recorded and reviewed, and how information, actions and learning were shared across the Hurley group.

Although the three incidents we had noted at the last inspection had not been processed formally under the then-current significant event procedure, they had been reviewed at practice meetings and shared with Hurley's senior managers. Following our visit in November 2016, the three incidents had been fully written up, using the appropriate forms and had been reviewed at further practice meetings in January 2017 with the relevant team members. Outcomes, actions and learning points were recorded, with the forms being completed and signed off. We saw forms relating to five other incidents, which occurred since our full inspection in November 2016 and that had been appropriately recorded, reviewed and actioned in line with the significant event procedure.

Significant events were discussed with the provider's regional manager at the monthly minuted meetings. Staff told us that all incidents were recorded on the provider's secure IT system and were monitored centrally by the provider's medical director. In addition, all incidents were reviewed quarterly, with the results and learning from clinical incidents being disseminated across all practices in the group using staff newsletters.

Overview of safety systems and processes

At our follow up inspection in July 2017, we reviewed the practice's file of Patient Group Directions (PGDs). We found that the PGDs were correctly completed and in order.

We found that the practice had taken appropriate action to meet the requirements of the regulations.

Are services caring?

Our findings

At our comprehensive inspection on 8 November 2016, we rated the practice as requires improvement for providing caring services. Almost all of the 31 patient comment cards we received and the five patients we spoke with were positive about the caring aspect of the service they had experienced. We also saw the results of the provider's own patient survey, which was conducted on a quarterly basis, involving roughly 300 patients. These indicated an overall gradual improvement in patients' satisfaction with the service. Results for August / September / October 2016 showed that 80% of patients described their experience of the service as good. However, we had noted concerns highlighted by the 2016 GP Patient survey, responded to by 81 patients, regarding their satisfaction with GP consultations and continuity of care.

At our follow up inspection, we reviewed with the practice its results from 2017 GP Patient survey. These showed significant improvement in patients' satisfaction with GP consultations. For example; -

- 76% of patients said the GP was good at listening to them, compared with the CCG average of 89% and the national average of 89%. (Up from 62% in 2016.)
- 76% of patients said the last GP they saw or spoke to was good at giving them enough time, compared with the CCG average of 86% and the national average of 86%. (Up from 54% in 2016.)
- 72% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 86% and the national average of 86%. (Up from 58% in 2016.)

The practice's result for continuity of care was that 21% of patients responding to the survey usually got to see or speak to their preferred GP, compared with the CCG average of 55% and the national average of 56%. We discussed the result with staff, who told us it was probably principally due to patients preferring to see the lead GP. The 2017 GP Patient survey had received responses from 67 patients, approximately 1% of the patient list. Accordingly, we also looked at the results of the practice's Friends and Family Test, conducted monthly, and the provider's own quarterly patient survey results since January 2017. There had been 593 responses to the Friends and Family Test, of which -

- 77% could usually see their preferred GP or nurse;
- 88% were usually satisfied with their consultation; and
- 85% would recommend the practice to their friends and family.

The provider's own survey results were similar: there were 369 responses, of which -

- 77% could usually see their preferred GP or nurse;
- 89% were usually satisfied with the consultation; and
- 88% would recommend the practice.

We received seven patients' comments cards, which all stated that the practice staff were friendly and welcoming and that patients were treated with dignity and respect. None recorded any problems or concerns with consultations or continuity of care.