

Spring Hill Medical Centre

Inspection report

Phil Collins Way
Arley
Coventry
CV7 8FD
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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		Good	
Are services safe?		Requires Improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

We carried out an announced comprehensive at Spring Hill Medical Centre on 4 October 2022. Overall, the practice is rated as good.

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - good

Following our previous inspection on 19 December 2017 the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Spring Hill Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us.

- Key questions inspected are services safe, effective, caring, responsive and well-led.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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 found that:

Overall summary

- Patients mainly received effective care and treatment that met their needs. Processes were in place to monitor patients' health in relation to the use of medicines including high risk medicines. However, we found some patients were overdue a review.
- Patients generally received appropriate long-term condition reviews. We found some patients diagnosed with asthma needed further monitoring.
- Safety alerts were received by the practice. A review of the patient record system found some patients required a review when prescribed a combination of medicines and advice regarding side effects of medicines was required. The practice immediately contacted these patients and invited them in for a review.
- The published childhood immunisation data showed the practice had exceeded the 95% target set by the World Health Organisation for three immunisations. The practice were below the 90% minimum target for the percentage of children aged 5 who have received immunisation for measles, mumps and rubella. The practice had completed an audit of the eligible patients and put actions in place to increase the uptake.
- The published cervical cancer screening showed that the practice had not met the target of 80% set by the UK Health and Security Agency. The practice had taken actions to improve the uptake of cervical screening.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. Feedback from patients on the NHS Website had improved over the previous 12 months.
- The practice had taken actions to ensure patients could access care and treatment in a timely way. This included changes to the telephone system and a capacity and demand analysis. Staff were provided with information to improve the handling of patient requests.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, we found areas where clinical oversight was not carried out effectively; which impacted on areas such as medicines management and effective monitoring of some patients diagnosed with a long-term condition

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

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

- Continue to take measures to improve the uptake of childhood immunisations and cervical screening.
- Review the processes in place to monitor patients diagnosed with asthma.
- Continue to take actions to improve patient satisfaction.

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Spring Hill Medical Centre

Spring Hill Medical Centre is located in Arley at:

Phil Collins Way

Arley

Coventry

West Midlands

CV7 8FD

The practice has a branch surgery at:

Galley Common Medical Centre

Valley Road

Nuneaton

Warwickshire

CV10 9NH

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery. The branch surgery was not visited as part of the inspection.

The practice is situated within the NHS Coventry and Warwickshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 9,485. This is part of a contract held with NHS England.

The practice is a member of a primary care network (PCN) that enables them to work with other practices in the area to deliver care.

Information published by Public Health England shows that deprivation within the practice population group is in the 5th decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 97% White, 2% Asian, 1% Black and 1% Mixed.

The age distribution of the practice population has a lower than average number aged 20 to 34 years. The remaining age groups closely mirrors the local and national averages.

The practice is led by two GP partners, 1 male and 1 female and employs 4 salaried GPs, 1 male and 3 female. The nursing team consists of 3 practice nurses, a nurse associate and a health care assistant, all female. There are a team of reception and administration staff all led by a practice manager and a deputy practice manager.

The practice is a training practice and currently has 5 GP registrars.

The practice is open between 8am to 6.30pm Monday to Friday. The branch surgery is open from 8am to 4.30pm Monday to Thursday and from 8am to 5.30pm on Fridays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the primary care network, where late evening and Saturday appointments are available.

When the practice is closed, out of hours services can be accessed via the NHS 111 service.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	There was evidence that safe care and treatment was not always being provided. In particular:
Maternity and midwifery services	There was a process in place for the monitoring of patients' health in relation to the use of medicines including high risk medicines. However, we reviewed a sample of clinical records for those prescribed direct oral anticoagulants (DOAC), a high-risk medicine used as an alternative warfarin. We found 44 patients of 146, despite having had appropriate blood tests, had not had a creatinine clearance calculated which is necessary to determine safe dosing of the medication.
Surgical procedures	Safety alerts were received in the practice by the GPs and the practice manager. They informed us that any required actions were completed on the same day.
Treatment of disease, disorder or injury	We reviewed the clinical record system and found that actions had not always been taken for alerts received. For example, <ul style="list-style-type: none">• We found 21 patients were prescribed a combination of a medicine used to treat those who have had a stroke to reduce their chances of having a further one, and a medicine used to reduce stomach acid. A safety alert issued in 2014, advised that these medicines should not be prescribed together as the medicine used to reduce the chance of having a stroke was made less effective.• We found 129 patients were prescribed a specific medicine to treat diabetes that had a rare but serious side effect. A safety alert issued in 2019, advised clinicians to ensure patients sought urgent medical attention if they experienced symptoms. A sample of 5 of the 129 records were reviewed and there was no evidence to suggest patients had been informed. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.