Forest End Medical Centre

Quality Report

Forest End Medical Centre, Ringmead, Birch Hill,
Bracknell, RG12 7PG
Tel: 01344 421364
Website: www.foresthealthgroup.co.uk

Date of inspection visit: 16 July 2015
Date of publication: 13/08/2015

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 effective?	Good
Are services caring?	
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Forest End Medical Centre is located in a purpose built medical centre in the Ringmead area of Bracknell in Berkshire. Patients from the practice can also visit the branch site called the Balfron Practice. There are approximately 12,000 patients registered at the practice. We carried out an announced comprehensive inspection on 23 October 2014 at Forest End Medical Centre. We found the practice did not undertake all the recruitment checks required to ensure staff were safe to work alone with patients. Not all training required was delivered to staff. Following the inspection we issued requirement notices and the practice sent us an action plan detailing how they would address the concerns we identified. We also found concerns which did not lead to regulatory action, but we reported that the practice should consider these. The concerns related to the checking of water for a bacteria called legionella, the checking of patients on long term medicines or with long term conditions, patient feedback regarding appointments and concerns regarding the checking of diabetic patients during health checks. The practice was rated as requiring improvement for providing safe, responsive and well-led services. It was rated as good for the provision of effective and caring services.

We undertook a focussed inspection at Forest End Medical Centre on 16 July 2015 to check improvements to the service had been made. Our findings were as follows:

- Criminal background checks with the Disclosure and Barring Service (DBS) had been undertaken on all relevant staff.
- A training programme was in place and staff had received training related to their roles.
- A legionella risk assessment had been undertaken
- Additional appointment capacity and changes to the appointment system had been implemented, aimed at improving access to the practice
- Changes to the reviewing of patients on long term medicines and those with long term conditions had improved the outcomes for patients according to data used to monitor these outcomes.

We have amended the practice's ratings to reflect these changes. The practice is now rated at good for the provision of safe, effective, caring, responsive and well-led services.

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?

Good

The practice is rated as good for safe. Disclosure and Barring Checks (DBS) checks were undertaken for all relevant staff. A legionella risk assessment had been undertaken and an action plan was being formulated to ensure any risk to those using the water supply was minimised.

Are services effective?

Good

The practice is rated as good for effective. Training on the Mental Capacity Act 2005 had been delivered to staff. A training schedule was in place to monitor staff training and we saw this was being checked regularly. Staff were progressing through the practice programme of training, including core topics such as safeguarding and information governance.

Are services caring?

We did not include this domain as part of this inspection.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice had significantly increased the number of GPs available to provide appointments since October 2014. The practice had written and was implementing an appointment action plan to improve appointments. The practice manager reported that complaints about appointments had reduced drastically since our last inspection.

Are services well-led?

Good

The practice is rated as good for well-led. The practice was considering and reflecting on the changing demands of the patient population. Monitoring of patients with long term conditions had been improved. The governance of care for diabetics had been changed. The diabetic GP lead and a diabetic nurse worked collaboratively to improve the monitoring of patients with diabetes.

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
This was not reviewed as part of this inspection.

Good

People with long term conditions
At our previous inspection in October 2014 we found some concerns regarding the care of patients with long term conditions. The practice had considered these issues and had changed protocols for managing diabetic care and monitoring patients on long term medicines.

Good

Families, children and young people
This was not reviewed as part of this inspection.

Good

Working age people (including those recently retired and students)
At our previous inspection in October 2014, we found some patients reported difficulty in getting appointments and this could be particularly difficult for patients who worked full time. At this inspection we found improvements to the appointment system had been made.

Good

People whose circumstances may make them vulnerable
This was not reviewed as part of this inspection.

Good

People experiencing poor mental health (including people with dementia)
This was not reviewed as part of this inspection.

Good

Summary of findings

Forest End Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Forest End Medical Centre

Forest End Medical Centre is located on two sites and has a patient population of approximately 12,000. Forest End Medical Centre has treatment and consultation rooms on the ground floor with wheelchair access in reception. There are four partners, three salaried GPs and locums working at the practice. There are two male and five female GPs. The nursing team consists of five practice nurses and one healthcare assistant. They are supported by an administrative and reception team. Forest End Medical Centre is a training practice.

The practice has a General Medical Services (GMS) contract. GMS contracts are subject to direct national negotiations between the Department of Health and the General Practitioners Committee of the British Medical Association.

We visited the Forest End Medical Centre**,** Ringmead, Birch Hill, Bracknell, RG12 7PG as part of this inspection.

We did not visit the other site at Skimped Hill Health Centre, Skimped Hill Lane, Bracknell, RG12 1LH called Balfron Practice. The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice and on the website.

Why we carried out this inspection

We carried out an inspection on 23 October 2014 and published a report setting out our judgements. We found improvements were required regarding providing safe, responsive and well-led services. We asked the provider to send a report and evidence of the changes they had made to comply with the regulation they were not meeting.

This review was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the quality of the service under the Care Act 2014. We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report.

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

How we carried out this inspection

We visited the practice on 16 July 2015 and looked at records of staff recruitment, training and other documents related to the management of the service. We also spoke with GPs, the practice manager and a member of nursing staff.

Good

Are services safe?

Our findings

Cleanliness and infection control

We looked at a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). The practice had undertaken a risk assessment and was planning what action would be needed as on-going monitoring to ensure their water supply was safe.

Staffing and recruitment

We found Disclosure and Barring Checks (DBS) checks had been undertaken for all nurses and GPs who worked at the practice. Non-clinical staff did not work alone with patients and therefore did not require these checks in line with DBS guidance.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

We found training was provided for a number of core topics such as equality and diversity and information governance. The practice manager showed us a training monitoring tool which indicated that staff were prompted to complete or attend training to ensure they had the skills and awareness to perform their roles. Non-clinical staff did not perform chaperone duties following our inspection in October 2014 and therefore had not been provided with this training.

Are services caring?

Our findings

We did not include this domain as part of this inspection.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

At our last inspection patient feedback suggested booking appointments was difficult and that seeing the same GP was often not possible. Some patients told us this impacted on their continuity of care. Since October 2014 the practice had reviewed its appointment system. The practice had implemented a system to ensure patients seeing a GP for a specific concern would be able to book follow up appointments with the same GP. The practice named these continuity appointments. More phone consultations were being offered. There had been a significant increase in GP appointments through recruiting more GPs and extending the sessions (sessions are four hours of appointments per GP) provided by existing GPs. This had increased the number of sessions from 27 in in October 2014 to 39 in June 2015. The practice had broadened its engagement with patients regarding the appointment system via social media. A GP partner told us this had assisted the practice in understanding patients' key concerns and engaging with them to try and improve access. Patient feedback on surveys was not recent enough to reflect the changes to the appointment system. The practice manager informed us complaints regarding the appointment system had reduced drastically since January 2015.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

Since October 2014 the practice had implemented a strategy to deal with the problems encountered by patients in seeing GPs. There had been extra GP sessions provided to accommodate more patients and changes to the appointment system.

Governance arrangements

In October we found that one Quality Outcome Framework (QOF, is a monitoring system which is incentive based and determines some of a GP practice's payment) outcome regarding diabetes care was not fully explored to identify what caused the poor performance and improve outcomes for patients. At this inspection we found the practice had implemented changes to improve diabetic checks and increase the uptake of medicine reviews for patients on long term medicines. A practice nurse and GP lead for diabetic care told us they now had more alerts for diabetic patients on the patient record system to ensure that if patients lacked a particular element of their periodic review, such as blood pressure checks, they would be prompted to come to the practice. This improved the monitoring of diabetic care. This change in clinical governance enabled the practice to identify more readily when patients needed to see a nurse or GP about their condition. The practice also improved its monitoring of patients on long term medicines. A GP partner told us the practice had identified a number of patients who were overdue their medicine reviews as a result of more frequent monitoring of patients with long term conditions, such as hypertension. They told us this enabled the practice to be more proactive in prompting patients to come for medicine and long term condition reviews. This additional monitoring had improved the QOF score for 2014/15 as the practice achieved 99% overall in clinical indicators compared to 95% overall in 2013/14.

The practice had arrangements for identifying, recording and managing all risks. A legionella risk assessment was undertaken at the practice.