Grove Hill Medical Centre

Quality 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 service	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grove Hill Medical Centre on 31 August 2016. The overall rating for the practice was good. However, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. Consequently the practice was rated as requires improvement for being well-led. The full comprehensive report from the 31 August 2016 inspection can be found by selecting the 'all reports' link for Grove Hill Medical Centre on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

- good governance.

The areas identified as requiring improvement during our inspection in August 2016 were as follows:

- Ensure that a Legionella risk assessment is completed and that any issues identified are resolved and that water temperature checks are completed correctly.
- Ensure that infection control audits are fully completed and that the issues identified and actions in place to resolve them are clear.
- Ensure sufficient quality assurance processes are in place, including implementing a structured programme of repeat cycle clinical audit.
- Ensure there is a formal and coordinated practice wide process in place for how staff access guidelines from NICE and use this information to deliver care and treatment.
- Ensure that at all times sufficient processes are in place and adhered to for the management and review of results received from secondary care services.

In addition, we told the provider they should:

- Ensure that all staff employed are supported by completing the essential training relevant to their roles, including safeguarding adults training.
- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
- Ensure that at least one piece of photographic proof of identification is included in the personnel file of each member of staff.
- Ensure that checks on all emergency equipment are documented and that the Resuscitation Council guidelines displayed at the practice are up to date.
- Continue to identify and support carers in its patient population by providing annual health reviews.

Summary of findings

- Ensure that, where practicable and appropriate, all reasonable adjustments are made for patients with a disability in line with the Equality Act (2010).

We carried out an announced focused inspection on 5 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulation that we identified in our previous inspection on 31 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key finding on this focused inspection was that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing well-led services.

On this inspection we found:

- Clinical audit demonstrated quality improvement.
- Appropriate Legionella and water temperature management processes were in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The latest infection control audit was fully completed and the issues identified and any actions in place to resolve them were clearly detailed.
- A coordinated practice wide process was in place to ensure that staff had access to National Institute for Health and Care Excellence (NICE) guidelines and used this information to deliver care and treatment that met people's needs.
- Sufficient processes were in place and adhered to for the management and review of results received from secondary care services.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- All staff had completed adult safeguarding training.
- Personnel files contained appropriate photographic proof of identification.
- A documented log of the weekly checks on the defibrillator was available and well completed.
- Up to date Resuscitation Council guidelines were displayed at the practice and staff were aware of any changes from the previous version.
- Sufficient arrangements were in place to identify carers in the practice's patient population and offer them an annual health review.
- A portable hearing loop was provided.

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 well-led?

Good

At our comprehensive inspection on 31 August 2016, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. During our focused inspection on 5 April 2017 we found the provider had taken action to improve and the practice is rated as good for providing well-led services.

The governance arrangements in place at the practice ensured that:

- Clinical audit demonstrated quality improvement.
- Appropriate Legionella and water temperature management processes were in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The latest infection control audit was fully completed and the issues identified and any actions in place to resolve them were clearly detailed. There was evidence that action was taken or in progress to address any improvements identified as a result.
- A coordinated practice wide process was in place to ensure that staff had access to National Institute for Health and Care Excellence (NICE) guidelines and used this information to deliver care and treatment that met people's needs.
- Sufficient processes were in place and adhered to for the management and review of results received from secondary care services.
- All staff had completed adult safeguarding training.
- Personnel files contained appropriate photographic proof of identification.
- A documented log of the weekly checks on the defibrillator was available and well completed.
- Up to date Resuscitation Council guidelines were displayed at the practice and staff were aware of any changes from the previous version.
- Sufficient arrangements were in place to identify carers in the practice's patient population and offer them an annual health review. The practice had identified 76 patients on the practice list as carers. This was approximately 1.6% of the practice's patient list. Of those, all were invited for and 20 (26%) had accepted and received a health review. This represented an increase in the amount of carers identified and in the amount being invited for a health review since our inspection in August 2016.
- A portable hearing loop was provided.

Grove Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP acting as a specialist adviser and a non-clinical specialist adviser.

Background to Grove Hill Medical Centre

Grove Hill Medical Centre provides a range of primary medical services from its premises at Kilbride Court, Grove Hill, Hemel Hempstead, Hertfordshire, HP2 6AD.

The practice serves a population of approximately 4,833. The area served is slightly less deprived compared to England as a whole. The practice population is mostly white British with some Central and Eastern European communities. The practice serves an above average population of those aged from 0 to 9 years, 30 to 44 years and 55 to 69 years. There is a lower than average population of those aged from 15 to 29 years, 45 to 54 years and 70 years and over.

The clinical team includes one male and two female GP partners, one practice nurse and one healthcare assistant. The team is supported by a practice manager and nine other administration, secretarial and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is staffed with the doors and phone lines open from 9am to 12.30pm and 1.30pm to 6pm Monday to Friday. Between 12.30pm and 1.30pm daily except Wednesdays the doors are closed and phones switched to voicemail and patients directed to emergency numbers if required. On Wednesdays there is no lunchtime closure and there is extended opening from 7am. Appointments are available from 9am to midday and 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Grove Hill Medical Centre on 31 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good. However, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided well-led services. Consequently the practice was rated as requires improvement for being well-led.

The full comprehensive report following the inspection on 31 August 2016 can be found by selecting the 'all reports' link for Grove Hill Medical Centre on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of Grove Hill Medical Centre on 5 April 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.

Detailed findings

How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 31 August 2016. We carried out an announced focused inspection on 5 April 2017. During our inspection we spoke with a range of staff including two GP partners, one practice nurse, the practice manager and members of the reception and administration team.

Are services well-led?

Good

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

Our findings

Governance arrangements

At our inspection on 31 August 2016 we found there were some weaknesses in the governance arrangements at the practice that, although not placing patients at risk of significant harm, could be strengthened to ensure the delivery of high quality care.

- Although some quality assurance processes were in place there was no structured programme of repeat cycle clinical audit at the practice. Only one such audit was completed at the practice in the past three years. However, the practice did participate in such things as medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always comprehensive. For example, the practice's original Legionella risk assessment could not be located and staff were not able to demonstrate they had responded to any actions identified in the original assessment. Consequently this needed to be completed again. Also, water temperature checks were completed incorrectly and in the latest infection control audit the issues identified and any actions in place to resolve them were not always clear and lacked detail.
- We found that staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. However, there was no formal and coordinated practice wide process in place to ensure this.
- We found the practice's governance and monitoring processes had failed to detect that for a relatively short period of time, some patients' pathology results had been assigned to a GP who was no longer working at the practice. Consequently no action was taken to review the results.

We told the provider they must make improvements.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 5 April 2017 to check the practice had taken action to improve.

During our inspection on 5 April 2017 and from our conversations with staff, our observations and our review of documentation we found that a full cycle (repeated) clinical audit had been completed since our last inspection. This looked at the appropriate prescribing and effectiveness of a medicine used in the management of patients with type two diabetes. We saw that the data was analysed and clinically discussed following the results of the initial audit showing the local standard was not met. When the audit was repeated the local standard was met and appropriate action was taken to manage the care of patients in all the cases reviewed.

We saw that a Legionella risk assessment was completed at the practice in February 2017 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks or concerns were identified the practice responded by completing the necessary actions and implementing the appropriate control measures. The practice completed its own water temperature checks using the correct process and records of the checks completed between September 2016 and March 2017 showed that hot and cold water temperatures were maintained within the required levels.

We looked at the latest infection control audit completed in December 2016. We saw the issues identified and any actions in place to resolve them were clearly detailed in a plan of action and there was evidence that action was taken or in progress to address any improvements identified as a result. Since the audit was completed a new nurse had joined the practice and was now the infection control lead. We saw that both the practice manager and new infection control lead had reviewed and updated the plan of action in March 2017.

We saw that staff had access to National Institute for Health and Care Excellence (NICE) best practice guidelines and used this information to deliver care and treatment that met people's needs. We saw the guidelines were available on the practice's computer system and since our inspection in August 2016 a coordinated process had been established to ensure that all new or updated guidance was discussed

Are services well-led?

Good

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

at clinical meetings. We looked at minutes of those meetings from January and March 2017 and saw that NICE guidelines concerning sepsis and cancer had been reviewed and discussed.

Our review of the practice's pathology results system showed that all in the cases we looked at, the results were assigned and managed appropriately. We saw that a system was in place to ensure that the results of any tests requested by a locum GP were returned to the GP partners. A process was in place to ensure the GP partners covered each other's absence.

At our inspection on 31 August 2016 we also identified areas where we told the practice they should make improvements. We found that most staff were overdue completing adult safeguarding training. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities. We saw that some of the personnel files we looked at lacked one or more pieces of photographic proof of identification. A documented log of the checks on the defibrillator was not available although we found it to be fit for purpose. The Resuscitation Council guidelines displayed at the practice were from 2002 and overdue an update. Not all carers had been invited for a health review and the uptake of reviews was low. There was no hearing loop provided at the practice.

During our inspection on 5 April 2017 and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

From our conversations with staff and our review of training documentation we saw that all staff had completed adult safeguarding training in March 2017. Most of the staff we spoke with said they felt the training had added to their knowledge and awareness of adult safeguarding issues. We reviewed five personnel files and found that each one contained two pieces of photographic proof of identification.

We saw that a documented log of the weekly checks on the defibrillator was available and well completed for the period we looked at between September 2016 and March 2017. Since our last inspection a new member of staff was responsible for completing the checks on the emergency equipment. We spoke with them about this role and they demonstrated they understood the process and their responsibilities in checking the emergency equipment on a weekly basis. We saw that the Resuscitation Council guidelines displayed in the treatment room had been updated to the 2015 version. The staff we spoke with were aware that the guidelines had been updated and demonstrated an understanding of any changes from the previous version.

We found that as of 31 March 2017 the practice had identified 76 patients on the practice list as carers. This was approximately 1.6% of the practice's patient list. Of those, all were invited for and 20 (26%) had accepted and received a health review. This represented an increase in the amount of carers identified and in the amount being invited for a health review since our inspection in August 2016, although those accepting and receiving a review remained roughly the same.

The senior staff we spoke with said that since August 2016 all carers had been sent a letter inviting them for a health review. They said the practice had introduced a new system of pop-ups or 'concepts' to prompt the GP to ask patients if they identify as a carer during their consultations. If a positive response was entered by the GP it automatically printed a carers registration form for the patient to complete. Senior staff told us they'd also had success in increasing the amount of carers receiving the flu vaccination. This had increased from 45 in 2015/2016 to 60 in 2016/2017. They said the practice was in the early stages of planning a learning event for carers to be held at some point later in the year.

We saw that the practice had purchased a portable hearing loop and this was located in the reception area. Signs were displayed at reception and in the waiting area to alert patients that a hearing loop was available. We saw the practice had developed a protocol for using the hearing loop and the staff we spoke with said they'd seen the protocol and were confident in using the equipment if the need arose.