

# St Nicholas Health Centre

## Quality Report

57 Canterbury Way, Stevenage  
Hertfordshire, SG1 4QH  
Tel: 01438 747064  
Website: [www.stnicholashc.co.uk](http://www.stnicholashc.co.uk)

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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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at St Nicholas Health Centre on 30 November 2016. This inspection was undertaken to follow up on a Warning Notice we issued to the provider and the registered manager in relation to Regulation 12; Safe Care and Treatment

with regards to areas of unmanaged risk, lack of process for significant events and incidents and in the event of a major incident. A lack of process for the safe management of blank prescriptions, a lack of systems for regular fire drills, infection prevention and control

procedures and checks and the monitoring of the safety of staff and patients through the effective management of clinical staff vaccinations and the management of Legionella.

The practice received an overall rating of requires improvement at our inspection on 20 July 2016. We issued a warning notice and this report only covers our findings in relation to the areas identified in the warning notice as requiring improvement during our inspection in July 2016. You can read the report from our last comprehensive inspection in July 2016, by selecting the

# Summary of findings

'all reports' link for St Nicholas Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The areas identified as requiring improvement in our warning notice were as follows:

- We found that lessons learnt from significant events were not being shared with all of the relevant staff at the practice.
- We found that there was no record of clinical staff vaccinations available to us during the inspection.
- We found that there was no risk assessment in place for the control of substances hazardous to health.
- We found that no action had been taken following the completion of a Legionella assessment in March 2016.
- We found that there was no process in place that would identify if blank prescriptions were missing or used inappropriately.
- We found that there was no record of previous fire drills undertaken at the practice.
- We found that there was no business continuity plan in place for major incidents such as power failure or building damage.
- We found that there were inadequate systems in place to assess the risk of and to prevent, detect and control the spread of infection.

Our key findings across all the areas we inspected were as follows:

- The practice had complied with the warning notice we issued and had taken the action required to comply with legal requirements.
- There was an effective system in place for reporting, recording and sharing of learning from significant events with all of the relevant staff at the practice.
- The practice maintained an accurate record of clinical staff vaccinations and this was checked on a regular basis by a named lead.
- The practice had completed a risk assessment to effectively monitor the control of substances hazardous to health.
- The practice had acted on all of the requirements which had been identified in the legionella risk assessment and were completing the required checks on a regular basis.
- The practice has a system in place to monitor the use of blank prescriptions.
- The practice had completed a fire drill and had updated their fire risk assessment to ensure fire drills were carried out on a regular basis.
- The practice had created a business continuity plan which had been shared with all staff members.
- The practice had reviewed and improved their infection prevention and control systems and processes. The practice carried out regular checks and had completed an infection control audit.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# St Nicholas Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC Lead Inspector completed the inspection.

## Background to St Nicholas Health Centre

St Nicholas Health Centre provides primary medical services, including minor surgery, to approximately 11,500 patients in Stevenage, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). St Nicholas Health Centre was purpose built in 1973. A complete refurbishment of the building was carried out in 2012.

The practice serves a higher than average population of those aged between 0 to 19 years and 35 to 49 years, and a lower than average population of those aged from 55 years and over. The population is 85% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice has had a high staff turnover and the number of GP Partners has reduced from seven to two over the last two years. The practice has recruited additional nurses and are training nurses in minor illness to increase appointment availability. The practice have been actively attempting to recruit new GPs and has been holding discussions with local practices with a view to having a formal merger in place in the future.

The practice team consists of two GP Partners; one of which is male and one is female. There are two salaried GPs, two former GP partners who hold regular sessions and regular GP locums, four practice nurses, one of which is

qualified to prescribe certain medications, and one Health Care Assistant. The non-clinical team consists of a practice business manager, assistant practice manager and a team of administration and reception team staff members.

St Nicholas Health Centre is an approved associate training practice for doctors who are undertaking further training (from four months up to one year depending on where they are in their educational process) to become general practitioners.

The practice is open to patients between 8am and 6:30pm Mondays to Fridays. Appointments with a GP are available from approximately 8.50am to 11.50am and from 2pm to 5pm daily. Emergency appointments are available daily. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours between 7am and 8.30am every Monday and Thursday, and from 8.30am to 12pm one Saturday each month.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and on the practice telephone line.

## Why we carried out this inspection

We carried out an announced focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check that improvements had been made to meet legal requirements in respect of safe care and treatment following our comprehensive inspection on 20 July 2016.

# Detailed findings

## How we carried out this inspection

After our comprehensive inspection on 20 July 2016, we issued a warning notice to the provider and informed them they must become compliant within the law by 13 October 2016. We carried out an announced inspection on 30 November 2016

# Are services safe?

## Our findings

Our focused inspection on 30 November 2016 found that the practice had taken proactive steps to address the areas in relation to safe care and treatment as set out in the Warning Notice issued to the practice.

When we inspected the practice in July 2016 we found: The provider did not ensure arrangements were in place for staff to receive vaccinations in line with current national guidance. No Control of Substances Hazardous to Health assessment had ever been carried out at the practice. The provider had completed a Legionella assessment and had not acted on the 19 areas of high priority (action should be taken immediately and should be completed within three months of the date of this risk assessment), nine areas of medium priority and two areas of low priority which were all identified in the risk assessment.

There was no process in place that would identify if blank prescriptions were missing or used inappropriately. We found the provider had not taken steps to ensure learning was disseminated to appropriate staff. We spoke to a salaried GP who did not attend practice meetings and they told us that they were not informed of learning from significant events. The provider did not complete regular fire drills at the practice and did not maintain a record of previous fire drills.

The provider did not have a business continuity plan in place for major incidents such as power failure or building damage. There was an infection control policy in place however this policy was generic and did not include details of the responsible person at the practice. Staff members had not completed infection control training and the last infection control audit carried out at the practice was in 2014.

### Safe track record and learning

During our inspection on 30 November 2016, we found that there was an effective system in place for reporting, recording and sharing lessons learnt from significant events.

The practice had an effective system in place for reporting and recording significant events and there was an incident recording form available on the practice's computer system. The incident form supported the recording of

notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We were told that the incident would be discussed with the GP partners as soon as possible and acted on and also discussed at a practice meeting, which took place on a weekly basis. We saw evidence to confirm this. Information and learning would be circulated to staff and the practice carried out an analysis of the significant events.

### Overview of safety systems and processes

The practice had systems and processes in place to keep patients safe. We found the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been completed and we saw evidence that action was taken to address any improvements identified as a result.

Blank prescription forms and pads were securely stored and the practice had a system in place to monitor their use.

The practice maintained a record of clinical staff vaccinations and had identified a named lead to monitor this on a regular basis.

### Monitoring risks to patients

We found the practice had assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others. The practice had up to date fire and health and safety risk assessments in place. The practice carried out fire drills on a regular basis and fire alarms were tested weekly. Fire equipment was checked on a regular basis.

The practice had risk assessed the control of substances hazardous to health (COSHH). Copies of the risk assessment and COSHH data sheets were kept in a number of areas within the practice.

The practice had acted on all of the requirements identified in Legionella risk assessment and performed regular water temperature checks.

# Are services safe?

## **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and we were told an additional copy was kept off the premises.