

Malvern Health 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 effective?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We had carried out an announced comprehensive inspection of Malvern Health Centre on 19 January 2016. As a result of our inspection the practice was rated as good overall but required improvement for providing effective services.

During the last inspection we identified a breach of regulation around effective care and treatment. The areas we identified the provider must improve included:

- Review the clinical audit programme to ensure continuous improvements are made to patient care.
- Ensure that audits are dated and include a timescale for when they will be re-audited to ensure improvements made in patient care have been sustained.

Following the inspection the practice sent us an action plan detailing the actions they were going to take to improve.

We carried out a focused desk-based review of Malvern Health Centre on 23 February 2017 to check that the provider had made improvements in line with our recommendations and to ensure regulations were now being met. This report only covers our findings in relation to those requirements. The full comprehensive report for the January 2016 inspection can be found by selecting the 'all reports' link for Malvern Health Centre on our website at www.cqc.org.uk.

The practice is now rated as good for the provision of effective services.

As part of our focused desk-based review the management team provided evidence to demonstrate that:

- The audit policy had been revised and a clinical audit template had been implemented to ensure continuous improvement to patient care was monitored, evaluated and maintained.
- We received copies of audits to show that improvements had been made. The evidence confirmed that audits were dated and included timescales for re-audit to ensure improvements made in patient care had been sustained.

We were satisfied that the practice had made the required improvements.

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 effective?

The practice is rated as good for providing effective services.

- The provider had revised their system of clinical audit to ensure clinical risks to patients were identified, assessed and minimised.
- The provider ensured that audits were dated and included a timescale for when they were re-audited to ensure improvements made in patient care had been sustained.

Good





Malvern Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Malvern Health Centre

Malvern Health Centre serves approximately 9,850 patients. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by five GP partners (three male, two female) and there are four salaried GPs. They are supported by two nurse prescribers, four practice nurses and three health care assistants (HCA) who work varying hours. Clinical staff specialise in specific areas such as diabetes, end of life care, dementia, infection control, cervical screening and anti-coagulation. Nursing staff and HCAs also provide healthy living advice and phlebotomy (blood taking) services. The practice manager has responsibility for a deputy practice manager, 13 receptionists and administrators, two medical secretaries, an administrator and a finance manager.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are training to become GPs. There is also a physician's assistant working at the practice to gain work experience and for training purposes. They are supervised at all times when prescribing.

The practice is open from 7.30am until 6.30pm each day and between 8.30am and 12pm one in every four

Saturdays. Appointments are available from 7.40am until late morning each weekday and from 9am until 12pm every fourth Saturday. Urgent appointments are available on the day and extra are available if needed. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone advice is also available for patients who are unsure if they need an appointment and for the provision of advice for children.

The practice does not provide out of hours services to patients. During these times GP services are provided by a service commissioned by South Worcestershire Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours details. This information is also on display throughout the practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Malvern Health Centre on 19 January 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 in the provision of safe services. The full comprehensive report following the inspection in September 2015 can be found by selecting the 'all reports' link for Malvern Health Centre on our website at www.cqc.org.uk.

We undertook a focused desk-based review of Malvern Health Centre on 23 February 2017 to consider the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.



Are services effective?

(for example, treatment is effective)

Our findings

Overview of safety systems and processes

In January 2016 the practice was inspected and improvements were required for providing effective services. Following the inspection an action plan was put in place by the practice to ensure the timely progression and resolution of the concerns highlighted. We also received updated information about action the practice had taken in preparation for this desk-based review.

The areas where improvements were required as a result of the previous inspection were:

- The clinical audit system did not fully ensure clinical risks to patients were identified, assessed and minimised.
- We viewed six examples of clinical audits that had been carried out by GPs. Three concerned referral statistics were not dated and did not include whether any actions were needed. Three other audits concerned prescribed

medicines for specific conditions. Two were not dated and two did not indicate if they would be repeated to check if changes made in patient care had been sustained.

As part of our focused desk-based review the management team provided evidence to demonstrate that:

- The provider had revised their system of clinical audit to ensure clinical risks to patients were identified, assessed and minimised. We were sent a copy of the revised policy and the template in place for all clinical audits to confirm this.
- The provider had ensured that audits were dated with timescales included for re-audits to ensure improvements made in patient care had been sustained. We were sent copies of audits that contained dates and timescales for completion. We saw minutes of meetings where audits had been discussed routinely and demonstrated shared knowledge, learning and emphasis on improvements to patient care. The practice also maintained a log for all audits to track when further audits were required.