Brook Medical Centre

Inspection report

Ecton Brook Road
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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at Brook Medical Centre on 10 September 2021.

The key questions are rated as:

Safe - Requires Improvement

Effective – Requires Improvement

Well-led - Requires Improvement

This inspection was to follow up on the Requires Improvement rating at the last inspection in November 2019 when the practice was found to be Requires Improvement in Safe and Well-led and Requires Improvement overall. The practice was also found to be in breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in February 2020, we issued the provider a requirement notice under Regulation 17: Good Governance due to the areas of non-compliance we found. At this inspection, we looked across the three key questions above in order to assess the improvements which were required following our last inspection.

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

Why we carried out this inspection

This inspection was a focused follow-up inspection to follow up on:

In November 2019, we rated the practice requires improvement for providing safe and well-led services due to issues around managing the premises, patient safety and governance at the practice. The practice also needed to improve clinical oversight and monitoring.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

Overall summary

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 have rated this practice as Requires Improvement overall and Requires Improvement for population groups, people with long-term conditions, working age people, people experiencing poor mental health. We have rated older people, families, children and young people and people whose circumstances make them vulnerable as Good.

We found that:

- Medicine safety alerts were not consistently acted upon which put patients at risk.
- Recruitment checks were not fully documented and there was a lack of risk assessing in this area.
- Emergency medicines were not all in stock as recommended and there was a lack of risk assessment to mitigate any risks.
- Staff training, vaccinations and medical indemnity was not being adequately monitored.
- There was no structured process of staff supervision and support.
- Improvement was needed to strengthen the governance arrangements in place and improve quality monitoring systems.
- The practice had made the required improvements in relation to clinical waste and emergency equipment and we found this to be in order.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Patients could access care and treatment in a timely way.
- There were effective systems in place to ensure that significant events and incidents were recorded and that learning was shared as a result of these.
- There were some good systems in place to safeguard vulnerable patients, although staff training was not up-to-date in this area.

We found one breach of regulations. The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue taking action to improve the uptake of cervical screening.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good
People with long-term conditions	Requires Improvement
Families, children and young people	Good
Working age people (including those recently retired and students)	Requires Improvement
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Requires Improvement

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor and an inspection manager who completed the inspection visit.

Background to Brook Medical Centre

Brook Medical Centre is located on Ecton Brook Road, Northampton, NN3 5EN. The provider is the owner of the premises and was extending the building at the time of our inspection. The practice is part of a wider network of GP practices within Northamptonshire. The practice serves the local community, which has been subject to significant housing development over recent years, resulting in an increase in patient numbers at the practice.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 6, 627 patients. The practice is part of the City Clinical Commissioning Group (CCG) which is made up of 69 general practices.

The practice has three GP's and a regular locum GP. The practice employs two advance nurse practitioners, two practice nurses and two health care assistants as well as a team of administrative and reception staff. The practice manager oversees the running of the practice.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

The patient profile for the practice has an above-average under 18 population. The locality has a higher than average deprivation level.

This section is primarily information for the provider

Enforcement actions

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was inadequate oversight of medicine safety alerts and emergency medicines. Recruitment checks were not being adequately overseen and gaps in recruitment checks had not been risk assessed. Staff training, vaccinations and medical indemnity was not being adequately monitored and there was no structured process of staff supervision and support. Improvement was needed to strengthen the governance arrangements in place and improve quality monitoring systems.