Jubilee 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

Are services safe?	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jubilee Health Centre on 9 January 2017. The overall rating for the practice was Inadequate. Breaches of legal requirements were found and after the comprehensive inspection we issued the following warning notices:

- A warning notice informing the practice that they were failing to comply with relevant requirements of the Health and Social Care Act 2008. As a result, the practice were required to become compliant with specific areas of Regulation 12: safe care and treatment HSCA (RA) Regulations 2014, by 19 May 2017.

The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Jubilee Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified in our previous inspection on 9 January 2017. This report only covers our findings in relation to those requirements.

Our key findings were as follows:

- System for receiving and acting on alerts from the Medical and Healthcare products Regulatory Agency (MHRA) had been improved.
- There were improvements in the management of medicines which required closer monitoring. We saw some evidence of actions taken to ensure medicines were prescribed within recommended guidelines.

The practice had implemented an action plan to address the areas identified in the warning notice. It was evident that action had been taken to address and improve patient outcomes. However, required actions were ongoing, but not yet completed. As a result, the areas where the provider must make improvement are:

- The provider should continue to implement improvements to the management of medicines within the practice, including monitoring of systems in place to ensure effectiveness.

Summary of findings

- Further strengthen systems for managing medical device alerts and medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and ensure appropriate actions are carried out in line with patient safety recommendations.

This service was placed in special measures in April 2017 and is due to be inspected again within six months of the publication of the final report. When we re-inspect, we will also look at whether further progress has been made to enable compliance with Regulation 12: safe care and treatment HSCA (RA) Regulations 2014; including specific areas for improvement such as management of safety alerts and medicines management.

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?

At our previous inspection, the arrangements' for managing safety alerts and medicines, which require closer monitoring, did not enable the practice to provide safe care. These arrangements had improved when we undertook a follow up inspection on 22 May 2017. For example:

- The arrangements for receiving and acting on alerts from the Medical and Healthcare products Regulatory Agency (MHRA) had improved. We saw evidence of actions taken following the receipt of safety alerts. However, the practice had not established an effective system for ensuring non-clinical staff received appropriate support or training to carry out their involvement in the process for acting on safety alerts appropriately.
- There were improvements in the management of medicines which required closer monitoring. We saw evidence of actions taken to ensure medicines were prescribed within recommended guidelines. However, the practice had not established an effective way of ensuring blood monitoring results carried out by external health care providers were downloaded onto patient records. Staff we spoke with as part of this inspection was aware of the remaining issues and explained that they were actively discussing this with other stakeholders.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Continue to implement improvements to the management of medicines within the practice, including monitoring of systems in place to ensure effectiveness.
- Further strengthen system for managing medical device alerts and medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and ensure appropriate actions are carried out in line with patient safety recommendations.

Jubilee Health 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 Specialist Advisor.

Background to Jubilee Health Centre

Jubilee Health Centre is located in the heart of Wednesbury Town, West Midlands within easy reach of the bus station, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Jubilee Health Centre is below the national average, ranked at two out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged between 45 to 59 and 70 to 85 and over, and has a below average practice population aged between 20 to 24 and 30 to 44.

The patient list is approximately 4,320. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG to deliver primary care services to the local community.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, childhood immunisations.

The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. Onsite parking is available for patients who display a disabled blue badge and for cyclists. Patients without a disabled blue badge are able to access local pay and display parking facilities. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of two male GP partners, one male locum GP, a part time practice nurse, one Health Care Assistant, a practice manager, a administrator, five receptionists and one senior receptionist.

The practice is open between 8am and 7.15pm on Mondays, 8am to 6.30pm on Tuesdays, and Fridays, 8am to 8pm Wednesdays and 8am to 3pm on Thursdays.

GP consulting hours are from 8am to 7.15pm on Mondays, 8am to 6.30pm on Tuesdays, and Fridays, 8am to 8pm Wednesdays; 8am to 2pm on Thursdays. There are arrangements in place with a neighbouring practice where patients are able to access appointments on Thursdays

from 3pm to 4pm and Saturdays from 3pm to 4pm. The practice has opted out of providing cover to patients in their out of hours period. During this time, NHS 111 provides services.

Why we carried out this inspection

We undertook a comprehensive inspection of Jubilee Health Centre on 9 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Inadequate. Breaches of legal requirements were found therefore after the comprehensive inspection we issued warning notices which the practice were required to become compliant

with by 19 May 2017. The full comprehensive report following the inspection on January 2017 can be found by selecting the 'all reports' link for Jubilee Health Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Jubilee Health Centre on 22 May 2017. This inspection was carried out to review in detail the actions taken by the practice in relation to the warning notice and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Jubilee Health Centre on 22 may 2017. This involved reviewing evidence that:

- Patient safety alerts such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were being managed and acted on to ensure compliance with relevant guidelines.
- Effective processes were in place for handling repeat prescriptions which included the review of high risk medicines.

During our visit we:

- Spoke with a range of staff such as GPs, a practice nurse, member of the management team and spoke with a non-clinical staff member.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Are services safe?

Our findings

Safe track record and learning

During our comprehensive inspection in January 2017 we found that although patient safety alerts were disseminated to clinicians, staff we spoke with were unable to demonstrate how the practice had taken action on specific alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).

At this inspection we saw that the practice had improved their processes for managing safety alerts. For example, members of the management team explained that they had received support from the Clinical Commissioning Group (CCG) medicines management team to develop a safety alert protocol. As a result, the practice had established an effective system for tracking and monitoring safety alerts. We were told that when alerts were received, clinicians and members of the CCG medicines management team were required to notify the practice manager once appropriate actions had been taken. Designated non-clinical staff had been identified to support the administrative processes for safety alerts.

We reviewed a sample of six alerts received since the last inspection which the practice acted on. Generally we saw appropriate actions had been taken to ensure compliance with guideline recommendations. The practice provided minutes of clinical meetings were safety alerts had been discussed as part of a standing agenda item. Staff also explained that where appropriate safety leaflets were provided to patients and carers. However, although actions had been taken to identify patients prescribed medicines used to lower cholesterol, some patients in receipt of other medicines which increased the risk of side effects if prescribed in combination had been missed. Once identified, the practice took immediate action to address this.

Overview of safety systems and process

At our January 2017 inspection we saw that the management of medicines was not effective. The practice did not establish or operate an effective system to ensure medicine reviews were carried out before issuing repeat prescriptions. For example, we saw that the monitoring of patients in receipt of medicines that required closer monitoring was not always being carried out. We also saw an example of where medicines had been added to patient's records by non-clinical staff. However, although staff explained that this was following a request from external health professional there was no clear audit trail to demonstrate that a clinician within the practice had approved requests for repeat medicines.

When we carried out this inspection we saw some improvements in the management of medicines. For example:

- Staff we spoke with explained that since the previous inspection the practice held a series of meetings with the CCG medicines management team and external clinical leads. As a result, the practice developed an action plan to address areas for improvement. Following these meetings the practice developed a repeat prescribing policy and strengthened internal processes for managing repeat prescribing.
- We were told that non-clinical staff were no longer altering prescriptions or recording review dates. This task was the responsibility of, and carried out by clinicians.
- A practice action plan had been developed since the January 2017 inspection. The plan included contacting all patients who required a medicines review. Staff we spoke with showed us a spreadsheet, which they were working through. We saw evidence that the practice had contacted the majority of patients.
- We also reviewed the management of a blood thinning medicine used to prevent heart attacks, strokes and blood clots in veins and arteries. Records reviewed showed that the majority of appropriate monitoring had been carried out. However, the practice had not established an effective system for ensuring blood monitoring results from other external sources such as secondary care were routinely available within the patient records.
- We reviewed systems for monitoring other specific high-risk medicines such as methotrexate (a type of medicine known as a disease-modifying anti-rheumatic drug (DMARD). We saw evidence that most patients had been appropriately monitored prior to repeat medicines been authorised. However, blood monitoring data from external sources had not been downloaded onto patient records.

Are services safe?

- Staff we spoke with regarding obtaining blood monitoring results from external health care providers explained that as the practice is located on the border of two CCGs there had been difficulties obtaining blood results from some secondary care providers. We were told that this issue was actively being discussed with stakeholders and resolutions were being explored.
- During this inspection, we reviewed the monitoring of patients on the dementia register in receipt of antipsychotic medicines. We saw that appropriate monitoring had been carried out prior to authorising repeat medicines.
- At this inspection, we also viewed the management of patients prescribed medicines identified at being at risk of interaction if prescribed in combination with other medicines. We saw that since the January 2017 inspection, the practice had taken appropriate action and identified patients were being monitored within recommended guidelines.

This section is primarily information for the provider

Requirement notices

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. **How the regulation was not being met:How the regulation was not being met:** The registered person did not ensure that medication reviews were carried out as part of, and align with, patients care and treatment plans. Patients in receipt of a medication, which required closer monitoring, had not been reviewed within recommended periods. The registered person did not do all that is reasonably practicable to ensure compliance with relevant patient safety alerts. For example, the practice did not implement an effective system to ensure actions to ensure compliance with medicines alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were carried out in line with patient safety recommendations. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.