Brook Medical Centre

Inspection report

Ecton Brook Road
Northampton
NN3 5EN
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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 focused inspection of Brook Medical Centre on 15 March 2022. This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation set out in a warning notice we issued to the provider in relation to Regulation 17 Good governance.

The practice received an overall rating of requires improvement at our inspection on 10 September 2021. This will remain unchanged until we undertake a further comprehensive inspection within 12 months of the publication of the previous report on 1 November 2021.

The full comprehensive report from the September 2021 inspection can be found by selecting the 'all reports' link for Brook Medical Centre on our website at www.cqc.org.uk.

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

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.

Our key findings were as follows:

We found that:

- The practice had not fully complied with the warning notice we issued but had taken some action needed to comply with the legal requirements. Medicine safety alerts were not consistently acted upon which put patients at risk.
- The practice had not responded to concerns identified in relation to staff vaccination status for specific infections.
- There were still gaps in mandatory staff training in safeguarding and infection prevention and control.
- Emergency medicines were stocked and those not held had been risk assessed.
- Systems for ensuring management oversight of staff had been improved. All but one member of staff had received an appraisal since our inspection in September 2021. There was a structured process for clinical supervision and support.

Overall summary

- A lack of effective clinical oversight and governance in relation to medicines management was identified through clinical searches of patients prescribed medicines that require routine monitoring.
- Medicine safety alerts were not consistently acted upon which put patients at risk.
- Improvement was still needed to strengthen the governance arrangements in place and improve quality monitoring systems.

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.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor who did not visit the practice.

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 one 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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered persons had not done all that was reasonably practicable to ensure that systems or processes were established and operated effectively to ensure good governance at the practice. In particular: • The practice had failed to ensure there was effective governance arrangements and clinical oversight at the practice therefore increasing risks to patients and persons employed. • The practice had failed to take action to reduce identified risks in relation to infection control and prevention. In particular, identified risks associated with lack of staff vaccinations had not been actioned. • The care records we reviewed demonstrated a lack of effective clinical governance systems to support safe medicines management. In particular, in response to medicines safety alerts and the monitoring of patients taking medicines that require routine monitoring. • Gaps in training relating to safeguarding, infection prevention and control and the Mental Capacity Act were still present. This was in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014