

Heathway Medical Centre

Inspection report

Broad Street Resource Centre
Morland Road
Dagenham
Essex
RM10 9HU

Tel: 02085921771

Web: www.heathwaymedicalcentre.com

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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

Good



Are services safe?

Good



Overall summary

This practice is rated as Good for providing safe services. (Previous rating for Safe 07 2017 – Requires improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

We carried out an announced comprehensive inspection at Heathway Medical Centre on 26 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. Breaches of legal requirements were found and requirement notices were issued in relation to patient safety, receiving and acting on complaints and fit and proper persons employed. We undertook an announced comprehensive inspection at Heathway Medical Centre on 3 July 2017. The overall rating for the practice was good, however safe key question was rated requires improvement. The full comprehensive reports on the May 2016 and July 2017 inspections can be found by selecting the 'all reports' link for Heathway Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 2 July 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in Regulation 12 that we identified

at our previous inspection on 3 July 2017. This report covers our findings in relation to those requirements and also any additional improvements made since our last inspection.

At this inspection we found:

- The practice had an effective process in place for managing un-collected prescriptions.
- We saw examples of where the practice has formalised how they shared learning from significant events with locum GPs.
- The practice was now monitoring the usage and movement of printer generated prescriptions.
- The practice nurse undertaking cervical cytology now had access to 2017/18 Sample Handling Guidelines.
- The practice had reviewed how patients with caring responsibilities were identified, this included how they were coded on the clinical system.
- Patients now had access to a wealth of information through the practice's dedicated website.
- Steps had been taken to improve the practice's performance in cervical cytology. Practice data reviewed suggested there has been year on year improvements.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Working age people (including those recently retired and students)

Good



Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector who was supported by a GP specialist adviser.

Background to Heathway Medical Centre

Heathway Medical Centre is one of two GP practices based within Broad Street Resource Centre. Heathway Medical Centre is a modern purpose-built building located in a residential area of Dagenham. The practice occupies the ground floor of the building. The practice is well served by local buses and is within easy reach of Dagenham Heathway underground station. Parking is available on site as well as on surrounding streets.

The practice holds a General Medical Services (GMS) contract and provides NHS primary care services to approximately 4700 people living in the London Borough of Barking and Dagenham and is part of the Barking and Dagenham Clinical Commissioning Group (CCG). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). They also take care of 38 elderly residents in a care home who require specialist care in dementia, Alzheimer's and Parkinson's disease. The practice is in the second most deprived decile of areas in England; level one represents the highest levels of deprivation and level 10 the lowest. Data shows income deprivation affecting children (IDAC) in 2015 was 33%, which was higher than the national average of 20%.

The practice is staffed by a female Principal GP and two salaried GPs (male, female) collectively working 16 sessions per week. They are supported by one-part time female practice nurse and two-part time health care assistants (HCAs), one full time practice manager and various reception and administrative staff. The practice opens between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on Monday and Wednesday evening until 8pm. Out of hours services are provided by the GP Hub services and the NHS 111 services when the practice is closed. Information about the Out of Hours services is provided to patients in the practice leaflet and posters. The practice has a website where patients can book appointments and request prescriptions.

The practice is registered as an individual with the Care Quality Commission (CQC) to provide the following regulated activities from Broad Street Resource Centre, Morland Road, Dagenham, Essex, RM10 9HU:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Maternity and midwifery.

Are services safe?

At our previous inspection on 3 July 2017, we rated the practice as requires improvement for providing safe services as the practice was not following their process for monitoring uncollected repeat prescriptions and they did not monitor the usage of printed generated prescriptions. The practice could not demonstrate that initiatives were in place to drive improvements in this area.

These arrangements had significantly improved when we undertook a follow up inspection on 2 July 2018. The practice is now rated as good for providing safe services.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines including prescription management.

- At the inspection of 3 July 2017, we found that the practice did not follow its process for handling uncollected prescriptions. For example, we found uncollected prescriptions that were issued in March and April 2017 had not been investigated when the eight weeks lapsed. At this inspection, we found the practice had reviewed and strengthened both the system and process to underpin this including a review and amendment to the existing policy. Staff were responsible for contacting patients to collect prescriptions once they have been generated, if the prescriptions remained uncollected after seven days patients received a telephone call or text message reminder. If prescriptions were still uncollected after the 14 days, then these were passed onto the GPs to review, destroyed and noted in patient record. Patients on certain medicines such as high-risk ones or those considered vulnerable were followed up.
- The practice introduced a prescription tracker to monitor the usage of printer generated prescriptions.

Prescriptions arriving at the practice were logged and divided into batches of 100 scripts. A record was made of the staff obtaining the prescription and the room they were allocated to. To further maintained security, all prescriptions stored in the reception back office was transferred to a lockable cupboard at the end of each working day.

- At the inspection of 3 July 2017, Sample handling guidelines which underpinned cervical cytology screening was out-dated and the practice failed to follow up a test result which was not received from the laboratory in January 2017. At this inspection, these issues had been addressed satisfactorily, for example, we found that staff now had access to 2017/18 Sample Handling Guidelines. We also reviewed the spreadsheet document which was used to record cytology samples sent to the laboratory, patient's NHS number and results. We found that the practice were now proactively following up patients who required re-testing in a timely manner.

Lessons learned and improvements made

- The practice learned and shared lessons with the locum GPs who could not attend practice meetings. We reviewed significant events which involved locums GPs who no longer worked at the practice. The GP locums were contacted for feedback on the significant event analysis. Findings from investigations were stored in the significant events folder on the shared drive which was accessible by all staff including locums.

Please refer to the evidence tables for further information.