

# Central Healthcare

## Inspection report

Date of inspection visit: 13 /07/2020

Date of publication: 31/08/2020

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.

# Overall summary

We carried out an announced, comprehensive inspection of Central Healthcare on 26 February 2020, as part of our inspection programme. We rated the practice as **inadequate** overall, including all population groups. We identified four breaches of regulations and issued warning notices for three of the breaches and a requirement notice for the fourth. This inspection report for Central Healthcare can be found by selecting the 'all reports' link for Central Healthcare on our website.

We carried out a focused, unrated desktop inspection on 13 July 2020 to check whether the provider had taken steps to comply with the legal requirements set out within the warning notices regarding non-compliance with regulation 12(safe care and treatment), regulation 17 (good governance) and regulation 18(staffing).

We found improvements had been made in respect to patient safety, staffing, effectiveness, governance and leadership.

For example:

- Improved processes had been put in place to report and manage significant events', safeguarding concerns and the management and mitigation of risk.

- Patient safety issues were being reviewed, assessed and actioned appropriately.
- Improvements had been made with regard to effective governance and management within the service, including training, staff support, and recruitment.
- Patient management and care plans had been reviewed and systems implemented to improve the care and overall patient experience.

The service is on a trajectory of development and improvement. The team found that during the review on 13 July 2020, the risks highlighted in the warning notices issued to the provider had significantly reduced. Special measures give people who use the service the reassurance that the care they get should improve. The service will still be kept under review and if needed could be escalated to urgent enforcement action.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The review was undertaken by two CQC inspectors and an inspection manager. Because of the current Covid 19 pandemic situation a site visit was not undertaken, however a virtual meeting was set up between CQC and

the provider to discuss and review the providers action plan in response to the warning notices and to discuss evidence the provider had submitted to CQC prior to the review taking place to support the actions they had taken

## Background to Central Healthcare

Central Healthcare is located at Lawrence House Medical Centre, 1a Belgrave Crescent, Scarborough, YO11 1UB 87 and has two branch sites Prospect Road surgery, Scarborough, YO12 7LB and Peasholm surgery, 98 Tennyson Avenue, Scarborough. The branch site at Prospect Road is temporarily closed.

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

Central Healthcare provides NHS services through a General Medical Services (GMS) contract to approximately 29000 patients. The practice is part of the North Yorkshire Clinical Commissioning Group (CCG). There are arrangements with other providers to deliver services to patients outside of the practice's working hours. When the practice is closed, patients are directed to contact the local out of hours service via NHS 111.

The practice population deprivation is 31.43, compared to 24.63 for the local CCG and 21.72 for England. The higher the score, the more deprived an area is compared to others.

Lawrence House appointments are offered Monday to Friday from 8am to 6pm. Extended hours are available Monday to Thursday from 7.30am to 8am and Wednesday 6.30pm to 8pm. Extended access is available Friday from 6.30pm to 8pm. Appointments are normally offered Monday to Friday from 8am to 6.30pm at Lawrence House. Extended hours are available Monday 7.30am to 8am and 6.30pm to 8.30pm, Wednesday 7.30am to 8am and Thursday 6.30pm to 8pm. Peasholm site appointments are offered Monday to Friday from 8am to 6pm. Patients may book appointments by telephone and online.

However, due to the COVID 19 pandemic the practice has reviewed their processes to meet the needs of patients and staff. They now offer a range of telephone, on-line, face to face and video consultation. Where home visits are required, GPs and nurses will arrange to visit patients. Staff who require shielding were working from home or the Prospect Road site which is closed to patients at present. The Peasholm site is still used for nurse appointments and the GP undertaking telephone triage is also based there. The practice has continually updated ways of working to reflect guidance on managing patients with symptoms or potential symptoms of COVID-19 across both Lawrence House and Peasholm sites with separate entrances for staff and patients and separate areas of consulting rooms for different types of clinics.

The practice employs 115 staff within the following disciplines: 3 Partners (2 full time male and 1 part time female), 14 salaried GPs (8 female and 6 male) on a variety of part time, full time and flexible contracts, 2 international GPs (female) currently in an observing role, 1 full time clinical nurse lead (female), 6 Nurse Practitioners; 2 full-time and 4 part-time nurse practitioners (1 male and 5 female), 3 part-time senior practice nurses (female), 6 Practice Nurses; 3 full-time and 3 part-time practice nurses (female), 1 newly qualified full-time practice nurse (female), 1 part-time diabetes specialist nurse (female), 2 full-time and 5 part-time health care assistants (female), 1 part-time phlebotomist (female), 1 full-time pharmacist (male), 1 full-time and 1 part-time pharmacy technician (female) and 1 part-time prescription manager. There was a 22-patient services staff (front of house staff) (full and part-time), 19 administrators (full and part-time), 6 data quality staff (full and part-time), 12 facilities staff, 7 practice management staff and 2 senior practice management staff. The practice also employs locum GPs as required.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure recruitment procedures were operated effectively. In particular:</p> <p>The provider could not demonstrate that recruitment procedures and checks were always carried out to provide assurance that staff had suitable skills and experience for their role.</p> <p>The provider could not demonstrate that all clinical staff had a DBS check in place.</p> <p>The provider could not demonstrate that reference checks were always carried out.</p> <p><b>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed</b></p>