

Jenner 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

Good



Are services safe?

Good



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 Jenner Health Centre on 5 July 2016. The overall rating for the practice was good with requires improvement in the safe domain. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Jenner Health Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 14 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 5 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice sent in an action plan informing us about what they would do to meet legal requirements in relation to the following;

- The provider did not have robust systems in place to ensure that patients receiving long term thyroxine medication all received blood monitoring tests to manage their condition effectively.

During the initial inspection we also found areas where improvements should be made:

- Develop a standard operating procedure for the safe destruction of controlled drugs and for the management of repeat prescription requests. Ensure that staff are familiar with, and follow these policies.
- Strengthen systems for monitoring incoming medical letters and patient safety alerts.
- Consider completing a risk assessment of the medicines carried by the GPs during home visits so that patient need and the safe management of medicines is considered.
- Improve the uptake of new patient health checks.
- Continue to prioritise work around the feedback received from patients in the national GP patient survey.

The practice told us these issues were addressed and have provided us with evidence to show they had taken the action to address the concerns.

Overall the practice is rated as good.

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 the last inspection on 5 July 2017 we found that:

- 18 patients receiving the medication Thyroxine had not received the appropriate blood monitoring test in the last fifteen months.

During the initial inspection we found areas in the safe domain where improvements should be made:

- Although the practice had a defined system in place for the management of patient safety alerts, records of this were not well maintained to demonstrate that remedial actions were taken.
- Systems to ensure that medicines were safely managed were in place although we found a few areas that should be further strengthened. For example, there was no written procedure to guide staff in managing repeat prescription requests or for the destruction of controlled drugs. There were no standard guidelines in place to decide what medicines should be carried by GPs on home visits and there was no risk assessment in place to help manage this.
- Administrative staff dealt with incoming letters regarding the care and assessment of patients by other clinical staff. For example, following hospital admission or outpatient appointments. Staff had a clear protocol to support their decision making on when to refer the information to the GP for assessment and further action. However, we found that no checks had been completed to audit the accuracy of this work.

The practice provided evidence of actions taken since the initial inspection in July 2016.

Our focused inspection on 14 February 2017 found that:

The practice is rated as good for providing safe services.

- The practice had commenced a quarterly audit of the recall of patients on Thyroxine for review. The practice had implemented a number of changes which included; searches on their clinical computer system for patients taking thyroid medications who have not had thyroid function tests performed in the last 11 months, to allow for adequate arrangements for thyroid function testing and review within the audit criteria. The practice allocated a named clinician to have overview of the process. Any patients who did not respond to

Good



Summary of findings

invitations for review were brought to the attention of the responsible clinician to allow a direct approach to patients either face-to-face, or by telephone to explain the importance of regular testing and discussion regarding treatment.

The practice provided additional information for the areas highlighted where improvements should be made:

- We saw evidence of a written protocol for the management of safety alerts within the practice.
- We saw an updated protocol for the management of repeat prescriptions and medication reviews and a standard operating procedure for the destruction of controlled drugs. Documents were developed with the team leaders from each area as well as the practice clinical lead for prescribing and dispensing. The documents were made available to all relevant staff and compliance was monitored via ongoing audits. The GPs no longer carried injectable medications or controlled drugs routinely in their visit bags.
- Audits to check the accuracy of staffs' work in relation to incoming letters to the practice had been implemented.
- All new patients who were eligible for an NHS health check were offered the opportunity to book one at the point of registration. A new registration/new patient pack had been produced to help integrate new patients into the practice.
- The practice had prioritised improving access to the practice by telephone and had implemented changes in consultation with the patient participation group (PPG).

This report should be read in conjunction with the full inspection report from 5 July 2016.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 5 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Jenner Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Background to Jenner Health Centre

Jenner Health Centre provides a range of primary medical services to approximately 7,800 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. The practice is located in the centre of the small market town of Whittlesey,

in accommodation that was purpose built during the late 1960's. There is a small car park with parking for disabled badge holders. Additional parking is available nearby. The practice also has a dispensary service. According to information taken from Public Health England, the patient population has a lower than average number of patients aged 0 to 15 years and 25 to 44 years

compared to the practice average across England. The practice has a higher than average population of patients aged 50 years and over. According to the practice 23% of their registered patients are aged over 65 years. The practice supports approximately 160 patients who live across six local care or nursing homes. The practice is run by four male GP partners who employ one salaried GP. They employ a team of 25 staff. The nursing team comprises of three nurse practitioners, two practice nurses and two healthcare assistants. The dispensary has a lead and two additional dispensary team staff. A practice manager and assistant practice manager oversee a support

team, reception team and administration staff. The practice is open from 8.30am to 6pm weekdays with extended hours available on Mondays, Tuesdays, Thursdays & Fridays until 8pm. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed.

Why we carried out this inspection

We undertook a comprehensive inspection of Jenner Health Centre on 5 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the safe domain. The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link for Jenner Health Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Jenner Health Centre on 14 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Jenner Health Centre on 14 February 2017.

We reviewed the information received from the practice, spoke with the practice manager and requested additional information.

Detailed findings

We have not revisited Jenner Health Centre as part of this review because they were able to demonstrate they were meeting the standards without the need for a visit

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing safe services. The arrangements for patients receiving the medication Thyroxine needed to be improved to ensure that the appropriate blood monitoring test was received.

These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- The practice provided evidence of actions taken since the initial inspection in July 2016. The practice had commenced a quarterly audit of the recall of patients on Thyroxine for review. The practice had implemented a clinical report on their clinical computer system which allowed searches for patients taking thyroid medications who have not had thyroid function tests performed in the last 11 months. A monthly data collection of patients needing a reminder to book appropriate bloods tests and a clinical review with adequate advanced notification was now in place. The search was in addition to the established system of recall for other patients with long-term conditions. The practice had an inclusive recall system as some patients would have more than one condition allowing a single visit for blood tests and review where possible. The practice allocated a named clinician to have overview of the process. This provided a single point of contact for administrative staff to discuss any issues arising from data collections such as; patients not responding to invitations for blood tests and review, or sensible co-ordination of reviews for patients with multiple diseases and medications. Any patients who did not respond to invitations for review were brought to the attention of the responsible clinician to allow a direct approach to patients either face-to-face or by telephone to explain the importance of regular testing and discussion regarding treatment.

The practice provided additional information for the areas highlighted where improvements should be made:

- We saw evidence of a written protocol for the management of safety alerts within the practice. A nominated individual was identified and the practice manager reviewed all alerts received, determined when

alerts required urgent action, and was responsible for initiating immediate investigations when applicable. Alerts which needed actioning would be discussed and minuted at the clinical policy meetings.

- We saw an updated protocol for the management of repeat prescriptions and medication reviews and a standard operating procedure for the destruction of controlled drugs. Documents were developed with the team leaders from each area as well as the practice clinical lead for prescribing and dispensing. The documents were made available to all relevant staff and compliance was monitored via ongoing audits. The GPs no longer carried injectable medications or controlled drugs routinely in their visit bags. Oral medications were given rarely as the local pharmacies had a same day delivery to patients. If a patient needed an injection then the GP would take enough for that visit. A prescription was then generated as 'personally administered' which could be audited.
- Audits to check the accuracy of staffs' work in relation to incoming letters to the practice had been implemented. The audits took place once a month. On the audit day, a random sample of at least 25% of letters received by the practice that day were audited for the correct actions, ensuring that the correct persons were tasked in relation to the patient or change requested, and making sure that no actions had been missed.
- All new patients who were eligible for an NHS health check were offered the opportunity to book one at the point of registration. A new registration/new patient pack had since been produced to help integrate new patients into the practice in a more coherent way. This included information on: NHS health checks, the practice leaflet, information on accessing and registering for the full range of online services, the latest practice newsletter and information on joining the patient participation group.
- The practice had prioritised improving access to the practice by telephone and had implemented changes in consultation with the patient participation group (PPG). Through the recruitment of extra staff the practice had added additional staff resource during the afternoons to the administration and telephone team which allowed incoming phone calls to be handled more efficiently. The practice were further developing a concept where patient calls could be directed through to waiting clinicians at certain points of the day, for example; between 8.30am and 10am and 2pm and 3pm. The

Are services safe?

practice had identified a positive impact from direct feedback from patients to the practice through feedback and surveys completed by the PPG and through the NHS friends and family test. The practice had taken action to improve their on the day capacity by recruiting two new

full time advanced nurse practitioners since the initial inspection. The practice had made plans to desist from taking repeat prescription requests by telephone within the coming months to improve patient access on the telephone.