

Grove Medical Centre

Quality Report

The Grove Medical Centre
The Grove
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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

Inadequate



Are services safe?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grove Medical Centre on 23 August 2017. The overall rating for the practice was inadequate. The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for Grove Medical Centre on our website at www.cqc.org.uk.

During the inspection we found breaches of legal requirements and the practice was rated inadequate overall. The practice was rated inadequate for providing safe and well-led services, requires improvement for providing caring and responsive services and good for providing effective services. Following this inspection we issued a warning notice that the practice must comply with the legal requirements.

This inspection was an announced focused inspection carried out on 2 February 2018 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 August 2017. This report covers our findings only in relation to the requirements of the warning notices and will not result in reviewing the overall rating or the ratings of any individual key question or population group.

Our key findings were as follows:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Policies were up to date and easily accessible to all staff.
- Staff had received training appropriate to their job role, the practice maintained an overview of staff training and recruitment checks were completed
- There was a system to ensure that patient safety alerts were acted upon and practice leaders had clear responsibilities for these.
- Patients prescribed high risk medicines were monitored appropriately.

We have seen significant improvement and the service was compliant with the warning notices. The service will be kept under review and remains in special measures. Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Grove Medical 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 second CQC inspector and a GP specialist adviser.

Background to Grove Medical Centre

Grove Medical Centre is located in a residential area of Egham and provides general medical services to approximately 14,100 patients.

There are three GP partners (two male and one female) and four salaried GPs. The GPs are supported by three female practice nurses, two healthcare assistants, team of receptionists, administrative staff, a practice manager, a deputy practice manager and an assistant practice manager.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged between 35 and 54 years of age when compared to the national average. The number of patients aged 60 to 79 is slightly lower than average. The number of registered patients suffering income deprivation (affecting both adults and children) is below the national average.

The practice is open Monday to Friday between 8am and 6.30pm. Extended hours appointments are offered every Saturday morning from 8am to 11am with appointments available to see either a GP or a nurse. Appointments can

be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, phlebotomy, 24 hour blood pressure monitoring, travel vaccines and advice.

Services are provided from one location.

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The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS North West Surrey Clinical Commissioning Group. Out of hours care is accessed by contacting NHS111.

Why we carried out this inspection

The practice has been inspected on three previous occasions and previous reports can be found by selecting the 'all reports' link for Grove Medical Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a comprehensive inspection of Grove Medical Centre on 23 August under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate and warning notices were issued.

We undertook a follow up focused inspection of Grove Medical Centre on 2 February 2018. This inspection was carried out to review in detail the actions taken by the practice in relation to the warning notices to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 23 August 2017, we rated the practice as inadequate for providing safe services as the arrangements for patient safety alerts, monitoring of high risk medicines, staff training, recruitment checks and uptake of cervical screening were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2018.

Safety systems and processes

On 2 February 2018 we found that the practice now had clear systems to keep patients safe and safeguarded from abuse.

- We saw evidence that the practice had conducted safety risk assessments, which included health and safety.
- It had a suite of safety policies which were regularly reviewed and communicated to staff. Policies were easily accessible to all staff from a central system on the practice computer network. There was also a single hard copy library of the policies.
- Since our last inspection we saw that the practice carried out recruitment checks for the only new member of staff employed and completed checks for a salaried GP that were incomplete at our last inspection.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

Safe and appropriate use of medicines

On 2 February 2018 we found that since our last inspection in August 2017 the practice had reviewed their monitoring of patients prescribed high risk medicines. The practice had put in place a new system to remind patients to attend for reviews. They also contacted patients who did not respond to reminders initially by phone and then by letter if they still did not respond. The practice told us they had worked with the local hospital and the clinical commissioning group medicines optimisation pharmacist to improve systems for monitoring these patients. They also discussed these systems and patients in their clinical meetings. The practice had completed three cycle audits which showed that the practice was now monitoring patients prescribed high risk medicines in line with best practice guidelines.

Track record on safety

On 2 February 2018 we saw evidence that there were comprehensive risk assessments in relation to safety issues and all identified mitigating actions had been recorded and completed.

Lessons learned and improvements made

On 2 February 2018 there was evidence to show that the practice learned and made improvements when things went wrong.

- There was now an adequate system for recording and acting on significant events and incidents. We reviewed the significant events that had been recorded since our last inspection and found that there were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example when correspondence had been scanned to an incorrect patient medical record, this was investigated and additional training was provided for staff whose job role included scanning.
- A new system for managing patient safety alerts had been implemented. The practice manager and one of the GP partners took the lead responsibility for monitoring and actioning patient safety alerts and we saw evidence that actions were taken where appropriate and recorded.
- We reviewed the seven complaints received by the practice since our last inspection and found that these were handled appropriately in accordance with the practice complaints policy. We also noted that there were posters in the reception and waiting area informing patients about how to make a complaint.
- The practice had reviewed its system to monitor why patients eligible for cervical screening had not attended and implemented new protocols to increase patient uptake. We saw evidence that this had reduced the number of patients exception reported from the quality and outcomes framework (QoF) 19% to 15% (Exception reporting is the removal of patients from QoF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 23 August 2017, we rated the practice as inadequate for providing well-led services as the arrangements for significant event analysis, management of risk, safety assessments, staff training, practice policies and complaints procedure were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2018.

Governance arrangements

On 2 February 2018 we found that there were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

On 2 February 2018 we found that

- There were clear and effective processes for managing risks, issues and performance.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints. These systems had been reviewed and changes implemented since our last inspection.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- The practice leaders maintained an overview of staff and GP partner training, including mandatory training for each job role.