Chiltern House Medical Centre

Quality Report

Chiltern House Medical Centre
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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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of Chiltern House Medical Centre in High Wycombe, Buckinghamshire on 7 September 2017. This was to follow up on the two warning notices we (Care Quality Commission) served following an announced comprehensive inspection on 6 June 2017.

Following the June 2017 inspection, the practice was rated inadequate overall, specifically inadequate for the

Summary of findings

provision of safe, effective, caring and well-led services. The practice was rated good for the provision of responsive services. In addition to the overall rating, all six population groups were rated as inadequate.

The warning notices we served related to Regulation 12 Safe care and treatment and Regulation 17 Good governance of the Health and Social Care Act 2008. The timescale given to meet the requirements of the warning notices was 16 August 2017. The practice provided regular improvement updates to Care Quality Commission alongside a submitted action plan detailing the actions they were taking to meet legal requirements.

This report covers our findings in relation to those requirements. Due to the focussed nature of this inspection the ratings for the practice have not been updated. We will conduct a further comprehensive inspection within six months of publication of the report of the inspection undertaken in June 2017.

The comprehensive report from the June 2017 inspection can be found by selecting the 'all reports' link for Chiltern House Medical Centre on our website at www.cqc.org.uk and should be read in conjunction with this report.

At this inspection in September 2017 we found that actions had been taken to improve the provision of safe and well led services. Specifically the practice had:

- Improved systems which now ensured patients received timely reviews where treatment or interventions may be required. This included a review of pathology results (pathology is the medical speciality relating to the diagnosis of disease based on the laboratory analysis of bodily fluids such as blood and urine), a review of patients on more than four repeat medicines and annual health checks for patients with learning disabilities.
- Improved the management of medicines, specifically medicine and other safety alerts including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Strengthened safeguarding arrangements to keep patients safe from harm.
- Continued to make improvements in how the practice managed infection prevention control. This included a review of the existing arrangements for the collection of specimens and samples from patients which now reflected national guidance.
- Implemented a wide range of actions which had resulted in improvements to the existing governance arrangements with a view to keep patients safe.
- Reviewed governance arrangements for recruitment and personnel records within the practice. The practice had addressed concerns regarding gaps in recruitment correspondence.
- Revised systems to seek, act and monitor feedback. The practice had undertaken various actions to identify and act on patients' concerns reflected in the July 2016 national GP survey and more recently the July 2017 national GP survey. To further review patient satisfaction, the practice had completed an in-house survey with an additional survey planned for December 2017.
- Undertaken further clinical audits and demonstrated improvements to patient care and outcomes.
- Positive changes had been made to the leadership team. The managing GP Partner had a more active role in the management and leadership of the practice. Staff we spoke with recognised the endeavours of the new leadership team and were keen to be part of the new developments.

The practice was originally placed into special measures in December 2016. We found insufficient improvements had been made at the June 2017 inspection. As a result, the practice was kept in special measures and the conditions of registration remain due to the continued concerns we identified in June 2017.

At this inspection we found that the practice had taken action to address the breaches of regulation set out in the warning notices issued following the June 2017 inspection. However, the practice will remain in special measures until they receive a further comprehensive inspection.

Keeping the practice in special measures will give people who use the service the reassurance that the care they get should improve. Chiltern House Medical Centre will be

Summary of findings

kept under close review and inspected again within six months. If we do not see satisfactory improvement we will escalate our enforcement powers, which may result in the closure of the service.

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?

During our inspection in September 2017 we found the practice had made improvements and addressed the concerns identified in the warning notice issued following the inspection in June 2017. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

Specifically, the practice had:

- Reviewed the process for managing external patient correspondence. The new process now ensured patient correspondence including pathology results were managed in a safe and timely manner. To prevent any future backlogs and potential risk of delayed reviews we saw one of the practice administrators had received training and had been allocated designated protected time to monitor and distribute pathology results.
- Increased the number of medicine reviews completed. We saw improvements had been made and the practice was now safely reviewing patients on four or more medicines and less than four medicines (repeat prescriptions). The practice told us they endeavoured to further improve and were optimistic that the number of reviews for each indicator (four or more and less than four) would continue increase in the preceding months.
- Strengthened the arrangements to safely support patients with learning disabilities. There were 63 patients on the learning disabilities register, we saw 100% of patients had been invited for a health check, 5% (three patients) had declined the invitation and 32% (20 patients) had a completed health check. This was a 27% increase when compared to data collected at the June 2017 inspection.
- Improved the arrangements for dealing with patient and safety alerts received from various sources, including the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Reviewed and improved the existing safeguarding arrangements. The practice had changed the safeguarding lead. The new safeguarding lead was in the practice for four sessions a week, they had the appropriate level of safeguarding training and we saw this change was reflected in the safeguarding policy. All staff we spoke with demonstrated they understood this change and their individual responsibilities regarding safeguarding.

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- Continued to make improvements in how the practice managed infection prevention control (IPC). This included a review of the existing arrangements for the collection of specimens and samples from patients. Improvements included the provision of disposable gloves (used when taking receipt of specimens and samples) and installing a clinical refrigerator (to store specimens and samples) which replaced the domestic refrigerator that was previously used.

Are services well-led?

During our inspection in September 2017 we found the practice had made improvements and addressed the concerns identified in the warning notice issued following the inspection in June 2017. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

Specifically, the practice had:

- Implemented a wide range of actions which had resulted in improvements to the existing governance arrangements with a view to keep patients safe. This included a review of the governance arrangements for all areas of practice outlined in the two warning notices.
- Reviewed and improved existing processes which supported the delivery of a safe service. This included a review of medicines management processes to increase the number of medicine reviews completed. This also included a new process for monitoring external patient correspondence including pathology results.
- Revised the processes to manage infection control specifically the collection of specimens and samples. These processes had been reviewed and improved and now reflected national guidance.
- Improved the arrangements for dealing with patient and safety alerts received from various sources, including the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Governance arrangements for recruitment and personnel records had been reviewed by the practice. The practice had addressed concerns regarding gaps in recruitment correspondence.
- Improved the systems used to seek, act and monitor feedback. The practice had undertaken various actions to identify and act on patients' concerns reflected in the July 2016 national GP

Summary of findings

survey and more recently the July 2017 national GP survey. To further review patient satisfaction, the practice had completed an in-house survey with an additional survey planned for December 2017.

- Undertaken further clinical audits and demonstrated improvements to patient care and outcomes.
- Made positive changes to the leadership team. The managing GP Partner had a more active role in the management and leadership of the practice. The managing GP Partner had four dedicated management sessions each week to ensure effective management and the delivery of a well-led service was feasible. We saw evidence of monthly quality assurance meetings; Staff we spoke with recognised the endeavour of the new leadership team and were keen to be part of the new developments.

Chiltern House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This warning notice follow up inspection was undertaken by a CQC inspector. The team included a GP Specialist Advisor.

Background to Chiltern House Medical Centre

Chiltern House Medical Centre provides primary care GP services to approximately 8,200 patients across two locations in the High Wycombe area. The list size had reduced due to a condition imposed by Care Quality Commission (CQC) not to register new patients other than new born babies without written permission from CQC. The two locations are Chiltern House Medical Centre and the branch practice known as Dragon Cottage, the patient list is split equally between the two sites and patients can see a GP or nurse at either site.

Services are provided from two locations:

- Chiltern House Medical Centre, 45 – 47 Temple End, High Wycombe, Buckinghamshire HP13 5DN
- Dragon Cottage, 35 Browns Road, Holmer Green, High Wycombe, Buckinghamshire HP15 6SL

Both practices are located in an area of low deprivation, meaning very few patients are affected by deprivation in the locality. However, there are pockets of high deprivation within the practice boundary. There are a higher number of patients aged 45 to 54 registered at this surgery and the patient population of this area is older than national average. There are a high percentage of patients from ethnic minority backgrounds at Chiltern House Medical Centre. The practice has the highest proportion of unemployed patients registered in the CCG at 6.4% compared to the England average of 4.4%.

Chiltern House Medical Centre is located in a 17th century grade II listed building. Access to the practice is through automatic doors into a large waiting area and reception. There are two consultation rooms and three treatment rooms on the ground floor with two further consultation rooms on the first floor which were accessed via a lift.

Dragon Cottage Surgery is located in an old residential dwelling in the Holmer Green area of High Wycombe. The house has been converted to provide three consultation rooms and two treatment rooms. There is a reception area and two small waiting rooms.

The practice has two GP partners (all female), three salaried GPs (all female), a minor illness nurse and a health care assistant (both female). The clinical staff are supported by a business manager, a practice manager and a team of reception, administration and secretarial staff.

Chiltern House Medical Centre is open between 8.00am and 6.30pm Monday to Friday. Dragon Cottage is open between 8.00am and 6.30pm Monday to Friday with the exception of Thursdays when the branch practice closes at 2pm. Extended surgery hours are offered on Tuesday evenings until 8pm at Chiltern House Medical Centre. The practice have opted out of providing out of hours care when the practice is closed. This is offered by NHS 111 telephone service who will refer to the out of hours GP service if required.

Detailed findings

Why we carried out this inspection

We undertook an unannounced comprehensive inspection at Chiltern House Medical Centre in High Wycombe, Buckinghamshire on 18 and 24 October 2016, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was inadequate with one rating of requires improvement for providing effective services; all other areas were rated inadequate.

We used our enforcement powers to take action against the breaches of regulations including issuing three warning notices. We placed the practice in special measures for six months to enable the practice to improve. The significant levels of concern led to three conditions being added to the registration of the practice. The conditions were imposed to ensure timely and sustainable improvement was made. We undertook a focussed follow up inspection in January 2017 and found the warning notices had been met. However, the practice remained in special measures and the conditions of registration remained in place.

We undertook a comprehensive follow up inspection in June 2017 and found insufficient improvements had been. The practice remained in special measures and the conditions of registration remained due to the continued concerns we identified.

We undertook a focused follow up inspection on 7 September 2017. This inspection was carried out to review in detail the actions taken by the practice in relation to the two warning notices issued by the Care Quality Commission and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Chiltern Clinical Commissioning Group (CCG) and NHS England.

We also reviewed the previous Care Quality Commission (CQC) inspection report and the action plans submitted by the practice outlining how they would make the necessary improvements to comply with the regulation.

Before visiting on 7 September 2017 the practice confirmed they had taken the actions detailed in their action plan. We carried out an announced visit on 7 September 2017.

During our visit we:

- Spoke with a range of staff including two GPs, the practice manager and administration and reception staff.
- Received written feedback from practice staff including feedback from the nursing team
- Reviewed practice documents and files.
- Reviewed processes and systems operated by the practice to support the provision of safe and well-led services.

All were relevant to demonstrate the practice had addressed the breaches of the regulations identified at the inspection in June 2017.

Are services safe?

Our findings

At our previous inspection on 6 June 2017, we rated the practice as inadequate for providing safe services. The practice was issued two warning notices; one of the warning notices was for Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008. The Regulation 12 warning notice was served because:

- The practice had not ensured patients received reviews where treatment or interventions may be required. This included a review of pathology results (pathology is the medical specialty relating to the diagnosis of disease based on the laboratory analysis of bodily fluids such as blood and urine), a review of patients on more than four repeat medicines and annual health checks for patients with learning disabilities. This posed a risk to these patients as they may have undiagnosed conditions or exacerbations of existing conditions which required treatment.
- The practice had not ensured the proper and safe management of medicines, specifically medicine and other safety alerts including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Safeguarding arrangements required a review. For example, the safeguarding lead at the practice only worked one session each week, this may have resulted in a delay for staff seeking safeguarding advice and guidance.
- Although improvements had been made in how the practice managed infection prevention control including cleanliness and suitability of premises since the inspection in October 2016, we still found infection control concerns. For example, the infection control lead did not have advanced training in order to provide relevant support and we saw an example where receipt of samples at reception was not undertaken appropriately and samples were being stored in a domestic fridge. These arrangements presented two different risks, a risk of contamination via hand contact and a risk that patients and staff were not being protected from infection via appropriate control measures.

When we undertook a follow up inspection on 7 September 2017 we found the practice had made improvements towards meeting the regulations they had previously breached that had led to the issuing of the Regulation 12 warning notice.

Overview of safety systems and process

We found the practice had implemented a wide range of actions which had resulted in improvements in the provision of safe services. Chiltern House Medical Centre had reviewed existing safety systems and processes whilst implementing a comprehensive governance framework. We saw the practice was continuing to embed safety improvements and monitor progress.

The practice had reviewed existing arrangements and made improvements which now ensured patients received reviews where treatment or interventions may be required.

- We saw evidence that immediately after the June 2017 inspection, all outstanding pathology results were reviewed and actioned by the GP Partners. To prevent any future backlogs and potential risk of delayed reviews we saw one of the practice administrators had received training and allocated designated protected time to monitor and distribute pathology results. We saw patients now had their pathology results reviewed in a safe and appropriate time period. For example, at the time of our September 2017 inspection we saw 20 pathology results required review and all these had been received in the previous 24 hours.
- As part of the action plan to increase the number of medicine reviews completed, the practice had been in regular contact with Care Quality Commission, the local Clinical Commissioning Group (CCG) and NHS England. We saw improvements had been made and the practice was now safely reviewing patients on four or more medicines and less than four medicines (repeat prescriptions). For example, in June 2017 the number of patients on four or more medicines who had a medicines review was 76%, at the September 2017 inspection this had increased to 81% (an improvement of 5%). Similarly, the number of patients on less than four medicines had increased, from 56% at the June 2017 inspection to 71% (an improvement of 15%) at the September 2017 inspection. These reviews were completed by the GPs and the clinical pharmacist. In

total an additional 553 medicine reviews had been completed between June 2017 and September 2017. This was now in line with local and national averages for medicine reviews.

- We saw the practice was now proactively and safely managing patients with learning disabilities including undertaking annual health check reviews. The practice maintained a learning disability patient register which was regularly reviewed to ensure the register was up to date and contact details were correct. There were 63 patients on the learning disabilities register, we saw 100% of patients had been invited for a health check, 5% (three patients) had declined the invitation and 32% (20 patients) had a completed health check. This was a 27% increase when compared to data collected at the June 2017 inspection. To further increase uptake the practice had adapted the health check invitation correspondence which was now in an easy read format and included pictures and a brief description of the assessments which form a health check.

We saw the arrangements for receiving and acting on patient safety and medicine alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) had improved. For example:

- All alerts, including ones from the local pharmacy prescribing teams, were received via email to one of the GP partners, the practice manager and in-house clinical pharmacist who recorded and disseminated the information to clinicians to action. The details were recorded on an electronic log sheet to ensure historical reviews could be undertaken. Safety alerts were discussed at the weekly clinical governance meetings and further discussed at the monthly quality assurance meetings where any outstanding actions were identified and actioned. Furthermore, we saw the clinical pharmacist was available to offer expert medicines advice, when needed.

The practice had reviewed and strengthened the existing safeguarding arrangements. For example:

- We saw the practice had changed the safeguarding lead; previously the safeguarding lead was in the practice for one session a week. The new safeguarding lead was in the practice for four sessions a week, they had the appropriate level of safeguarding training and we saw this change was reflected in the safeguarding policy. All staff we spoke with demonstrated they understood this change and their individual responsibilities regarding safeguarding.

The practice had continued to make improvements in how the practice managed infection prevention control (IPC). The concerns we found at the June 2017 inspection had been addressed, for example:

- The minor illness nurse was also the IPC Lead within the practice, we saw and the local CCG IPC Lead confirmed they had the appropriate level of training required for this additional role. We saw the practice IPC Lead had regular contact and attended meetings with other practice IPC Leads within the locality.
- The practice had reviewed and improved the existing arrangements for the collection of specimens and samples from patients. Improvements included the provision of disposable gloves (used when taking receipt of specimens and samples) and installing a clinical refrigerator (to store specimens and samples) which replaced the domestic refrigerator. These actions reduced the likelihood of potential contamination risks and were implemented at both the main practice and the branch practice.

The practice had recruited three new salaried GPs, which increased the number of GP sessions by 18 sessions each week to ensure improvements in safety systems were sustained.

These improvements demonstrated the practice had acted on feedback from CQC, ensured the practice had met the standards and was now compliant with the Regulation 12 – Safe care and treatment warning notice issued following the June 2017 inspection.

Are services well-led?

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

Our findings

At our previous inspection on 6 June 2017, we rated the practice as inadequate for providing well-led services. The practice was issued two warning notices; one of the warning notices was for Regulation 17: Good governance, of the Health and Social Care Act 2008. The Regulation 17 warning notice was served because:

- The practice had failed to act on all feedback within the previous Care Quality Commission (CQC) inspection reports following previous inspections in October 2016 and January 2017. For example, the practice had not reviewed processes and systems to identify further risks associated with prescribing of medicines, external correspondence including pathology results. In addition, the systems and arrangements in place for infection control had not identified where all improvements were required.
- Formal pathways and processes to ensure patient safety and medicine alerts were received, reviewed, actioned and recorded had not been established.
- The system for ensuring staff were fit and appropriate to work with patients was not ensuring all the required background checks were in place. This included the system to monitor staff qualifications.
- The practice failed to seek and act on feedback from relevant persons including patients and other persons on the services provided in carrying on of the regulated activity.
- The leadership team at the practice did not ensure systems and processes were delegated, completed and monitored appropriately.
- There was limited assurance of systems and processes to assess, monitor and improve the quality and safety of services through an on-going audit programme in a range of clinical areas.

When we undertook a follow up inspection on 7 September 2017 we found the practice had made improvements towards meeting the regulations they had previously breached that had led to the issuing of the Regulation 17 warning notice.

Governance arrangements

We found the practice had implemented a wide range of actions which had resulted in improvements to the existing governance arrangements with a view to keep patients safe. The service had worked towards implementing a comprehensive governance framework, and was continuing to embed improvements and monitor progress. For example:

- The improvements and progress was closely monitored and recorded on a practice improvement plan. This plan was a 'live' document and included all feedback from our previous inspection reports. The practice told us this plan was an integral part of the practices strategy to improve. The plan was regularly reviewed at monthly quality assurance meetings. Senior staff we spoke with had identified further areas for improvement and had plans in place to continue with the changes in order to offer improved services to Chiltern House Medical Centre patients.
- The practice had reviewed and improved existing processes which supported the delivery of a safe service. For example, the practice had increased the number of medicine reviews completed. Furthermore, previous concerns about delays in patient correspondence had been addressed and was supported by a practice administrator and further supported by the recruitment of three salaried GPs.
- The process to manage infection control specifically the collection of specimens and samples had been reviewed and improved. These improvements minimised the likelihood of contamination risks.
- The arrangements for receiving and acting on patient safety and medicine alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) had improved. The clinical pharmacist had an oversight of the new arrangements and was available to offer expert medicines advice, when needed.
- Governance arrangements for recruitment and personnel records had been reviewed by the practice. The practice had addressed concerns regarding gaps in recruitment correspondence. For example, with the exception of one member of staff, all practice staff including the three newly recruited salaried GPs had appropriate checks through the Disclosure and Barring Service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people

Are services well-led?

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

barred from working in roles where they may have contact with children or adults who may be vulnerable). Until the DBS check for the one remaining member of staff had been completed, we saw a formal risk assessment had been completed which monitored and assessed any potential risks.

- Systems to seek, act and monitor feedback had improved. We saw the practice had undertaken various actions to identify and act on patients' concerns reflected in the July 2016 national GP survey and more recently the July 2017 national GP survey. As part of the review, the practice had highlighted patterns identified in the national survey. For example, to address concerns regarding the use of locum GPs the practice had recruited three salaried GPs with an aim to improve continuity of care. To further review patient satisfaction, the practice had completed an in-house survey with an additional survey planned for December 2017. Furthermore, individual patient feedback collected via the NHS Choices website had been considered, investigated where possible and responded to which to identify and make improvements. Staff we spoke and written feedback we received from practice staff commented they felt more involved in how to run and develop the practice. They told us communication had improved and management were more engaged with staff at all levels. Staff told us they felt supported and encouraged to offer suggestions for improvements.
- At the inspection in September 2017 we saw positive changes had been made to the leadership team. The managing GP Partner had a more active role in the management and leadership of the practice. The managing GP Partner had four dedicated management sessions each week to ensure effective management and the delivery of a well-led service was feasible. They were supported by another GP Partner, the business manager, the practice manager and a team of reception, administration and secretarial staff. Practice staff at all levels were given responsibility for specific areas. We saw evidence of monthly quality assurance meetings; all designated leads within the practice attended these meetings and presented evidence of work completed. Staff told us these meetings were highly productive and were also an opportunity to raise concerns and update the practice improvement plan. We saw these improvements ensured systems, were delegated, completed and monitored effectively. Staff we spoke with recognised the endeavour of the new leadership team and were keen to be part of the new developments. They all told us that felt valued, supported and knew who to go to in the practice with any concerns. They showed optimism for the future management style and leadership.
- Clinical audits and improvements to patient outcomes had been reviewed. The practice showed us six audits which had been carried out in the last six months. Four of these were completed audits where patient outcomes had been reviewed and learning shared. The practice kept an electronic log of the audits with hyperlinks to the documents so they were easy to access and review. Dates had been set for repeat audits to be undertaken. The GPs used a variety of sources to identify topics for audit, including MHRA and safety alerts, issues arising from meetings and personal interest, for example, oncology (the study of cancer).

These improvements demonstrated the practice had acted on feedback from CQC, ensured the practice had met the standards and was now compliant with the Regulation 17 – Good governance warning notice issued following the June 2017 inspection.