

The Highfield Medical 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.

Contents

Summary of this inspection

Overall summary	1
What people who use the service say	3
Areas for improvement	3

Detailed findings from this inspection

Our inspection team	4
Background to The Highfield Medical Centre	4
Why we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of The Highfield Medical Centre on 31 August 2017. We identified three breaches of regulations and

issued warning notices at provider and registered manager level on all three regulatory breaches. This resulted in six warning notices being issued as a result of the inspection against the following regulations:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Summary of findings

- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.
- Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

We told the provider they must be compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 30 November 2017. We carried out this focused follow-up inspection on 18 December 2017. This report covers our findings in relation to this requirement only. The dates by which the provider has to comply with legal requirements for the other warning notices had not been reached at the time of this inspection. You can read the report from the last inspection carried out on 31 August 2017 by selecting the reports link for The Highfield Medical Centre on our website at www.cqc.org.uk.

Our key findings were as follows:

Improvements had been made with respect to patient safety following our last inspection on 31 August 2017. For example:

- The practice had implemented a new process for receiving, reviewing and actioning Medicines and Health Regulatory Alerts (MHRA) and other patient safety alerts. There was a dedicated lead to review all alerts and any requiring action were reviewed at joint practice and clinical meeting held every two weeks.
- The practice had introduced a new system to report incidents and near misses. All staff were aware of the system, and incidents and near misses were discussed at joint clinical and practice meetings held every two weeks.
- We saw that steps had been taken to improve infection prevention and control procedures within the practice.

However, there was one area of practice where the provider should make and maintain improvements:

- The practice should continue to focus on improving the timeliness of patient referrals in order to meet their own 48 hour processing target.

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

Summary of findings

What people who use the service say

We did not speak to any patients during this focused inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue to focus on improving the timeliness of patient referrals in order to meet their own 48 hour processing target.

The Highfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC Inspector.

Background to The Highfield Medical Centre

The Highfield Medical Centre is located on Highfield Road, Bramley, Leeds, West Yorkshire, LS13 2BL. The practice operates from a two storey, purpose built building with car parking available for staff and patients.

The practice is situated within the Leeds Clinical Commissioning Group (CCG) and provides primary medical services under the terms of a Personal Medical Services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice is situated in one of the more deprived areas of Leeds.

The practice age profile shows that 21% of patients are under 18 years of age (compared to CCG average of 19% and national average of 21%). Only 12% of patients are over 65 years of age, this is lower than the CCG average of 14% and national average of 17%. Average life expectancy for the practice population is 79 years for males and 83 years for females.

At the time of our inspection, the practice was going through the process of making changes to their registration. Two of the existing partners were to become salaried GPs (one male and one female) and a new GP partner (male) and managing partner (male) were joining the practice. In addition there was a salaried GP (female), a part time practice nurse (female), a part time nurse practitioner (female) and two part time health care assistants (one male and one female). The clinical team is supported by a patient services manager and a team of administrative and reception staff.

The practice serves a population of 4,775 patients who can access a number of clinics for example; asthma, diabetes and childhood immunisations.

The practice is open between the hours of 7.45am and 8.15pm on Monday and 8.30am until 6.30 pm Tuesday to Friday.

Appointments are available between the following hours:

Monday: 7.45am until 12.40pm and 3pm until 8pm

Tuesday: 8am until 12.40pm and 4pm until 5.50pm

Wednesday: 8am until 11.45pm and 4pm until 5.50pm

Thursday: 9.15am until 12.40pm and 4pm until 5.50pm

Friday: 9.15am until 12.40pm and 4pm until 5.50pm

The practice works with other local practices to provide an extended hours service from 8am until 4pm on Saturday and 8am until 12pm on Sunday.

When the practice is closed out of hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Detailed findings

The rating related to our most recent inspection is clearly displayed in the practice waiting room and on the website, in accordance with our regulatory requirements.

Why we carried out this inspection

We undertook an announced focused follow-up inspection of The Highfield Medical Centre on 18 December 2017. This inspection was carried out to check whether the provider

had taken action to address breaches in relation to a legal requirement which had been identified during our inspection carried out on 31 August 2017. The breaches had resulted in the provider and registered manager being issued with warning notices in respect of safe care and treatment.

We inspected the practice against one of the five questions we ask about services: is the service safe. This was because the service was not meeting some legal requirements at the time of the previous inspection.

Are services safe?

Our findings

During the previous inspection of The Highfield Medical Centre in August 2017 we found that the practice could not demonstrate that all services were being delivered and managed in a safe manner. We identified concerns in relation to management of Medicines and Health Regulatory Alerts (MHRA) and other patient safety alerts, significant event reporting, infection prevention and control procedures and patient referrals to other services.

During this focused inspection, carried out on 18 December 2017, we found that improvements had been made to address these matters.

Safety systems and processes

The practice had signed up to receive MHRA and other patient safety alerts electronically. These were reviewed and actioned by a GP partner at the practice and discussed at regular clinical meetings which were held every two weeks and included all practice staff. We reviewed a recent MHRA alert and saw that this had been dated upon receipt and signed to confirm a review had taken place. In this instance there was no action required by the practice.

The practice had introduced a new system for reporting incidents and near misses. We reviewed minutes of meetings where significant events had been discussed. The practice demonstrated that it now carried out a thorough analysis of significant events.

We saw the practice had taken steps to improve infection prevention and control processes. They had employed a

contract cleaner to deep clean the practice and had increased the regular cleaner's hours to ensure cleaning took place on a daily basis. The practice appeared clean and hygienic on the day of the inspection.

We saw that an infection control audit had been carried out and legionella water temperature checks were carried out on a weekly and monthly basis. Legionella is a term for a bacterium which can contaminate water systems in buildings.

In addition, the practice was in the process of arranging a full building refurbishment which was to commence in 2018.

Information to deliver safe care and treatment

The practice had taken steps to improve the timescales for processing patient referrals to other providers. They had increased the secretary's hours and recruited a new secretary to support this work.

Managers at the practice were supporting the secretarial team to get up to date with the referral process and were working towards a target of 48 hours to process future referrals.

On the day of the inspection, we saw there were some patient referrals still to be made dating back to 7 December 2017. This was an improvement on the situation we found in August 2017. We spoke with the secretary who told us she felt supported to get up to date with outstanding referrals and confident that any outstanding referrals would be processed and up to date by the end of December 2017.