

Grovehill Medical Centre

Inspection report

Kilbride Court
Hemel Hempstead
HP2 6AD
Tel: 01442212038
www.grovehillmedicalcentre.nhs.uk

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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 location		Good	
Are services safe?	Requires Improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Overall summary

We carried out an announced comprehensive inspection at Grovehill Medical Centre on 15 December 2022. Overall, the practice is rated as good.

The key questions are rated as:

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

When this service registered with us, it inherited the regulatory history and ratings of its predecessor. This is the first inspection of Grovehill Medical Centre under the registered provider Dr Parminder Singh who became the provider from November 2020.

We had inspected the practice under the previous provider's registration on 31 August 2016 and the practice was rated as good overall. However, the practice was rated as requires improvement for being well-led. A follow up focused inspection on 17 May 2017, rated the practice as good for well-led.

The full reports for previous inspections can be found by selecting the 'all reports' link for Grovehill Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this comprehensive inspection in line with our inspection priorities.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Good overall.

We have rated the practice as Requires Improvement for providing safe services because:

The practice's systems, practices and processes to keep people safe and safeguarded from harm were not always effective. For example:

- The practice's systems to monitor and record all staff mandatory training were not effective.
- Not all staff were up-to-date with the practice's mandatory training requirements, such as in safeguarding and infection prevention and control.
- The practice's system for reviewing and recording staff recruitment checks required improvement.
- Leaders had identified that improvements were needed to the practice's system for the reviewing and recording of Disclosure and Barring Service (DBS) checks for staff, where required.
- Developments were needed to the practice's system for the monitoring and recording of staff vaccination compliance and for risk assessing non-clinical staff to identify vaccination relevant to their role, as per UK Health Security Agency (HSA) guidance.

We also found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

We found one breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report)

In addition, the provider **should**:

- Continue to take actions to improve cervical screening uptake.
- Continue to make arrangements to keep all staff up-to-date with the practice's appraisal requirements and develop systems in place to monitor and record staff appraisals.
- Develop staff access to the Freedom to Speak Up Guardian for the practice.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection was led by a CQC inspector and the team included a CQC inspection manager and a GP specialist advisor. The inspector spoke with staff using video conferencing facilities and the inspector and inspection manager undertook a site visit. The GP specialist advisor spoke with staff using video conferencing facilities and completed clinical searches and reviews of patient records without visiting the location.

Background to Grovehill Medical Centre

Grovehill Medical Centre is located in a purpose built health centre at Kilbride Court, Hemel Hempstead HP2 6AD.

The provider is registered with CQC to deliver the Regulated Activities: diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury. These are delivered from the above location.

The practice is situated within the Hertfordshire and West Essex Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 4,900. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices within the Alliance Primary Care Network (PCN). The practice provides training to doctors studying to become GPs.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth lowest decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 6% Asian, 86.4% White, 4.9% Black, 2.3% Mixed, and 0.5% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are slightly fewer older people and slightly more young people.

The practice has a team of 3 GPs, 1 trainee GP, 1 practice nurse and 1 healthcare assistant who provide clinical services at the practice.

Non-clinical staff include a team of administration, reception and secretarial staff. A receptionist also carries out Social Prescriber duties. The practice manager and reception and admin lead provide managerial oversight.

Patients of Grovehill Medical Centre are also supported by 2 clinical pharmacists and a physiotherapist who are employed by and support the whole PCN.

The practice increases capacity when required through the use of locum GP and nursing cover through PCN contacts. The practice has access to long term locum GP cover for consistency.

The practice is open between 8.30am to 6.30pm Monday to Friday, excluding bank holidays. Appointments are available from 9am to 12.30pm and 3pm to 6pm. The practice offer patients extended hours on Wednesdays from 6.45am to 8am and 6.30pm to 8pm and every fourth Saturday from 9am to 12.30pm and 1pm to 5pm. The practice offers a range of appointment types including face-to-face and telephone consultations. Home visits are available for patients who are unable to go to the practice.

Patients are able to access additional GP Appointments through the Dacorum Extended Access service. When the practice is closed, patients can access support, treatment and advice from the NHS 111 service

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• The practice's systems to monitor and record all staff mandatory training were not effective, such as in safeguarding and infection prevention and control.• The practice's system for reviewing and recording staff recruitment checks required improvement.• Leaders had identified that improvements were needed to the practice's system for the reviewing and recording of Disclosure and Barring Service (DBS) checks for staff, where required. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• Developments were needed to the practice's system for the monitoring and recording of staff vaccination compliance and for risk assessing non-clinical staff to identify vaccination relevant to their role, as per UK Health Security Agency (HSA) guidance.• Improvements were needed to the practice's system for the monitoring and uptake of childhood immunisations. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>