

# Cromwell Medical Centre

## Quality Report

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Website: [www.cromwellandwormleymedicalcentres.nhs.uk](http://www.cromwellandwormleymedicalcentres.nhs.uk) Date of publication: 09/12/2016

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 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Cromwell Medical Centre on 20 October 2016. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 21 April 2016. During our inspection in April 2016 we identified regulatory breaches in the safe care and treatment, staffing and governance at the practice.

This report only covers our findings in relation to the areas requiring improvement as identified on inspection in April 2016. You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Cromwell Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The areas identified as requiring improvement during our inspection in April 2016 were as follows:

- Maintain accurate records of investigations of safety incidents and complaints.
- Ensure an appropriate system is in place for the safe use and management of medicines including a system for tracking blank prescription forms and pads, having valid and approved Patient Group Directions (PGDs) and Patient Specific Direction (PSDs).

- Carry out a risk assessment to ensure the appropriateness of emergency medicines stocked.
- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented.
- Ensure that all applicable staff receive a criminal records check and that the required information is available in respect of the relevant persons employed.
- Ensure that all staff employed are supported, receive the appropriate supervision and complete the essential training relevant to their roles and accurate records are kept in respect of the relevant persons employed.
- Make available a business continuity plan.
- Ensure a record of meetings held within the practice is kept.
- Review and date practice specific policies so these are reflective of current legislation and guidance.
- Maintain an oversight of the governance system in place to monitor the quality of the service.

Our key findings on this focused inspection across the areas we inspected were as follows:

- The practice had an effective system in place for reporting and recording significant events, including handling complaints and concerns.

# Summary of findings

- The practice had appropriate systems in place for the safe use and management of medicines, including emergency medicines and prescriptions. The practice had up-to-date Patient Group Directions (PGD's) and Patient Specific Directions (PSD's) in place.
- Systems and processes were in place to assess the risk of and to detect, prevent and control the spread of infection. For example, the practice had completed an infection control audit and had taken action to address improvements identified as a result.
- The practice had risk assessed the roles of all non-clinical staff and appropriate checks had been undertaken through the Disclosure and Barring Service (DBS) check where applicable.
- A process was in place to ensure regular staff appraisals and all staff had completed essential training relevant to their roles.
- Practice policies were specific and up-to-date and reflected current legislation and guidance.
- Steps had been taken to review and make improvements to the disabled patient toilet facilities. For example, an emergency call bell had been installed.
- The practice had a business continuity plan in place.
- Records were maintained of practice meetings and the practice had an overarching governance system in place to monitor the quality of services provided.

**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 our comprehensive inspection on 21 April 2016, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

During our focused inspection on 20 October 2016, we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- There were sufficient systems and processes in place to monitor and address risks to patients and staff.
- Suitable arrangements were in place for the practice to respond to emergencies and major incidents.
- Systems were in place to ensure that staff employed at the practice received the appropriate recruitment checks.
- Systems and processes were in place to assess the risk of and to detect, prevent and control the spread of infection.
- The practice had appropriate systems in place for the effective management of emergency medicines and prescriptions.

Good



### Are services well-led?

At our comprehensive inspection on 21 April 2016, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

During our focused inspection on 20 October 2016, we found the practice had taken action to improve and the practice is rated as good for providing well-led services.

- Practice policies were in place and included named leads and up-to-date contact details. The policies reflected current legislation and guidance and a system was in place for the policies to be reviewed on a regular basis.
- The practice had an effective system in place for handling complaints and concerns.
- Staff members had received, were in the process of receiving, an appropriate appraisal and all staff members had completed essential training relevant to their roles.
- The practice had a business continuity plan in place.

Good



# Summary of findings

- Records were maintained of practice meetings and we saw evidence to confirm the practice had an overarching governance system in place to monitor the quality of services provided.

# 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

At our comprehensive inspection on 21 April 2016 we found that the practice offered proactive, personalised care to meet the needs of the older people in its population.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 20 October 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of older people as they received care that was safe and well-led.

Good



### People with long term conditions

At our comprehensive inspection on 21 April 2016 we found that the practice offered effective care to patients with long term conditions.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 20 October 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people with long-term conditions as they received care that was safe and well-led.

Good



### Families, children and young people

At our comprehensive inspection on 21 April 2016 we found that the practice provided a good service to families, children and young people including those children living in disadvantaged circumstances and who were at risk

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 20 October 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of families, children and young people as they received care that was safe and well-led.

Good



### Working age people (including those recently retired and students)

At our comprehensive inspection on 21 April 2016 we found that the practice offered a good service to patients of a working age and

Good



# Summary of findings

ensured the needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 20 October 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of working age people as they received care that was safe and well-led.

## **People whose circumstances may make them vulnerable**

At our comprehensive inspection on 21 April 2016 we found that the practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice informed vulnerable patients about how to access support groups and voluntary organisations and staff knew how to recognise signs of abuse in vulnerable adults and children.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 20 October 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people whose circumstances may make them vulnerable as they received care that was safe and well-led.

Good



## **People experiencing poor mental health (including people with dementia)**

At our comprehensive inspection on 21 April 2016 we found that the practice had systems in place to ensure good care for those patients experiencing poor mental health including those patients with dementia.

However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe services and was well-led. During our focused inspection on 20 October 2016 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people experiencing poor mental health as they received care that was safe and well-led.

Good



# Summary of findings



# Cromwell Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

## Background to Cromwell Medical Centre

Cromwell Medical Centre provides primary medical care for approximately 7,650 patients living in Cheshunt and surrounding areas in Hertfordshire.

The practice provides services, including minor surgery, under a General Medical Services (GMS) contract agreed nationally. The practice population is predominantly White British and the area served is less deprived compared to England as a whole.

The practice has four GPs (one male and three females) consisting of one principal GP two salaried GPs and a locum GP. There are two practice nurses including a nurse practitioner and a healthcare assistant. There is a practice manager who is supported by a team of administrative and reception staff.

The practice is open Monday to Friday from 8am to 6.30pm. The practice is closed between 12.30pm and 1.30pm each day and patients can contact a GP through a dedicated telephone line during this time if needed. The practice offers extended opening on a Saturday between 9am and

12.30pm. The practice offers a variety of access routes including telephone appointments, on the day appointments, online appointments and advance pre bookable appointments.

When the practice is closed services are provided by Herts Urgent Care via the 111 service.

## Why we carried out this inspection

We undertook an announced focused inspection of Cromwell Medical Centre on 20 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 21 April 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting some legal requirements.

## How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This information told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 21 April 2016. We carried out an announced focused inspection on 20 October 2016.

During our inspection we spoke with the practice manager, the deputy practice manager, reception staff and the senior practice nurse.

# Are services safe?

## Our findings

Following our inspection carried out 21 April 2016, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 20 October 2016 to check action had been taken to improve the areas identified as requiring improvement.

### Safe track record and learning

During our inspection on 20 October 2016, we found that there was an effective system in place for reporting and recording significant events.

The practice had an effective system in place for reporting and recording significant events and there was an incident recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We were told that the incident would be discussed with the GP partners as soon as possible and acted on and also discussed at a practice meeting, which took place on a monthly basis. We saw evidence to confirm this. Information and learning would be circulated to staff and the practice carried out an analysis of the significant events.

### Overview of safety systems and processes

During our inspection on 20 October 2016, we found the practice had an appropriate system in place for the safe use and management of medicines. The practice had valid and approved Patient Group Directions (PGDs) and Patient Specific Direction (PSDs) in place. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date. The practice had completed a risk assessment to ensure the appropriateness of emergency medicines stocked. The practice had an effective system in place to maintain the security of prescription stationery and to monitor their use.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The senior practice nurse was the infection control clinical lead. There was an infection

control protocol in place and staff had received up to date training. The practice had completed an infection control audit in September 2016 and we saw evidence that action had been taken to address any improvements identified as a result.

The practice had replaced the vinyl flooring in the treatment room and patient toilet. The practice had replaced the damaged examination couches and had removed a partition to create an extended treatment room. All patient consultation rooms had a hand washing sink available. The patients toilets had been refurbished and new fixtures had been installed including a baby changing unit, an emergency call bell and a grab rail.

The practice had risk assessed the roles of all non-clinical staff and completed a Disclosure and Barring Service check (DBS) for all staff, where applicable. (a DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had updated their induction process and recruitment procedures and recruitment policy which met national guidelines in relation to the required pre-employment checks being completed for newly appointed staff.

All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### Monitoring risks to patients

During our inspection on 20 October 2016, we found the practice had assessed, monitored and

mitigated the risks relating to the health, safety and welfare of service users and others. The practice had a fire risk assessment in place. A health and safety assessment had been completed and the practice had risk assessed the control of substances hazardous to health (COSHH).

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and we were told an additional copy was kept off the premises.

# Are services well-led?

Good 

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

## Our findings

Following our inspection carried out 21 April 2016, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 20 October 2016 to check action had been taken to improve the areas identified as requiring improvement.

### Governance arrangements

During our inspection on 20 October 2016 we checked the practice policies and found them to reflect current legislation and guidance. Practice policies were in place and included named leads and up-to-date contact details where applicable. A system was in place for the practice policies to be reviewed on a regular basis.

The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We looked at seven complaints received since May 2016 and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice

shared their complaints data with NHS England. Apologies were offered to patients, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

We checked staff files and saw evidence to confirm that staff members had received an appraisal within the last 12 months. Eight members of the non-clinical team had an appraisal scheduled to take place between October and November 2016. The practice had invested in an elearning system and all staff had access to a range of training courses including safeguarding children and adults, basic life support, fire safety, equality and diversity, privacy and dignity, information governance, chaperoning and health and safety. The practice maintained a training log and we saw evidence to confirm that all staff had completed essential training relevant to their roles.

The practice held a number of meetings on a regular basis for all staff groups and we saw evidence to confirm this. We saw evidence to confirm the practice had a governance system in place to monitor the quality of the services provided. The practice kept records of meetings that had taken place at the practice and a system was in place to ensure all relevant staff received the meeting minutes and learning points from these meetings.