

Stuart Crescent Health 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.

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 comprehensive inspection at Stuart Crescent Health Centre on 5 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Stuart Crescent Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 17 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 September 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Fridge temperatures were being accurately recorded and there was a designated member of staff to check temperatures in the absence of the nurse.

- Patient Group Directions (PGDs) were signed and up to date so nurses could administer medicines in line with legislation.
- All emergency equipment was in date and there was a log to check expiry dates.
- Patient records were appropriately completed in respect of childhood immunisations.
- A system was in place to effectively monitor latest guidelines (NICE, MHRA) and new guidelines were discussed in practice meetings.
- A log of prescription pads was held and pads were kept secure.
- Carers had been identified and coded onto the practice system. Twenty five patients had been identified as carers (less than 1% of practice list) The practice was looking at ways to further provide support to them.
- The practice had looked into ways to improve cervical screening results, including text message reminders. The practice had achieved 78% for the cervical screening programme in 2016 compared to 71% in the previous year.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to review how it identifies patients with caring responsibilities to ensure information, advice and support is available to all.

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?

The practice is rated as good for providing a safe service.

- Fridge temperatures were being accurately recorded and there was a designated member of staff to check temperatures in the absence of the nurse.
- Patient Group Directions (PGDs) were signed and up to date.
- All emergency equipment was in date and there was a log to check expiry dates.
- A system was in place to effectively monitor latest guidelines (NICE, MHRA) and new guidelines were discussed in practice meetings.
- A log of prescription pads was held and pads were kept secure.

Good



Are services well-led?

The practice is rated as good for providing a well led service.

- Patient records were appropriately completed in respect of childhood immunisations.
- There were effective governance arrangements in respect of cold chain management and the recording of fridge temperatures.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review how it identifies patients with caring responsibilities to ensure information, advice and support is available to all.

Stuart Crescent Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Stuart Crescent Health Centre

Stuart Crescent Health Centre is located in Haringey, North London. The practice has a patient list of approximately 3876. Twenty six percent of patients are aged under 18 (compared to the national practice average of 15%) and 20% are 65 or older (compared to the national practice average of 17%). Fifty nine percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises a male GP partner (working 9 sessions a week), a regular female locum GP working four sessions per week (we were informed following the inspection that the locum had recently relinquished a partnership position at the practice following retirement, but continued to work as a locum). The practice was in the process of changing registration status, a female practice nurse (working three days a week), a business manager, practice manager, secretarial and reception staff. Stuart Crescent Health Centre holds a Personal Medical Service (PMS) contract with NHS England.

The practice's opening hours are:

- Monday, Tuesday Wednesday and Friday 8am-7pm

- Thursday 8am – 1pm

Appointments are available at the following times:

- Each morning between 8:30am and 12:30pm
- Each afternoon between 5pm and 6.30pm

The practice offers extended hours opening at the following times:

- Monday, Tuesday, Wednesday and Friday 6:30pm – 7pm

The telephone lines are diverted to the out of hour's provider when the practice is closed.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures, surgical procedures and maternity and midwifery services.

Why we carried out this inspection

We undertook a comprehensive inspection of Stuart Crescent Health Centre on 5 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 5 September 2016 can be found by selecting the 'all reports' link for Stuart Crescent Health Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Stuart Crescent Health Centre on 17 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Stuart Crescent Health Centre on 17 May 2017.

During our visit we:

- Spoke with a range of staff including the lead GP, practice manager and practice nurse
- Reviewed systems and processes in use at the health centre.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

Are services safe?

Our findings

At our previous inspection on 5 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cold chain management and nursing arrangements were not adequate.

We found that fridges were not being reset after the temperature was checked and temperatures were not being recorded when the nurse was absent. The Nurse's patient group directions (PGDs) and immunisation schedules were out of date and not appropriately signed. Not all of the emergency equipment was in date and there was no log of emergency medicines to check expiry dates. There was missing information from patient records in respect to the administering of childhood immunisations.

We also found that there was no system to effectively monitor latest guidance provided by NICE and MHRA.

These arrangements had significantly improved when we undertook a follow up inspection on 17 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

We found there was an effective system for reviewing safety records, incident reports and patient safety alerts. Incoming alerts were logged and we were provided with evidence to show alerts were discussed in clinical and practice meetings.

Overview of safety systems and process

Nursing systems, processes and procedures had improved.

- Childhood immunisation schedules were up to date (August 2016).
- All Patient Group Directions were up to date and appropriately signed meaning nursing staff had the authority to administer medicines in line with legislation.
- A new system was in place to ensure that fridge temperatures were appropriately checked and included designated staff members to check fridge temperatures in the absence of the nurse. We were provided with evidence of completed temperature check sheets.
- We viewed evidence of patient records which had been completed appropriately in regard to childhood immunisations and the nurse outlined the process she followed to complete records.

Arrangements to deal with emergencies and major incidents

We viewed the emergency medicines held by the practice and found all to be present and in date. We were provided with evidence of the current emergency medicines log which outlined the expiry date.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 5 September 2016, we rated the practice as requires improvement for providing well-led services as there was areas of governance that could be improved.

We found that the arrangements for governance and performance management did not always operate effectively. There were gaps in patient records in relation to childhood immunisations where information had only been recorded in the child's red book. We also found that there were communication issues in relation to the management of the cold chain.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 May 2017. The practice is now rated as good for being well-led.

Governance arrangements

- A policy was in place to ensure that records were completed fully on the practice computer system, including information recorded in the child's red book.
- New procedures had been put in place to ensure that the cold chain was upheld. The cold chain management was discussed in practice meetings to ensure that all members of staff were aware of their current obligations in regard to this. For example if they were the designated person to record the temperatures in the absence of the nurse. We were shown minutes of meetings when this was discussed.