

# The Avenue 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.

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5

### Detailed findings from this inspection

Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	7

## Overall summary

### Letter from the Chief Inspector of General Practice

In December 2015 during a comprehensive inspection of The Avenue Medical Centre in Slough, Berkshire, we found concerns related to systems and processes which managed the safe and effective delivery of services. Following the inspection the provider sent us an action plan detailing how they would improve the areas of concern. The previous inspection in December 2015 had found three breaches of the regulations relating to the safe delivery of services, the need for consent and good governance.

We carried out a follow up inspection of The Avenue Medical Centre on 6 July 2016 to ensure these changes had been implemented and that the service was meeting the requirements of the regulations.

The ratings for the practice have been updated to reflect our findings following the improvements made since our last inspection in December 2015; the practice was now meeting the regulations that had previously been breached.

Specifically the practice was:

- Operating safe systems in relation to cleanliness and infection control. Risks to patients were assessed and

well managed, this included completing actions following infection control and prescription security concerns we identified at the December 2015 inspection.

- The practice had revised arrangements to deal with emergencies and there was a systematic approach implemented to share national patient safety and medicines alerts with the full practice team.
- Appropriate arrangements were in place for recording written and verbal patient consent in line with legislation and guidance.
- Concerns identified at the December 2015 inspection regarding the management and monitoring of outcomes for patients with long term conditions and patients' experiencing poor mental health had been addressed. The outcomes for these groups of patients had improved significantly.

The Avenue Medical Centre had taken full heed of the findings of the inspection undertaken in December 2015 and is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

**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 now rated as good for providing safe services.

Our last inspection in December 2015 identified concerns relating to infection control and the management of medicines including prescription security. We also identified concerns relating to arrangements to deal with emergencies and major incidents and how national patient safety and medicines alerts were shared.

During the inspection in July 2016, we saw the concerns had been addressed:

- The Avenue Medical Centre had comprehensively reviewed protocols and risks associated with cleanliness and infection control within the practice. Examples of actions included a new lead for infection prevention control, new cleaning arrangements and implementation of systems ensuring standards would be regularly monitored and reviewed.
- Risks to patients were assessed and well managed, this included a designated lead on prescription security, revised arrangements to deal with emergencies and a systematic approach implemented to share national patient safety and medicines alerts with the full practice team.

Good



### Are services effective?

The practice is now rated as good for providing effective services.

Our last inspection in December 2015 identified concerns relating to the management of patients' experiencing mental health conditions and patients on high risk medicines. We also identified an inconsistent approach in how practice staff sought patients' written consent to care and treatment in line with legislation and guidance.

During the inspection in July 2016, we saw the concerns had been addressed:

- Data collected for 2015/16 Quality and Outcome Framework indicated the practice had addressed the performance of the management of patients' experiencing mental health conditions. For example, performance for mental health related indicators for 2015/16 was 100%; this was an improvement of 23%.

Good



# Summary of findings

- We saw the practice had implemented a new procedure to ensure patients with long term conditions were now on a recall programme ensuring regular blood tests. Evidence we reviewed indicated the recall programme was successful and patients were having regular blood tests.
- The Avenue Medical Centre had reviewed legal requirements and implemented protocols and procedures to ensure the practice had appropriate arrangements in place for recording written consent in line with legislation and guidance.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# The Avenue Medical Centre

## Detailed findings

### Why we carried out this inspection

We inspected this service as a focused inspection to follow up on concerns identified at the comprehensive inspection undertaken in December 2015. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

The focused inspection of this service was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection is planned to check whether the provider has made the necessary improvements and is meeting the legal requirements in relation to the regulations associated with the Health and Social Care Act 2008.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the regulations associated with the Health and Social Care Act 2008 included within this report.

This report should be read in conjunction with the full inspection report.

### How we carried out this inspection

Before visiting on 6 July 2016, the practice confirmed they had taken the actions detailed in their action plan.

We met with two GPs, the nurse manager, practice manager and deputy practice manager. We reviewed information given to us by the practice, including records of staff training, audits, policies and procedures. We also reviewed documents relevant to the management of the service. During our visit we saw anonymised patient records to ensure patients were receiving safe and effective care and treatment.

All were relevant to demonstrate the practice had addressed the breach of regulation identified at the inspection of December 2015.

# Are services safe?

## Our findings

When we inspected The Avenue Medical Centre in December 2015 we identified concerns relating to infection control and the management of medicines including prescription security. We also identified concerns relating to arrangements to deal with emergencies and major incidents and how national patient safety and medicines alerts were shared. At the inspection undertaken on 6 July 2016 we found the practice had made significant improvements to address the concerns previously identified.

### Cleanliness and infection control

At the December 2015 inspection, we saw appropriate standards of cleanliness and hygiene were not always followed. There was an infection control protocol in place and staff had received up to date training. However, annual infection control audits were not undertaken and we observed that not all areas of the practice were clean and tidy. For example, we found doors to access some clinical areas were not clean.

We also found disposable curtains used in some treatment rooms had not been changed for up to 26 months and several other curtains had no dates indicating when they were last changed.

The national patient safety agency guidance and the national specifications for cleanliness in the NHS advises if disposable curtains are used, the date should be clearly entered and they should be replaced six monthly.

We also saw the cleaning schedule and monitoring of cleaning within the practice was not effective and had not identified the concerns we found on the day of inspection.

Following the December 2015 inspection, the practice had assigned infection prevention control duties to the Nurse Manager who had received additional training to support this role.

During the July 2016 inspection, we spoke with the nurse manager who was enthusiastic about her additional role and liaised with the local infection prevention teams to keep up to date with best practice. We saw infection control audits were now undertaken every six months, an infection control protocol was in place and staff had received up to date training. We reviewed the infection control audits from February 2016 and June 2016 and saw

subsequent action was taken to address any improvements identified as a result. Minutes of practice meetings showed that the findings of the audits were discussed. The practice had a plan to re-audit in six months.

Furthermore, in July 2016 we were informed of a change in cleaning arrangements and saw the practice maintained appropriate standards of cleanliness and hygiene and observed the premises to be clean and tidy. The new cleaning arrangements included implementation of a cleaning schedule, monitoring of cleaning and improved communications between the practice and the cleaning team.

During the July 2016 inspection, we saw all the disposable curtains throughout the practice had been regularly changed, corrected labelled which indicating when they were last changed and there was a schedule in place to change and replace the curtains on a six monthly cycle.

These actions had ensured that the practice now had appropriate arrangements in place for the management of cleanliness and infection control and was now ensuring that regulations relating to this aspect of the safe delivery of services were being met.

### Medicines management

When we visited in December 2015 we looked at the system the practice used for managing medicines. We saw all prescriptions were reviewed and signed by a GP before they were given to patients. However, blank prescription forms for use in printers were not handled in accordance with national guidance as these were not tracked through the practice and not kept securely at all times. On the day of inspection we found blank prescriptions were stored in an unlocked room.

During the July 2016 inspection, we saw the practice had reviewed the national policy on safe medicines management and revised a practice specific prescription security policy and subsequent procedures. This included appointing a named manager responsible for maintaining and monitoring the policy and ensuring appropriate distribution and secure storage of prescriptions.

## Are services safe?

The appointed manager had responsibility to order and log the receipt and serial numbers of all prescriptions. We saw these were kept securely and 'signed out' to the requesting clinicians recording the first and last serial numbers of the batch dispensed.

We saw the practice had installed additional control measures to ensure prescription security remained a top priority.

These actions had ensured that the practice had appropriate arrangements in place for obtaining, recording, handling, using, storing and dispensing medicines. These actions were now ensuring that requirements relating to the management of medicines were now being met.

### **Arrangements to deal with emergencies and major incidents**

At the December 2015 inspection, we saw the practice had some arrangements in place to respond to emergencies and major incidents. However, the first aid kit available at the reception had expired contents and there was no record of regular checks. We also saw that emergency medicines and equipment was not available on the first floor. The practice was relying on a very slow lift to bring the emergency trolley from the ground floor which was potentially putting patients at risk when in an emergency situation.

During the July 2016 inspection, we found the contents of the first aid kit was all in date and there was now a system in place to monitor its usage to prevent contents of the kit expiring.

We also saw, the practice had amended the emergency medicines and emergency equipment procedure. Emergency medicines and equipment were now stored in easily accessible emergency 'grab bags' within a secure area of the practice. All staff we spoke with knew of the bags location and revised emergency procedures.

These actions had ensured that the practice had appropriate arrangements in place to deal with emergencies and major incidents. These actions were now ensuring that regulations relating to the safe delivery of services were being met.

### **Learning and improvement from safety incidents**

At the December 2015 inspection, we saw national patient safety and medicines alerts were not systematically shared with the practice team. Staff would therefore be unaware of any changes that was relevant to the practice and where they needed to take action.

During the July 2016 inspection, we saw national patient safety alerts were now disseminated to practice staff with a system in place to ensure staff had read each alert. Staff we spoke with gave examples of recent alerts relevant to the care they were responsible for. One member of staff told us about a recent safety alert from June 2016 regarding a concern about a specific blood glucose monitoring system. The practice manager also told us alerts were discussed at clinical meetings to ensure all staff had been made aware of any alerts that were relevant to the practice and where they needed to take action.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected the service in December 2015 we observed an inconsistent approach in how practice staff sought patients' consent to care and treatment in line with legislation and guidance. For example, patients' verbal consent to care and treatment for minor operations was not always recorded electronic records and written consent forms were not always completed for more complex procedures.

Furthermore, we saw the practice was not regularly carrying out blood tests for patients on high risk medicines and therefore was not effectively monitoring the side effects of medicines.

### Consent to care and treatment

During the December 2015 inspection, we saw there was inconsistent approach in how practice staff sought patients' consent to care and treatment in line with legislation and guidance. Although staff understood the relevant consent and decision-making requirements of legislation and guidance, we saw written consent forms were not always completed for more complex procedures.

At the July 2016 inspection, we saw there was a practice policy for recording both written and verbal consent for specific interventions. Both the GPs and the nurse we spoke with detailed their understanding of the requirement for documented consent. For example, for all minor surgical procedures, a patient's verbal and written consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. We saw two anonymised patient records which recorded recent written consent, one example of consent prior to a joint injection and one example of consent prior to the insertion of a contraceptive implant.

These actions had ensured that the practice had appropriate arrangements in place for recording consent in line with legislation and guidance. These actions were now ensuring that requirements relating to the need for consent were now being met.

### Management, monitoring and improving outcomes for people

At the December 2015 inspection, we saw The Avenue Medical Centre used the information collected for the

Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Whilst reviewing information and QOF data we saw the practice was an outlier for clinical targets in the management of patients' experiencing mental health conditions. For example, QOF data from 2014/15 QOF showed:

- Performance for mental health related indicators was lower than the CCG and national average. The practice had achieved 77% of the total number of points available, compared to 97% locally and 93% nationally.

The practice was aware of their low QOF score in mental health related indicators. The practice informed us they had patient population with high prevalence rates of long term conditions including mental health. The practice was located in highly deprived area of Slough and prevalence rate for mental health conditions was higher (1.37%) than the CCG (0.91%) and national (0.88%) averages.

We saw detailed assurance that this level of performance was being addressed. The practice understood the challenge and recognised that they were required to improve the outcomes for mental health patients. The practice was in the process of reviewing and implementing changes.

During the July 2016 inspection, we saw the practice had addressed the management of patients' experiencing mental health conditions and QOF data from 2015/16 showed:

- Performance for mental health related indicators for 2015/16 was 100%. This was an improvement of 23%.

The GPs we spoke with detailed their systematic and proactive approach ensuring patients' experiencing mental health conditions were receiving appropriate care and treatment. Whilst reviewing the 2015/16 QOF data we found the practice had not exception reported any eligible patients from the mental health indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

## Are services effective? (for example, treatment is effective)

At the December 2015 inspection, we found that the practice had not always carried out regular blood tests of all patients with long term conditions. For example, on the day of the December 2015 inspection, the GP specialist advisor identified three patients who were overdue blood test and they required regular blood test to monitor the side effects of medicines used to prevent inflammation and pain in the joints, muscles and tissues.

During the July 2016 inspection, we were informed of and saw the practice had implemented a new procedure to ensure patients with long term conditions were now on a recall programme ensuring regular blood tests.

This procedure included a telephone recall and if the telephone recall was unsuccessful a letter was sent inviting the patient to the practice for a blood test and informing the patient of the importance of regular blood tests.

Furthermore, if both the telephone recall and the letter recall were unsuccessful, a major alert message was added to the medicine section of the patient's medical record preventing their medicine being issued until they have spoken to their GP and had a blood test.

We reviewed a random sample of 12 anonymised patient records that had been prescribed medicine for their long term conditions and all 12 patients have had a recent blood test recorded.

These actions had ensured that the practice had appropriate arrangements in place for effective management of patients care and treatment. These actions were now ensuring that requirements relating to safe care and treatment were now being met.