

# Heath Road Medical Centre

## Inspection report

78 Heath Road  
Runcorn  
WA7 5TJ  
Tel:

Date of inspection visit: 15/11/2022  
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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?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Heath Road Medical Centre (operated by GP Health Connect Ltd) on 15 November 2022 as part of our inspection programme. This location has not been inspected since it was registered with Care Quality Commission on 26 April 2017.

The provider GP Health Connect Ltd offers extended access, community dermatology, asylum seeker home visiting, paramedic and pharmacy team services under a contract with NHS England. Patients are referred to the service by their usual GP or NHS 111. Paramedic and pharmacy services are provided provided from Grove House Practice, Tower House Practice, Brookvale Practice, Weavervale Practice, Murdishaw Health Centre and Castlefields Health Centre.

Dr David Wilson is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection there were no patients attending or receiving regulated services and we were unable to ask them about the service. However, we reviewed comments from patients that the service had received as part of its continuous satisfaction survey conducted.

## Our key findings were:

- Patients received care that was delivered safely and effectively.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- There were enough staff who were suitably qualified.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Patients were offered appointments and treatment in a timely manner.
- Information about services and how to complain was available and easy to understand.
- There was an effective governance framework in place in order to gain feedback and to assess, monitor and improve the quality of the services provided.
- The provider was aware of the requirements of the Duty of Candour.

The areas where the provider **should** make improvements are:

# Overall summary

- Improve the uptake of mandatory training within the staff team.

**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

The inspection was led by a CQC lead inspector who had access to advice from a specialist advisor.

## Background to Heath Road Medical Centre

Heath Road Medical Centre is located in Runcorn at:

78 Heath Road

Runcorn

Cheshire

WA7 5TJ

Paramedic and pharmacy services are provided at:

St Pauls Health Centre (Grove House Practice and Tower House Practice)

High Street

Runcorn

Cheshire

WA7 1AB

Hallwood Health Centre (Brookvale Practice and Weaver Vale Practice)

Hospital Way

Runcorn

Cheshire

WA7 2UT

Murdishaw Health Centre

Gorsewood Road

Runcorn

Cheshire

WA7 6ES

Castlefields Health Centre

Village Square

Runcorn

Cheshire

WA7 2ST

The registered provider is GP Connect Health Ltd. The service offers extended access, community dermatology, asylum seeker home visiting, paramedic and pharmacy team services under a contract with NHS England.

Heath Road Medical Centre service consists of 11 GPs who are supported by 2 paramedics, 3 pharmacists, 4 nurses, an advanced nurse practitioner, 2 healthcare assistants and a pharmacy technician. The clinical team are supported by an administrative team and a project manager. An operations and business manager provide managerial oversight.

Opening times:

- Monday to Friday 6.30pm to 8.30pm and Saturday 9am to 5pm (extended access)
- Friday 2pm-6pm (dermatology)
- Tuesday and Wednesday 9am to 1pm and Thursday 9am to 5pm (asylum seeker home visiting)
- Monday to Friday 8am to 5.30pm (pharmacy team service)
- Monday to Friday 8am to 6.30pm (paramedic team service)

The service is registered with CQC under the Health and Social Care Act 2008 to provide the following Regulated Activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

### **How we inspected this service**

Before visiting we reviewed information we hold about the service and asked the service to send us information. This included their latest statement of purpose, details of staff employed including their qualifications and proof of registration with their professional bodies. As part of the inspection we reviewed feedback gathered from patients, spoke to the registered manager, senior managers and clinical staff. We reviewed a range of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including clinical waste management, Legionella risk management, single use items and vaccination of healthcare staff.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments.

### Risks to patients

#### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

### Information to deliver safe care and treatment

#### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

# Are services safe?

## **The service had reliable systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The provider categorised significant events as learning events and incidents. We reviewed 3 events and 3 incidents. The provider investigated and took action following each event, provided a written apology where patients were affected and shared learning with the staff team.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as Good because:

People received effective care and treatment that met their needs.

The provider should take steps to improve the uptake of mandatory training for staff.

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service had a comprehensive audit programme in place.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service monitored infection prevention and control, patient confidentiality and clinical consultations as well as prescribing practices of clinicians.

## Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles, but they did not always undertake all the relevant training for their role.**

- Some staff had not undertaken all of the required training for their roles. For example, we saw that 11 out of 21 clinical staff had not completed training on the Mental Capacity Act 2005. Five out of 11 administrative staff had not completed training on preventing radicalisation. The provider told us that their current training completion was 75%. They had a plan in place to improve this in the weeks following the inspection.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

# Are services effective?

## Coordinating patient care and information sharing

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw examples of the service liaising with community services and secondary care following home visits for asylum seekers.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. We saw evidence of the service liaising with community mental health and well-being teams as well as the local authority and education settings when people were living in vulnerable circumstances.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## **We rated caring as Good because:**

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. We were told of some information leaflets that were available in easy read formats, to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, some communication aids and easy read materials were available.

### **Privacy and Dignity**

#### **The service respected respect patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Patients received responsive and timely access to treatment. The service took complaints and concerns seriously and had a robust process in place to investigate and act on complaints received.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a home visiting service was available to asylum seekers. The provider told us that they supported patients to access local services such as pharmacies by organising a home delivery service if patients did not drive.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. For example, we reviewed information that the provider investigated as a complaint via a patient feedback form about a cancelled appointment. We saw that the provider had acknowledged the complaint, investigated and taken appropriate actions. There was a response noted on the provider's complaint log and learning was shared within the team and the service who booked the appointment.

# Are services well-led?

## **We rated well-led as Good because:**

There was an effective governance framework in place that demonstrated quality assurance and improvement. The service demonstrated a culture which focused on the needs of patients and staff and a commitment to delivering the best possible care and outcomes.

## **Leadership capacity and capability;**

### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The provider and senior management team were knowledgeable about issues and priorities relating to the quality and future of services and understood any challenges.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values which were shared by all staff. Staff understood their role in achieving them.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- The service monitored progress against delivery of the strategy.

## **Culture**

### **The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued.
- The service focused on the needs of patients and their staff.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff who had been employed at the service for longer than 12 months had received an annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally. We found that 7 out of 32 staff had not completed equality and diversity training. The provider had a plan in place to make sure all staff completed this training.
- There were positive relationships between staff and teams.

# Are services well-led?

## Governance arrangements

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place major incidents.

## Appropriate and accurate information

### **The service acted on accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the service requested feedback from patients via text message following appointments and had paper feedback forms available in the waiting area. Staff were invited to give feedback about the service during staff meetings and regular support meetings with their line managers.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider did not have a website. We were told that this was under development.

# Are services well-led?

## Continuous improvement and innovation

**There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.