Hove 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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 31 March 2016. Breaches of legal requirements were found in relation to the safe storage and monitoring of medicines and vaccines, maintenance of the premises and equipment, governance arrangements, and recruitment procedures. We issued the practice with three warning notices requiring them to achieve compliance with the regulations set out in those warning notices by 12 August 2016. We undertook this focused inspection on 4 August 2016 to check that they now met the legal requirements. This report only covers our findings in relation to those requirements.

Summary of findings

At this inspection we found that the requirements of the three warning notices had been met.

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

- The practice had made considerable improvements since our last inspection. We saw there was now an effective system in place for reporting and recording significant events.
- The arrangements for monitoring and storing medicines in the practice kept patients safe. This included that we found that medicines and vaccines were stored in line with national guidance, equipment we checked was in date and fit for use, and staff demonstrated a sound understanding of the safe storage of vaccines.
- Risks to patients were assessed and well managed. The practice maintained appropriate standards of cleanliness and hygiene. A variety of risk assessments had been completed to monitor safety and maintenance of the premises. Fire alarms had been installed and were tested weekly and regular fire drills were conducted.
- We found that almost all recruitment checks had been completed, including checks with a relevant professional body. The partners were working towards fully updating all of the personnel files.
- There was a clear leadership structure and staff felt supported, particularly by partners. They told us that the culture of the practice had change dramatically since our last inspection and communication had improved. Staff told us they were regularly offered support both formally and informally.
- The practice proactively sought feedback from staff and patients, which it acted on. They had initiated a patient participation group and continued to contribute to a local health forum.

The areas where the provider must make improvements are:

- Ensure staff files are kept up to date with recruitment checks completed, including checks with the relevant professional body.

The areas where the provider should make improvements are:

- Ensure cleaning of ear irrigation equipment is recorded within cleaning logs.
- Ensure that any actions recommended from the legionella risk assessment are recorded and monitored.
- Formally document the practice business plan.

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 had made considerable improvements since our last inspection. We saw there was now an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The arrangements for managing medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). This included that we found that medicines and vaccines were stored in line with national guidance, equipment we checked was in date and fit for use, and staff demonstrated a sound understanding of the safe storage of vaccines.
- Risks to patients were assessed and well managed. The practice had a completed a variety of risk assessments to monitor safety of the premises. Fire alarms had been installed and were tested weekly along with regular fire drills.

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- Staff told us the partners were accessible, approachable and always took the time to listen to all members of staff. They told us that the culture of the practice had change dramatically since our last inspection and communication had improved.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The recording of complaints had been significantly improved and we saw that all complaints were investigated, with transparency and openness
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had initiated a patient participation group and continued to contribute to a local health forum.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure staff files are kept up to date with recruitment checks completed, including checks with the relevant professional body.

Action the service SHOULD take to improve

- Ensure cleaning of ear irrigation equipment is recorded within cleaning logs.
- Ensure that any actions recommended from the legionella risk assessment are recorded and monitored.
- Formally document the practice business plan.

Hove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a practice nurse specialist advisor.

Background to Hove Medical Centre

Hove Medical Centre is located in a residential area of Brighton and Hove, providing primary medical services to approximately 8,700 patients. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with dementia or nursing needs.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, and holiday vaccines and advice.

Services are provided from the location of Hove Medical Centre, West Way, Hove, BN3 8LD.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Brighton and Hove Clinical Commissioning Group.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 31 March 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of legal requirements were found and three warning notices were issued in relation to the safe storage and monitoring of medicines and vaccines, maintenance of the premises and equipment, governance arrangements, and recruitment procedures. As a result we undertook a focused inspection on 4 August 2016 to follow up on whether action had been taken to address the breaches.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We carried out this announced visit on 4 August 2016. During our visit we:

- Spoke with a range of staff including; two GP partners, one practice nurse and two administrative staff.
- Observed how people were being cared for.
- Made observations of the internal and external areas of the main premises.
- Reviewed documentation relating to the practice including policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The practice had made considerable improvements since our last inspection. We saw there was now an effective system in place for reporting and recording significant events.

- The significant events policy, which had been reviewed in June 2016, was accessible to all staff and clearly outlined the processes in place. The practice had re-assigned the lead member of staff for oversight of the significant events to one of the partners. We saw that the practice stored significant events electronically on a shared drive to ensure an open and transparent approach for all staff. We were told that they were moving towards a fully electronic process for significant events to improve recording and accessibility.
- The incident recording 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 saw that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We saw seven examples of recent significant events that had been fully recorded and stored appropriately, including details of the event, the investigation, evidence of shared learning to improve safety and actions that had been completed as a result.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. We observed all areas of the premises and found it to be clean and tidy. We reviewed various cleaning schedules, cleaning logs and the communications book that the practice used to highlight areas for attention to the cleaners. We also were told about appropriate cleaning carried out for the clinical equipment and noted almost all were recorded, with the exception of one piece of equipment used for ear irrigation. The practice told us they would add this to their logs immediately. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training, including hand hygiene training for all practice staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to routinely record, monitor and track their use. The practice had a daily process to ensure that blank prescription paper was not stored in consultant rooms or printers overnight. Health Care Assistants (HCA) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The Patient Specific Directions were issued in line with legislation and the HCA demonstrated a good understanding of the process to seek authorisation.
- Medicines and vaccines were stored securely and the practice had developed a system to monitor equipment and medicines. We found that two practice nurses had taken the lead for the ordering and rotation of stock. We checked various items of medical equipment in the clinical rooms and found them to be in date and fit for use.
- We found that medicines and vaccines were now stored in line with Department of Health guidance. The practice had developed a policy for ensuring their safe storage and had received support from local and national organisations. The practice nurses were booked to attend a training updates, for example to administer immunisations. They demonstrated a sound understanding of the safe storage of vaccines including methods to monitor the temperatures of both refrigerators used to store medicines and vaccines. Both refrigerators had been serviced following our last inspection to ensure they were working correctly. The practice had also purchased additional temperature recording equipment to ensure safe storage. We saw the records of temperature checks carried out by practice nurses for both refrigerators and found that any discrepancies had been quickly investigated and resolved.

Are services safe?

- There were systems for safely handling, storing and disposing of clinical waste. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company. All sharps bins were correctly assembled, labelled and disposed of in accordance with national guidelines.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found evidence that almost all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We found that the practice had taken the decision to conduct a DBS check on all practice staff and we saw evidence of this. The partners, in the absence of a practice manager, had been working towards fully updating the personnel files. The only gap was that of references for an administrator who started in 2012. We looked at the files for two staff members recently recruited and found that all appropriate recruitment checks had been undertaken and filed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, we saw that the practice learnt lessons from these to ensure safe evacuation of the practice. Fire alarms had been installed and we saw evidence that they were tested weekly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that the legionella risk assessment had been completed in June but the practice had not yet received the full report.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services well-led?

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a documented mission statement, along with clear aims and objectives. They had also developed a vision for the practice. We saw these documents had been updated in June 2016.
- Although they did not provide evidence of a documented business plan, the practice demonstrated that their business strategy had been considered. They told us they planned to formalise their business plan in the coming months.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The partners told us there had been significant management restructuring following our last inspection. In the absence of a practice manager and deputy practice manager the partners had taken responsibility for the oversight of all aspects of running the practice. We were told that a new practice manager was due to start by September 2016 and that new administrative staff were being actively recruited due to a staff shortage. We saw that an organisational chart had been developed that clearly laid out the structure and job roles of all staff.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw that the practice had begun collating all audits into a folder on their shared drive that was accessible to all staff. Most recently a presentation on asthma management had been added by a practice nurse as a result of a university project.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

There was a clear leadership structure in place and staff felt supported by management.

- We saw evidence that the practice held regular team meetings. This included a meeting for all staff and we saw recent minutes detailing a variety of topics that were discussed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so. We noted that since our last inspection the practice had started a monthly newsletter to keep all staff updated on any changes and to welcome feedback.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. They said the partners were accessible, approachable and always took the time to listen to all members of staff. They told us that the culture of the practice had changed dramatically since our last inspection and communication had improved due to team meetings and the newsletter. Due to the management changes the GPs had conducted all staff appraisals and regularly offered support both formally and informally. We heard various examples of where staff had received additional support and encouragement for progression in their roles from the partners.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through a new practice specific patient participation group (PPG) and through surveys and complaints received. The PPG was set to meet regularly, the most

Are services well-led?

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recent meeting had been completed in July. The practice was also part of a local health forum that continued to meet regularly, to engage with patients, share best practice and learn about any new initiatives.

- The practice used friends and family test survey information to assess performance and analyse any trends and patterns. We saw meeting minutes of a staff meeting in June where 29 comment cards had been reviewed, 20 patients said they would be likely to recommend the surgery and 9 said they were unlikely to recommend. Staff had discussed the themes of comments and ideas for improvement.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person, a partner, who handled all complaints in the practice.
- We saw that information was available on notice boards and leaflets in the waiting room to help patients understand the complaints system.
- The practice had developed an electronic logging system to ensure their complaints process was fully completed and to analyse trends. We also saw that the paper filing system had been improved and simplified.

We saw there had been 16 complaints received in the last 12 months. We looked at eight complaints received since our last inspection. We saw evidence that they had been fully investigated, with transparency and openness. Lessons were learnt from individual concerns and complaints, where necessary these were also treated as a significant event. Action was taken as a result to improve the quality of care.

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider had failed to ensure that persons employed for carrying out the regulated activities were of good character. This was in breach of regulation 19 (1)(2)(3)(4)the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.