

# Clarence 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

In March 2015 we found concerns related to the management and prevention of infection, staff receiving appropriate training, test results being processed effectively and care plans for those at risk of hospital admission during a comprehensive inspection of Clarence Medical Centre, Windsor, Berkshire. Following the inspection the provider sent us an action plan detailing how they would implement systems to ensure every member of staff received appropriate role specific training, infection control procedures would be improved, test results would be processed effectively and patient care plans to reduce hospital admissions would be reviewed.

We carried out a desktop review of Clarence Medical Centre on 16 April 2016 to ensure these changes had been implemented and that the service was meeting regulations. Our previous inspection in March 2015 had found a breach of regulations in relation to safe care and treatment. The ratings for the practice have been updated to reflect our findings from this inspection.

We found the practice had made improvements since our last inspection on 10 March 2015 and they were meeting the regulations that had previously been breached.

Specifically the practice was operating effective systems to ensure:

- Formal arrangements were in place to ensure adequate levels of support and training relevant to their staff roles.
- Infection control procedures had been improved. Audits were completed and corrective actions taken as appropriate. The infection control policy had been updated and a documented process had been implemented to monitor cleaning standards.
- Patients care plans to reduce hospital admissions had been reviewed to ensure patients were involved in their development.
- The procedure to monitor test results had been improved to ensure these were reviewed on a daily basis by all the GPs.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe and effective services. The practice was now meeting the regulation that had previously been breached.

**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 was providing a safe service.

- The procedures to manage and prevent the spread of infection had been improved. The infection control policy had been updated, staff had received additional training, a more robust process of cleaning monitoring had been implemented and an infection control audit had been undertaken with corrective actions taken.
- The providers business continuity procedure had been reviewed and updated.

Good



### Are services effective?

The practice was providing an effective service.

- Patient care plans to reduce hospital admissions had been reviewed and improved to ensure patients were involved with their development.
- The practice's training programme for staff had improved. Staff were given access to a new training system which provided e-learning in all the mandatory topics. This included training for information governance, health and safety and equality and diversity.
- Test results were processed effectively and reviewed daily by all the GPs in the practice.

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 practice is rated as good for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. End of life care was well managed and included external professionals in its planning and implementation. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The premises were easily accessible for patients with limited mobility and they were being altered to enable services to be provided on the first floor. Plans for patients at risk of unplanned admissions to hospital were written to reduce the risk of this occurrence.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Chronic disease management was well managed within the practice, and this was reflected in national data and patient records. The practice achieved the maximum scores in the long term condition Quality Outcome Framework (QOF) categories in 2013/2014. Plans for patients at risk of unplanned admissions to hospital were written to reduce the risk of this occurrence. However, they did not indicate that patients were fully involved in creating them. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, and systems to ensure staff were aware when seeing children who were at risk of harm or abuse.

Good



# Summary of findings

Immunisation rates were close to average for most standard childhood immunisations. The premises were easily accessible for patients attending with prams and buggies. Sexual health advice and services were available to patients.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered in response to negative feedback about the appointment system. Extended hours appointments were available on a Monday evening until 7.30pm. The practice provided a full range of health promotion and screening that reflected the needs of this age group.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice had carried out responsive checks for people with a learning disability and offered these patients longer appointment slots. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff received appropriate levels of training in safeguarding adults and children. Staff confirmed that any patients who did not have an address to provide to the practice, would still be registered and seen by an appropriate clinician.

Good



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

The practice is rated as good for the care of people experiencing poor mental health, including people with dementia.

Patients experiencing poor mental health were offered an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It

Good



## Summary of findings

carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Counselling was available to patients on-site.

# Clarence Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desktop review was undertaken by a CQC inspector.

## Background to Clarence Medical Centre

Clarence Medical Centre is located near the centre of Windsor. The practice premises were purpose built approximately 20 years ago. Patients are registered from the local area.

Approximately 15,000 patients are registered with the practice over two sites, with Clarence Medical Centre being the local practice to 10,000 of those patients. The practice population has increased by 1800 patients in the last four years. The registered population has a very high contingent of patients aged 20-24 but this is a reflection of the branch site which is based within a university college. The number of older patients and young children were below the national average. The practice performs well against nationally recognised quality standards. The Quality and Outcomes Framework data available to CQC shows over 98% of targets are met. A wide range of primary medical services are provided including clinics for patients with long term conditions and for child health.

Care and treatment is delivered by six GPs, three nurses, two health care assistants, and a practice manager and administration staff. The GPs and nurses are supported by a practice manager, patient services manager and a team of administration and reception staff.

Clarence Medical Centre is open between 8am and 6.30pm Monday-Friday. Appointments are available from 8.25am and 6pm each day, with extended hours on a Monday until 7.30pm.

The Royal Holloway Medical Centre is based on the site of the Royal Holloway College. The practice is open Monday - Friday: 9am - 5.30pm in term time and Monday - Friday: 9am - 1pm & 2pm - 5pm outside of term time.

The practice is a member of Ascot, Windsor and Maidenhead CCG.

The Clarence Medical Centre,

Vansittart Road

Windsor

SL4 5AS

The practice has another CQC registered location which is classed as a branch site by the practice:

Royal Holloway Health Centre

Egham Hill

Surrey

TW20 0EX

This was a training practice. The practice had a General Medical Services (GMS) contract. GMS contracts are directly negotiated between the General Medical Council and the practice.

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider and NHS 111.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection on 10 March 2015 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited Clarence Medical Centre as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

## How we carried out this inspection

We reviewed information given to us by the practice, including records of staff training, evidence of infection control management, the business continuity plan reviews and unplanned care templates.



# Are services safe?

## Our findings

At the previous inspection in March 2015 we found the practice was not managing infection control and cleaning effectively. The business continuity plan required updating. The inspection in April 2016 found improvements in these areas.

### Overview of safety systems and processes

The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best

practice. There was an infection control protocol in place, which had been updated and staff had or were booked to receive up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

### Arrangements to deal with emergencies and major incidents

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 effective?

(for example, treatment is effective)

## Our findings

At the previous inspection in March 2015 we found the practice was not managing and monitoring training effectively. Unplanned admission care plans were not always documenting how the patient was involved in their development. Test results had not been reviewed in a timely manner. The inspection in April 2016 found improvements in these areas.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice held an overview training matrix to identify when training was due for update or review.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care plans, investigation and test results, which were reviewed everyday by all the GPs.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Unplanned admission care plans demonstrated how patients were involved in their development.