

# Neath Hill Health Centre

## Inspection report

Tower Crescent, Tower Drive  
Neath Hill  
Milton Keynes  
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced focused inspection of Neath Hill Health Centre on 26 February 2019. This inspection was undertaken to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation set out in warning notice we issued to the provider in relation to Regulation 17 Good governance.

The practice received an overall rating of inadequate at our inspection on 6 November 2018 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report.

The full comprehensive report from the November 2018 inspection can be found by selecting the 'all reports' link for Neath Hill Health Centre on our website at .

Our key findings were as follows:

- The practice had not fully complied with the warning notice we issued but had taken some action needed to comply with the legal requirements.
- The local leaders of the practice continued to receive limited direct support from the provider organisation to ensure that governance systems were effective. However, the provider had employed the services of a consultancy firm for four weeks to support the practice in developing and improving governance systems.
- The practice had been supported by the external consultancy to develop clear systems to manage risk at the practice so that safety incidents were less likely to happen.
- Significant events and complaints were standing items on the regular practice meeting agenda to ensure areas of learning and improvement were shared with all staff.

- Systems for ensuring management oversight of staff training had been improved. All staff had received an appraisal since our inspection in November 2018.
- Policies and procedures had been established to enable the practice to operate safely and effectively. In particular, we reviewed systems for managing recruitment and found improvements had been made to ensure appropriate pre-employment checks were undertaken.
- All staff files had been reviewed and updated to ensure records were accurately maintained.
- The practice had responded to concerns identified in relation to staff immunity status for specific infections. All staff had received blood tests to identify their immunity status. However, those identified as requiring further vaccinations had not received them as stated in the practice's risk assessments.
- There was continued evidence of poor records management as historic patient records had not been maintained in line with recognised guidance. We found there were still 114 new patient records in need of summarising.
- Staff advised that staffing levels were still insufficient as the practice had failed to recruit.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the enforcement section at the end of the report for more detail.)

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC inspector who was supported by a practice manager specialist advisor.

## Background to Neath Hill Health Centre

Neath Hill Health Centre provides a range of primary medical services, including minor surgical procedures, from its location at Tower Crescent, Tower Drive, Neath Hill in Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). Key Medical services holds an Alternative Provider Medical Services (APMS) contract for providing services at the Neath Hill Health centre, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. The registered provider is Key Medical Services Limited, a company based in Luton that provides services on behalf of the NHS. Key Medical Services Limited acquired Neath Hill Health Centre on 1 July 2017.

The practice serves a population of approximately 3,900 patients. Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The locally based clinical team consists of one female salaried GP and a practice nurse (female). The practice employs three long term locum GPs (one male and two female) to provide additional clinical support. The team

is supported by a practice manager and a small team of non-clinical, administrative staff. Members of the community midwife and health visiting team also operate regular clinics from the practice location.

The practice operates from a single storey purpose built property. Patient consultations and treatments take place on the ground level. There is a car park outside the practice with disabled parking available. Trust community staff (health visitors) are also based at the premises. There are various other health care services based within the building, including podiatry services, specialist dental services, dermatology and IAPT (Improving Access to Psychological Therapies) Services. These services are not attached to the practice.

Neath Hill Health Centre is open between 8am and 6.30pm Monday to Friday. The out of hours service can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to ensure that systems or processes were established and operated effectively to ensure good governance at the practice. In particular:</p> <ul style="list-style-type: none"><li>• The practice had failed to ensure there was effective governance and leadership at the practice therefore increasing risks to patients and persons employed.</li><li>• The practice had failed to take action to reduce identified risks in relation to infection control and prevention. In particular, identified risks associated with lack of staff vaccinations had not been actioned.</li><li>• The care records we saw showed that information needed to deliver safe care and treatment was not always readily available to staff.</li><li>• A focused approach to quality and sustainability was not demonstrated. Evidence of future planning and regular engagement between the provider organisation and the practice team was lacking.</li><li>• Appropriate action had not been taken to ensure adequate staffing levels.</li></ul> <p>This was in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>