

# Benfield Valley Healthcare Hub

## Quality Report

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Portslade

Brighton

East Sussex

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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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

The practice was rated good overall and is now rated good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 23 June 2016. A breach of legal requirements was found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 9 March 2017 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 23 June 2016 we found the following areas where the practice must improve:

- Implement systems for assessing, monitoring and acting on risks in relation to the health and safety of patients, staff and visitors.
- Take action to address identified concerns with infection prevention and control.
- Improve the security of blank prescription stationery.

Our previous report also highlighted the following areas where the practice should improve:

- Continue to take action in order to address areas where lower levels of patient satisfaction have been identified.
- Ensure that plans to ensure all staff have an annual appraisal are successfully implemented.
- Keep higher than average exception reporting rates for the quality and outcomes framework under review and ensure action is taken to reduce rates where clinically appropriate.(Exception reporting is the removal of patients from Quality and Outcomes Framework calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Build on the work undertaken so far to identify carers within the practice in order to increase the number of carers known to the practice and help ensure they receive appropriate support.
- Ensure that risk assessments accurately identify staff who are likely to be left alone with patients and that appropriate recruitment checks are undertaken

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

During the inspection on 9 March 2017 we found:

# Summary of findings

- Systems were now in place for monitoring and acting on risks in relation to the health and safety of patients, staff and visitors.
- Concerns identified at the last inspection in relation to infection prevention and control had been addressed.
- Arrangements were now in place for the tracking of blank prescription stationery.

We also found in relation to the areas where the practice should improve:

- Results from the national GP Survey published in July 2016 showed that patient satisfaction had improved in some areas. For example during this inspection we found that 80% of patients who responded were able to get an appointment or speak to someone last time they tried compared to 63% from the results published in January 2016. However, patient satisfaction was still lower than average in a number of key areas including patients being able to see a preferred GP, GPs involving patients in decisions about their care, treating them with care and concern and explaining tests and treatments. Patient satisfaction with their overall experience of the practice and the number of patients who would recommend the practice was also lower than average. The practice should therefore continue to take action in order to address areas where lower levels of patient satisfaction have been identified.
- We saw that plans to ensure all staff had an annual appraisal had been implemented.
- Exception reporting rates had reduced in a number of areas, for example in mental health. However, exception reporting rates for asthma had increased to 30% and were significantly above the national average of 7% and the clinical commissioning group average of 10%. The practice should therefore continue to review exception reporting rates for the quality and outcomes framework and ensure action is taken to reduce rates where clinically appropriate.
- The practice had built on its work to identify the number of carers on its list and ensure they were signposted to the various avenues of support. For example, the NHS health check template now included a hyperlink to the local carers support information so that this could be printed off for patients. The practice had identified a further 50 carers since our last inspection. The practice had updated its risk assessment to ensure that it accurately identified staff that were likely to be left alone with patients. We saw that appropriate recruitment checks had been undertaken as a result.

**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 good for delivering safe services.

At our last inspection on 23 June 2016 we found that the practice did not have effective procedures for monitoring and managing risks to patient and staff safety. We found that whilst blank prescription forms and pads were securely stored, the practice did not have systems in place to monitor their use. We also identified a number of concerns in relation to the prevention and control of infection.

At this inspection, we found that the practice had implemented their action plan to ensure that these issues had been addressed and that arrangements were now safe.

**Good**



# Benfield Valley Healthcare Hub

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was undertaken by a CQC inspector

## Background to Benfield Valley Healthcare Hub

The Benfield Valley Healthcare Hub is situated in the Portslade and Hove areas of Brighton. It is based at two locations The Portslade County Clinic and Burwash Medical Centre. It provides general medical services to approximately 7000 patients.

There are three GP partners, two non-clinical partners and four salaried GPs. There are two nurse practitioners, three practices nurse and one health care assistant. There is one pharmacist. There is a practice manager and a team of secretarial, administrative and reception staff.

The practice has a contract with Here Limited, (formerly known as Brighton Integrated Care Services, a not-for-profit social enterprise and primary care federation) for the provision of some of its back office functions including human resource management, finance, health and safety and the provision of some of its policies and procedures. It also has a contract with an independent provider of health and social care for the provision of GP telephone consultation services.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of

patients between the ages of 0 and 18. It has a lower than average population over the age of 85. There is a much higher level of income deprivation affecting both children and older people when compared to the national average.

The Benfield Valley Healthcare Hub is open at the Portslade County Clinic site from 8.30am until 12.30pm and 2pm until 6pm Monday to Friday. There is extended access on Tuesday evenings between 6.30pm and 7.15pm. The Burwash Medical Centre is open from 8.30am until 12.30pm and 2pm until 6pm on Mondays, Tuesdays Wednesdays and Fridays and from 8.30am to 12.30pm on Thursdays. All GP appointments are triaged which means that when a patient phones the practice, the receptionist takes their phone number and the GP or nurse practitioner calls them back. The patient speaks directly with a GP or a nurse practitioner who assesses their clinical need and either deals with it on the phone or, if necessary, makes an appointment for the patient to be seen that day. Phone triage appointments can be booked over the phone, on line or in person at the surgery. Patients are provided with information on how to access the out of hours service on the practice website or by calling the practice. The out of hours service is provided by Integrated Care 24 Limited.

The practice provides a number of services and clinics for its patients including smoking cessation, cervical screening, childhood vaccines and immunisations, family planning and minor surgery.

The practice provides services from the following locations:-

Portslade County Clinic

Old Shoreham Road

Portslade

# Detailed findings

Brighton

East Sussex

BN41 1XR

Burwash Medical Centre

14 Burwash Road

Hove

East Sussex

BN3 8GQ

## 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 23 June 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. As a result, we undertook a focused inspection on 9 March 2017 to follow up on whether action had been taken to deal with the breaches.

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager and one of the managing partners.
- Reviewed practice documentation and observed the premises.
- Reviewed photographic evidence of the Burwash Medical Centre.

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

At our previous inspection on 23 June 2016, we rated the practice as requires improvement for providing safe services. This was because the practice did not have effective procedures for monitoring and managing risks to patient and staff safety. We found that whilst blank prescription forms and pads were securely stored, the practice did not have systems in place to monitor their use. We also identified a number of concerns in relation to the prevention and control of infection.

These arrangements had significantly improved when we undertook a follow up inspection on 9 March 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

At our last inspection we found that whilst annual infection control audits were undertaken; however it was not clear how and whether improvements identified were being addressed. We also saw that effective arrangements for the correct storage and disposal of sharps containers were not in place. In one of the consulting rooms the dates on the sharps boxes indicated that they had not been collected and disposed of within the recommended three months after first use. For example, one of the sharps containers was dated as being in first use in March 2015 and another in October 2012. This meant that infection control risks had not been adequately identified or addressed.

During this inspection we saw that the practice had undertaken an up to date audit of infection control and had revised its infection control policies and procedures. We also saw that improvements identified had been addressed, for example, hand hygiene training was now included as part of the practice's induction for new staff and a number of fabric covered chairs had been replaced. We checked a sample of sharps boxes and saw that they were in date and not overly full. We saw that the health care assistant undertook regular spot checks of the rooms to ensure infection control policies and procedures were being implemented.

At our last inspection we found that whilst blank prescription forms and pads were securely stored, the practice did not have systems in place to monitor their use. For example, there was no record of receipt of the pads for handwritten prescriptions or any record to show when they had been taken for use by the GPs. There was no record

kept of the distribution of pre-printed prescription form stock within the practice including the serial numbers, where, when and to whom the prescriptions had been distributed. This meant that the practice did not have comprehensive systems in place to prevent theft and misuse of blank prescriptions.

During this inspection we saw that the practice had updated its policies and procedures for the security of blank prescription stationery. Two administrative staff members were responsible for overseeing the system which was now in place to keep records of the distributed pre-printed form stock within the practice. This included the serial numbers, where, when, and to whom the prescriptions had been distributed. Blank prescription stationery was removed from printers and stored in locked drawers at the end of the day.

### Monitoring risks to patients

At our last inspection we found that the practice did not have effective procedures for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. However, it was noted that the fire risk assessment undertaken of the Burwash Medical Centre in April 2016 drew attention to the fact that all areas requiring action identified at the last fire risk assessment in 2013 were still current including those that should have been dealt with immediately. Previous and current fire risk assessment action plans for both sites were incomplete and there was no evidence to show how and by whom the actions identified were being addressed. This included exposed mains electrical equipment and defective installations. This meant that there were risks to patient and staff safety.

There was no evidence to show that all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Whilst the practice had some risk assessments in place records showed that the health and safety check lists for the premises were not being undertaken according to the frequency the practice had identified as being necessary.

During this inspection we saw that the practice had undertaken up to date health and safety risk assessments for both of its premises. Action plans identified risks and mitigating actions to be taken. We saw that health and safety was a regular agenda item at the practice's governance meetings and that progress against the action

## Are services safe?

plan was monitored. There was evidence that the actions had been implemented, for example, we saw photographic evidence that a safety rail had been installed along the entrance slope at Burwash Medical Centre to improve disabled access. The practice had plans in place to ensure that the health and safety risk assessments were updated on an annual basis or more frequently if required. We also saw records to show that all electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and that plans for annual checks had been put in place.

We also saw updated fire risk assessments and action plans for both premises. We saw photographic evidence that actions identified had been implemented. This included new emergency lighting at the Burwash Medical Centre. Exposed mains electrical equipment and defective installations had been rectified and a new electrical control panel and fuse board had been installed. Two staff had been trained as fire marshals and regular fire drills continued to be undertaken.