

Forest End Medical Centre

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection of Forest End Medical Centre on 1 May 2019 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall. We have rated Safe, Effective and Well led as requires improvement and Caring and Responsive as good. We have rated all the population groups as requires improvement.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have oversight of safety risk assessments at one of the sites (including fire, legionella and infection control). They had not completed their own risk assessment for legionella at one site and had not undertaken any precautionary checks for legionella at the main site.
- Emergency medicines stock at all sites had not been risk assessed to identify any gaps in provision (or mitigate the need for them).
- Staff had not been assessed for any medical conditions, that may affect their work, so reasonable adjustments could be made.
- Non clinical staff had limited knowledge of significant events identification or escalation processes.

We rated the practice as **requires improvement** for providing effective services because:

- Staff had not received regular appraisals to identify learning needs and review performance and there were gaps in staff training including safeguarding, infection control and fire safety.
- There were no formal arrangements in place for continuing clinical supervision of non-medical prescribers.

We rated the practice as **requires improvement** for providing well led services because:

- Governance arrangements required a review as these were inconsistently applied. Risks and areas of concern were not always identified or effectively managed.
- Staff told us the merger had been challenging and they did not feel involved in decisions about the practice.
- Not all staff were clear about lead roles or who to approach for support and information.

These requires improvement areas impacted all population groups and so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Most patients could access care and treatment in a timely way.

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the recommendations of the "green book" in relation to staff immunisation status and consider if non-clinical staff should have their status assessed and documented.
- Continue to review and monitor QOF achievement and exception reporting for diabetes indicators.
- Consider the risks of the sit and wait service in relation to assessing urgent patient needs and staff training for recognising serious illness (including sepsis).
- Review and monitor cervical screening uptake rates and continue to encourage eligible women to attend for screening.
- Improve the identification of carers to enable this group of patients to access the care and support they need.

Overall summary

- Review the arrangements for updating staff across all sites about changes in staffing and leadership.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a GP Specialist Advisor, a Practice Nurse Specialist Advisor, a Practice Manager Specialist Advisor and a second CQC inspector.

Background to Forest End Medical Centre

Forest End Medical Centre is a three-site practice located in Bracknell, Berkshire. All three sites are purpose built and services are provided by Forest End Medical Practice. The practice is part of the federation of Bracknell and Ascot GPs and East Berkshire Clinical Commissioning Group.

Forest End Medical Centre (made up of Forest End and Skimped Hill) merged services with Boundary House Surgery in April 2018. The GP partners from the Boundary House site joined the partnership of Forest End Medical Centre and the computer and telephone systems were merged in July 2018. Patients can access services at any of the three practice sites; Forest End Medical Centre, Skimped Hill or Boundary House. The merger has increased the patient list size to approximately 20,000.

The practice is registered to provide the following regulated activities; Treatment of disease, disorder or injury, Surgical procedures, Diagnostic and screening procedures, Maternity and midwifery services and Family planning.

There are eight GP partners and four salaried GPs who, between them, offer a whole time equivalent (WTE) of 8.91 full time GPs undertaking 81 sessions per week.

There is also a lead nurse who is a nurse practitioner, two nurse prescribers, four practice nurses and two healthcare assistants (HCAs). The nursing staff provide a WTE of 4.52 full time nurses and the HCAs 1.74.

The day-to-day management of the practice (including the other sites) was co-ordinated by the practice manager (WTE 0.9), a finance manager (WTE 0.98), an IT/premises manager (WTE 0.89) and a business manager (WTE 3.17). There are three secretaries and 27 reception and administration staff. Staff primarily work at one site, but there were some staff (GPs, nurses and some administration/reception staff) who worked across the three practice sites.

There are higher than average number of patients under the age of 18 and fewer patients aged over 65 than the national average. The National General Practice Profile states that 9% of the practice population is from black, mixed or other non-white ethnic groups.

Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 80 years compared to the national average of 79 years. Female life expectancy is 84 years compared to the national average of 83 years.

The practice does not provide Out of Hours (OOH) GP services when the practice is closed. Patients can access OOH services by contacting the NHS 111 telephone service.

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 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 requirements.

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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>Governance arrangements required regular review to identify risks and ensure consistency of safe and effective processes across all practice sites;</p> <ul style="list-style-type: none">• The recommendations of a legionella risk assessment (temperature checking and flushing of water outlets) at Forest End site had not been carried out and there had been no legionella risk assessment at the Boundary House site.• The provider had no oversight of risk assessments or outcomes for the branch surgery at Skimped Hill.• The provider had not considered assessment of staff health status within their recruitment processes to identify if reasonable adjustments were required.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Requirements in relation to staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity</p>

This section is primarily information for the provider

Requirement notices

received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Staff appraisals had not been undertaken within the appropriate timescale.
- There was no arrangement in place to provide clinical supervision for non-medical prescribers.
- Staff training records were inconsistently maintained and monitored. There were gaps in staff training for safeguarding children and adults, infection control and fire safety. In addition, the provider had not trained all staff to the appropriate level for child safeguarding.
- Non-clinical staff were unable to demonstrate embedded knowledge of identifying and escalating significant events processes.