

New Cross Health 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 effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of New Cross Health Centre on 24 February 2016. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focussed inspection on 13 October 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for New Cross Health Centre on our website at www.cqc.org.uk.

Overall the practice was rated as good. They were rated as requires improvement for providing effective services at the inspection on 24 February 2016. Following the focussed inspection we found the practice to be good for providing effective services.

Our key findings across all the areas we inspected were as follows:

- The practice provided evidence of quality improvement, including clinical audit.
- The practice had reduced the level of exception reporting for QOF such that it was in line with the national average.
- The practice had developed care plans for the majority of patients on the mental health register.

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 effective?

The practice is rated as good for providing effective services.

At the inspection on 24 February 2016 we found the following

- In relation to the Quality Outcomes Framework we found that the practice's overall exception reporting rate for the was 12.2% which was higher than the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 65%, compared to a national average of 88%.
- The practice did not have sufficient quality improvement systems in place to ensure that effective care was being provided.

At this inspection we found that:

- The practice had reduced its overall level of exception reporting from 12.2% in 2014/5 to 8.5% in 2015/16. This is in line with the national average.
- The practice had ensured that it was regularly monitoring the health of patients on the mental health register.
- There was evidence of quality improvement including clinical audit

Good



New Cross Health Centre

Detailed findings

Why we carried out this inspection

We undertook a focussed inspection of New Cross Health Centre on 13 October 2016. This is because the service had been identified as not meeting some of the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

During the comprehensive inspection carried out on 24 February 2016 we found that the practice did not have sufficient quality improvement systems in place to ensure that effective care was being provided.

This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 24 February 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service effective.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

At the inspection on 24 February 2016, in relation to the Quality Outcomes Framework we found that the practice's overall exception reporting rate for the was 12.2% which was higher than the national average. We also found that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 65%, compared to a national average of 88%.

During the follow up inspection on 13 October 2016 we found the following

- The practice had reduced its overall level of exception reporting from 12.2% in 2014/5 to 8.5% in 2015/16. This is in line with the national average.
- Performance for mental health related indicators was similar to the national average. For example, the proportion of patients on the mental health register who had met with a clinician in the last year to develop a care plan was 98%, above the national average of 88%.

In the inspection on 24 February we found that the practice did not have sufficient audit systems in place to ensure that effective care was being provided. In our inspection of 13 October 2016 we found that there was evidence of quality improvement including clinical audit:

- We were provided with copies of three audits that had taken place since February 2016, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a Warfarin audit was that training was provided to staff on how to code International Normalised Ratio (INR) results. The practice had also introduced a new protocol where, before prescription requests for Warfarin were sent to a clinician to authorise repeat medication, the receptionist had to ask for a copy of the patient's Warfarin record (the yellow book).