

# The Health Centre Practice

## Quality Report

Melbourn Street,  
Royston,  
Hertfordshire  
SG8 7BS

Tel: 01763 249179

Website: [www.thehealthcentrepractice.co.uk](http://www.thehealthcentrepractice.co.uk)

Date of inspection visit: 11 July 2017

Date of publication: 02/08/2017

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 well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

### Detailed findings from this inspection

Our inspection team	6
Background to The Health Centre Practice	6
Why we carried out this inspection	6
How we carried out this inspection	6

## Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Health Centre Practice on 5 December 2016. The overall rating for the practice was 'good', with 'requires improvement' for providing well led services. The full comprehensive report on the 5 December 2016 inspection can be found by selecting the 'all reports' link for The Health Centre Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection on 11 July 2017 to check that the practice had followed their action plan and to confirm they now met legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 5 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good.

Our key findings were as follows:

- Patients with caring responsibilities were proactively identified so that appropriate support could be offered to them. After our previous inspection the provider had reviewed the numbers of carers and reiterated carers' guidance and information via a carers information board and screen in the waiting room. A member of

staff also had responsibility for providing information to carers and signposting them to organisations who were able to provide advice and support. The practice had 212 patients (1.8%) registered as carers, compared to 59 at the last inspection in December 2016.

- We reviewed the process for monitoring patients on high risk medicines and found that there was an effective procedure in place to ensure these patients received appropriate monitoring.
- At the December 2016 inspection we found that in the year prior only five out of 37 patients with a learning disability had attended for an annual health review. At our July 2017 inspection this number had remained low with seven out of 33 patients having undergone a health review in the past year. The practice advised us that a new nurse-led review procedure was due to be implemented imminently.
- There was a system in place to monitor progress with planned staff training to ensure that key training was kept up to date. The practice kept records of the registration and revalidation status of professional staff. The GPs and nurses were supported to address their professional development needs for revalidation.
- Blank prescriptions were kept secure at all times and tracked through the practice for their use.
- Any medicines incidents or 'near misses' were recorded and shared with the wider practice team to share any learning.

# Summary of findings

- There was an effective system for dealing with patient safety alerts, including alerts and updates from the Medicines and Healthcare Products Regulatory Agency.
- There were records to demonstrate the actions taken in response to infection control audits. However, the practice did not maintain effective cleaning schedules.
- Effective recruitment procedures were in place. The practice had successfully recruited a new clinician since our last inspection.

The areas where the provider should make improvement are:

- Review the systems used to complete annual health checks for patients with a learning disability.
- Maintain effective records that support the cleaning procedures in the practice.

**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 well-led?

Our focused inspection on 11 July 2017 found that:

- There was an overarching governance framework to support the delivery of the strategy and good quality care:
  - There was an effective procedure for monitoring patients on high risk medicines and records we reviewed indicated that these patients received appropriate monitoring. For example, we found 17 out of 17 patients prescribed novel anticoagulants had blood tests completed.
  - Blank prescriptions were kept secure at all times and tracked through the practice for their use.
  - There was an effective system for dealing with patient safety alerts, including alerts and updates from the Medicines and Healthcare Products Regulatory Agency.
  - Any medicines incidents or 'near misses' were recorded and shared with the wider practice team to share any learning.
  - There were records to demonstrate the actions taken in response to infection control audits. However, the practice did not maintain effective cleaning schedules.
- There was a system in place to monitor progress with planned staff training to ensure that key training was kept up to date. The practice kept records of the registration and revalidation status of professional staff. The GPs and nurses were supported to address their professional development needs for revalidation.
- Effective recruitment procedures were in place. The practice had successfully recruited a new clinician since our last inspection.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the systems used to complete annual health checks for patients with a learning disability.
- Maintain effective records that support the cleaning procedures in the practice.

# The Health Centre Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC lead inspector and included a GP specialist advisor.

## Background to The Health Centre Practice

The Health Centre Practice is a well-established GP practice that has operated in the area for many years. It serves approximately 11,500 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. The service is located in Royston in premises that were purpose built over forty years ago. The building was extended by the partners in 2000 and also has a dispensary.

According to information taken from Public Health England, the patient population for this service has a lower than average number of patients aged 10-29 years compared to the national average and a higher than national average number of patients aged 25-44 and 60-74. Its population is in the least deprived decile with very low unemployment rates and many working age patients who commute to work.

The practice team consisted of seven GP partners, four practice nurses (one of whom is able to prescribe medicines) and four healthcare assistants with training in phlebotomy. A team of three dispensing assistants, 13 receptionists and four administrative staff support them along with a practice manager. The practice is also involved in the training of GPs and can also take medical students.

The opening times for the main surgery are Monday to Fridays from 8.30am to 6.30pm. Extended hours appointments are available from 6.30pm to 8pm on Mondays and 7am until 8am on Tuesday to Thursdays. An out of hour's service is provided locally through the NHS 111 service.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Health Centre Practice on 5 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall. A requirement notice was issued in relation to Regulation 17 - Good governance. The well led domain was rated as requires improvement. The full comprehensive report following the inspection on 5 December 2016 can be found by selecting the 'all reports' link for The Health Centre Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of The Health Centre Practice on 11 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements as detailed in the requirement notice.

## How we carried out this inspection

During our visit we:

- Spoke with the practice manager and a GP partner.
- Reviewed training records and processes.
- Reviewed dispensary error records and processes.
- Reviewed safety alerts records and processes.

## Detailed findings

- Reviewed high risk medicine records and processes.
- Reviewed infection prevention and control and cleaning records and processes.
- Looked at information the practice used to deliver care and treatment plans.

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 well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 5 December 2016, we rated the practice as requires improvement for providing well led services. The following improvements were needed:

- The practice must have management oversight, and the systems and process to assess, monitor and mitigate risks relating to the health and safety of service users and others who may be at risk to:
  - Ensure there is a system to monitor progress with planned staff training so that key training is kept up to date and to monitor the professional registration status of relevant staff.
  - Ensure there is an accurate record of all completed recruitment checks.
  - Ensure there are records in place to demonstrate the actions taken in response to patient safety alerts, infection control audits and to demonstrate that cleaning schedules are completed.
  - Ensure there is a system in place for tracking the use of prescriptions and for sharing incidents that occur in the dispensary with the wider team, recording the learning and actions taken.

These arrangements had improved when we undertook a follow up inspection on 11 July 2017. The practice is now rated as good for providing well led services.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The GPs and nurses were supported to address their professional development needs for revalidation.
- There was a system in place to monitor progress with planned staff training to ensure that key training was kept up to date. The practice kept records of the registration and revalidation status of professional staff.

- We reviewed the recruitment process of a recently recruited clinician and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Blank prescriptions were kept secure at all times and tracked through the practice for their use.
- There was an effective procedure for monitoring patients on high risk medicines and records we reviewed indicated that these patients received appropriate monitoring. For example, we found 17 out of 17 patients prescribed novel anticoagulants had blood tests completed.
- Any medicines incidents or 'near misses' were recorded in a log book. The incidents were a standing agenda item for discussion with the wider practice team to share any learning.
- There were records to demonstrate the actions taken in response to patient safety alerts. Two separate procedures were in place to ensure alerts and updates were received and shared within the practice. An effective system was in operation to ensure searches and checks were undertaken as a result of any alerts or updates. Clinicians confirmed this took place and worked well.
- There were records to demonstrate the actions taken in response to infection control audits. For example, chairs and taps were replaced by the building proprietor as and when they became defective. The practice did not maintain effective cleaning schedules. The practice had an in-house cleaner and the practice manager explained that they did regular spot checks for cleanliness but did not record these. Clinicians were also responsible for the cleaning of treatment and consultation rooms.