

Abbotswood Medical Centre

Inspection report

12 Katherine Place
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Abbots Langley
Hertfordshire
WD5 0BT

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services well-led?

Good



Overall summary

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions: safe, effective and well-led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: caring and responsive.

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 good overall and good for all population groups.

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

- The practice's systems and processes to keep people safe and safeguarded from abuse were not always comprehensive.
- There were some gaps in systems to assess, monitor and manage risks to patient safety.
- Some infection prevention and control measures were lacking.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation were not always comprehensive.

Please see the final section of this report for specific details of our concerns.

We rated the practice as good for providing effective and well-led services because:

- Patients received effective care and treatment that met their needs. The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The way the practice was led and managed promoted the delivery of high quality, person-centred care and an inclusive, supportive environment for staff. There was a focus on continuous learning and improvement at all levels of the organisation. We saw evidence to demonstrate that throughout 2019 where systems, processes or protocols required improvement, action was taken to achieve this.

The area where the provider must make improvements is:

- Ensure care and treatment is provided in a safe way to patients.

Please see the final section of this report for specific details of the action we require the provider to take.

The areas where the provider should make improvements are:

- Implement a comprehensive and documented system of training to include staff completing all essential training in a timely way, at the appropriate level for their roles, and that the healthcare assistant completes the Care Certificate.
- Strengthen the existing processes around water temperature and prescription stationery monitoring, multidisciplinary team working and the accessibility of the complaints process on the practice website.
- Continue to take steps so that the patient invitation, review and data collection processes in place for cervical screening and child immunisations are comprehensive and patients are encouraged to participate in these and national cancer screening programmes.
- Provide additional methods for people to raise their views, suggestions and concerns including giving staff access to a Freedom to Speak Up Guardian and patients access to an active Patient Participation Group.

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Abbotswood Medical Centre

Abbotswood Medical Centre provides a range of primary medical services from its premises at 12 Katherine Place, College Road, Abbots Langley, Hertfordshire, WD5 0BT.

The practice is part of the Watford Extended Access GP federation. The practice is also in the early stages of participating in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).

The provider is registered with CQC to deliver five Regulated Activities. These are: diagnostic and screening procedures; maternity and midwifery services; family planning services; surgical procedures; and treatment of disease, disorder or injury. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract) to approximately 4,906 patients. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice is within the Hertfordshire local authority and is one of 59 practices serving the NHS Herts Valleys Clinical Commissioning Group (CCG).

The practice team consists of two GP partners (one male and one female) and two female regular locum GPs. There are two practice nurses, a healthcare assistant, a practice manager, a deputy practice manager, a secretary and four reception and administration staff.

The practice serves a below average population of those aged 65 years and over. The practice population is predominantly white British and has a Black and minority ethnic (BME) population of approximately 16.2% (2011 census), half of whom are from a south Asian background. Information published by Public Health England rates the level of deprivation within the practice population as eight. This is measured on a scale of one to 10, where level one represents the highest levels of deprivation and level 10 the lowest.

An out of hours service for when the practice is closed is provided by Herts Urgent Care and can be accessed via the NHS 111 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The process in place to follow up ‘was not brought’ children was not comprehensive. It did not ensure that the practice took complete and appropriate action to respond to each event and document the outcome.</p> <p>Staff vaccination was not maintained in line with current Public Health England (PHE) guidance. A process was not adhered to for the practice to be assured that all staff had received the required vaccinations for their roles and that this was appropriately documented. There were no risk assessments in place for any staff where complete and appropriate vaccination records were not available.</p> <p>The reviews of patients prescribed the oral contraceptive pill were basic. They did not routinely include such things as discussing family history risk factors or assessing symptoms of possible side effects or complications.</p> <p>Nursing and non-clinical staff did not have access to training or guidelines appropriate to their roles to assist them in identifying and taking the appropriate action in relation to patients with presumed sepsis. Their understanding of the condition and their role in such circumstances was limited.</p> <p>There was no proper and safe management of medicines. In particular:</p> <p>There was no established process to ensure patients were contacted about every uncollected prescription.</p>

This section is primarily information for the provider

Requirement notices

There was no proper assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated. In particular:

There was no embedded process to monitor and audit the infection control measures in place at the practice. The audit was basic and did not identify or implement actions to rectify some infection control issues. Control measures to reduce the risk of contamination to the carpet flooring in GP consultation rooms were not identified in the audit. There were no records available to demonstrate that a schedule was adhered to for cleaning equipment at the practice. Some of the staff we spoke with did not know who had responsibility for cleaning all items of equipment.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.