

# Adam House Medical Centre

## Inspection report

85-91 Derby Road  
Sandiacre  
Nottingham  
NG10 5HZ  
Tel: 08448151097

Date of inspection visit: 21 November 2022  
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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 to people's needs?		Good	
Are services well-led?		Requires Improvement	

# Overall summary

We carried out an unannounced focused inspection at Adam House Medical Centre on 21 November 2022 and at the branch practice Hillside Medical Centre on 22 November 2022. Overall, the practice is rated as requires improvement.

We rated the key questions inspected as follows:

Safe - requires improvement

Effective – requires improvement

Caring - good

Responsive - good

Well-led – requires improvement

Following our previous inspection on 21 and 25 October 2021, the practice was rated requires improvement overall and for all key questions except caring, which was rated as good.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Adam House Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and to follow up on previous breaches identified at the last inspection.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting clinical interviews.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

## Our findings

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 found that:

# Overall summary

- There were ineffective systems in place for processing information relating to new patients including the summarising of new patient notes. We found hundreds of patients records awaiting action.
- The practice had a system in place for the actioning of significant events and incidents, however we were unable to gain assurances that there was a formal process in place for shared learning to mitigate future risk.
- The practice had been through a constant change of management in the recent months and this had impacted on systems being monitored. For example: we were unable to gain assurances that all staff files were complete and staff had the appropriate immunisation status according to their role.
- Risk management processes were in place and we found some assessments of risks had been completed. These included fire safety and a range of health and safety assessments, however the premises risk assessment was out of date.
- We found the premises visibly clean and tidy, but due to staff shortages within the nursing team, the practice currently had no infection control lead to ensure guidelines were being followed appropriately.
- Patient feedback was negative in response to access and appointment availability. The practice had opened up the branch practice 2 mornings a week to increase appointments and also had employed a regular GP locum to provide further appointments.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We found a breach of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider **should**:

- Review the current system for sharing learning of incidents and complaints
- Continue to encourage patients to attend immunisation national screening programmes such as cervical screening.
- Review and update the current processes for the completion of medicine reviews
- Monitor staff training

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who spoke with staff and completed clinical searches and records reviews at the location.

## Background to Adam House Medical Centre

Adam House Medical Centre is located in Sandiacre at:

85 – 91 Derby Road

Sandiacre

Nottingham

NG10 5HZ

The practice has a branch surgery at:

Hillside Medical Centre

162 Nottingham Road

Stapleford

Nottingham

NG9 8AR

The provider is registered with the Care Quality Commission (CQC) to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. The practice is situated within NHS Derby and Derbyshire Integrated Care Board and delivers General Medical Services (GMS) to a patient population of about 7,086 patients. This is part of a contract held with NHS England. The practice is part of Erewash Primary Care Network, a wider network of 13 GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (seven of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is, 96.2% White, 1.9% Asian, 1.2% Mixed, 0.6% Black and 0.1% Other. The age distribution of the practice population closely mirrors the local and national averages.

There is a team of two GP partners (one currently on long term absence), a part time locum GP, a part time advanced clinical practitioner, a part time pharmacist, 2 part time practice nurses and one full time health care assistant. The clinical staff are supported by a practice manager, deputy practice manager, and a team of reception/administration staff.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended access appointments with the nurse and health care assistant are available on Monday and Tuesday morning from 7am to 8am and a diabetic clinic is available on Thursday evening from 6.30pm to 8pm.

Extended access is provided locally through the primary care network, where late evening and weekend appointments are available. Out of hours Services are provided by NHS111.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• Staff immunisation status was not maintained in line with recommended guidelines and no risk assessments had been completed to review risk to patients and staff.</li><li>• The provider was unable to demonstrate that all staff had undergone the appropriate checks before commencing employment.</li></ul> <p>This was in breach of Regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The provider was unable to demonstrate a system was in place to ensure the prompt return and actioning of patient records.</li><li>• The provider was unable to demonstrate effective governance arrangements were in place for the monitoring of practice activity.</li></ul> <p>This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>