

Herbert Avenue

Quality Report

Herbert Avenue Surgery
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Dorset
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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

Inadequate



Are services safe?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focussed inspection of Herbert Avenue Surgery on 22 November 2016 to review actions taken by the practice in regard of the Warning notice. This review was performed to check on the progress of specific actions taken following the inspection we made in July 2016 and does not affect the current rating for the practice. We requested an action plan following the inspection in July 2016 which detailed the steps the practice would take to meet their breaches of regulation, these included;

- Systems or processes in regard of governance; and,
- Systems or processes in regard of risks to patients.

We found improvements had been made since the previous inspection of July 2016 when the practice had been rated as inadequate and was placed into Special Measures. The requirements from the Warning Notice we served have been met; we will carry out a further inspection of the practice to ensure other requirements have been met in the near future; therefore the ratings remain the same as our last report.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published on 3 November 2016. This can be done by selecting the 'all reports' link for Herbert Avenue on our website at www.cqc.org.uk

Our key findings at this inspection were as follows:

- The practice had put in place governance arrangements for new policies and procedures to make improvements following the last inspection; some of the new arrangements were at an early stage and had not been fully embedded into the practice.
- Staff understood the systems and processes and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a clear leadership structure and staff felt supported by management. The staff were keen to show the progress made and we saw they had made improvements and been very engaged with the process.

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 safe?

Since the inspection in July 2016 the practice had started to improve the systems, processes and practices in place to keep people safe. For example;

- There was a system in place for reporting and recording significant events. Lessons were shared at clinical meetings to make sure action was taken to improve safety in the practice.
- The practice had introduced new processes and practices to keep patients safe and safeguarded from abuse; we noted these processes were new and required embedding.
- The management of medicines at the practice was well organised and in line with requirements; new processes had been put in place to ensure prescription forms were monitored or stored safely.

Inadequate



Are services well-led?

Since the inspection in July 2016 the practice had started to improve the governance systems, processes and practices in place for being well led. For example;

- There was a leadership structure and staff felt supported by management. The staff were keen to show the progress made and we saw that they had made improvements and been very engaged with the process.
- Staff had undertaken training in areas such as fire safety, and health and safety to assist with maintaining a safe environment.

Inadequate



Herbert Avenue

Detailed findings

Our inspection team

Our inspection team was led by:

The focussed inspection was carried out by a CQC lead inspector.

Background to Herbert Avenue

The Herbert Avenue Medical Centre was inspected on Tuesday 22 November 2016. This was a focussed inspection to check on the progress of actions taken following a warning notice being issued following the inspection we made in July 2016.

The practice is situated in the town of Poole in Dorset. The practice provides a general medical service to 3,600 patients. The practice is based on the ground floor of the building with tenanted residential flats on the first floor. The practice also leases rooms to outside providers who deliver dispensary and chiropractor services.

Herbert Avenue Medical Centre is part of Healthstone Medical - a federation of three practices providing primary care and is also one of the practices that form the Poole Bay Locality in Poole, Dorset.

The practice's population area is in the fourth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. The practice population ethnic profile is predominantly White British although there is a small Polish population and a traveller's site nearby. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average

male life expectancy for the practice area is 79 years which matches the national average of 79 years; female life expectancy is 84 years which is slightly higher than the national average of 83 years.

There is a team of two GP partners, one female and one male and one female salaried GP providing a total of 16 GP sessions each week. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, a practice nurse, a healthcare assistant/phlebotomist (Phlebotomists are people trained to take blood samples) and seven additional administration and reception staff; the majority of staff being long term employees at the practice.

Patients using the practice also have access to community nurses, physiotherapists, chiropodists, and other health care professionals who visit the practice on a regular basis. The health visiting team are based within the practice.

The practice is open between 8am and 6pm Monday to Friday. Appointments are offered between 8.30am and 12.30pm and between 2.30pm and 5.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. No extended hours are offered.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number. Details are also given on the practice website and information leaflet of the nearest walk in clinic at Boscombe Walk-in Centre. The Walk-in centre is open at weekends, Saturday and Sunday, from 8am until 8pm and sees patients with health needs such as urgent care, larger cuts, sprains and minor injuries.

The practice has a General Medical Services (GMS) contract with NHS England.

Detailed findings

The Herbert Avenue Medical Centre provides regulated activities from the main site at Herbert Avenue Medical Centre, 268 Herbert Avenue, Parkstone, Poole. Dorset BH12 4HY.

Why we carried out this inspection

We carried out an inspection of the Herbert Avenue Surgery in July 2016 and published a report setting out our

judgements. We asked the provider to send us a report of the changes they would make to comply with the regulation they were not meeting. We inspected the practice to ensure the actions stated had been completed.

How we carried out this inspection

We reviewed information sent to us by the practice. We carried out an announced focussed inspection at short notice. We looked at management and governance arrangements and a sample of records and spoke with two staff.

Are services safe?

Our findings

Safe track record and learning

At our inspection in July 2016 we found systems and processes in regard of patient safety were not effectively managed or overseen. These included:

- Investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Patients did not always receive a timely verbal and written apology.
- The practice manager and the GPs we spoke with could not recall receiving or actioning any national patient safety alerts placing patient safety at risk.

At this inspection in November 2016 we found the practice had set up a basic system to monitor significant events and identify trends. All significant events were discussed at the fortnightly clinical meeting. We saw minutes of the meetings showing evidence of significant events being discussed and actions to be taken.

We were told a new process for managing safety alerts within the practice had been streamlined and a spreadsheet had been devised detailing what action had been taken and who was responsible for these actions. For example, following a recent medicine alert we saw the actions taken by the practice manager and the GPs to ensure patient safety.

Overview of safety systems and processes

At our inspection in July 2016 we found patients were at risk of harm because systems and processes had weaknesses and were not implemented in a way to keep them safe. For example,

- Staff acting as chaperones had not all received a disclosure and barring check (DBS) or risk assessment.
- We found the practice had not responded to a recent infection control audit or provided training for staff.
- Blank prescription forms for use in printers, were not handled in accordance with national guidance.

At this inspection we saw evidence the practice policy and risk assessment had been updated to include all staff undertaking chaperone duties would be DBS checked and

trained for the role. Only the practice nurse was being used as a chaperone, if they were not available the appointment would be rebooked. Two additional reception staff were in the process of being DBS checked and had received the necessary training and were awaiting their DBS checks to be finalised before undertaking the role. It was planned for all other staff to be DBS checked and undergo chaperone training to further improve services for patients.

We saw the practice maintained appropriate standards of cleanliness and hygiene. The practice had sought advice and assistance with infection control from the local Clinical Commissioning Group (CCG). A new audit had been undertaken, we observed that pedal bins and soap dispensers were now in place and new flooring had been fitted in the patient toilet. All staff had received up to date training in infection control.

We saw systems were in place for blank prescription forms to be stored securely; separate spreadsheets for each GP recording the first and last serial number were kept in folders. We were told reception staff removed the blank forms at the end of each surgery including lunchtimes if the consulting room was to remain unoccupied.

Monitoring risks to patients

In July 2016 we found patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example, not all actions identified through fire safety, and health and safety, risk assessments had been actioned.

At this inspection we found the practice had started to action areas highlighted in the risk assessments. For example, all staff had received fire training; the practice had undertaken a fire evacuation drill on the 28 October 2016. We saw records that showed weekly fire alarm tests had been carried out and the emergency firefighting equipment and lighting had been tested monthly.

Health and safety training had been completed by the staff. The practice manager was in the process of raising a template to record checks that had been carried out within the practice; for example, a first aid box and a nationally recognised accident book had been purchased.

The practice manager told us that the systems in place were new and would be embedded to ensure safer services were provided to patients.

Are services well-led?

Inadequate



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

Our findings

Governance arrangements

In July 2016 we found the practice did not have an overarching governance framework which supported the delivery of good quality care. Systems and processes were not in place to ensure an effective oversight of several aspects of the practice, these included:

- The management of significant events,
- Safe governance of prescription paper,
- Disclosure and Barring Service (DBS) checks or risk assessments for staff undertaking chaperone duties,
- Maintaining accurate records for staff training,
- Establishing a programme of continuous clinical and internal audit to monitor quality or make improvements.

We found at the inspection in November 2016 new processes had been commenced to ensure a more effective oversight of significant events. The effective governance of prescription paper was now more effective and ensured improved levels of security. DBS checks or risk assessments for staff undertaking chaperone duties had commenced with further staff due to be checked to improve services for patients.

We were shown a spreadsheet which showed all members of staff had completed e-learning training in October/ November 2016 for safeguarding adults and children, infection control, health and safety and chaperoning. Other topics, for example, fire safety had been completed to assist with maintaining a safe environment.

We were reassured a programme of audits had been established and were shown three audits, one for cervical smears and two for medicines which provided evidence of improved outcomes for patients. The practice was planning to repeat these audits to further demonstrate improvement over time.