

New Invention 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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at New Invention Health Centre on 9 December 2015, following a comprehensive inspection on 23 October 2014 when the practice was rated as requires improvement for providing safe services. Following our inspection the provider submitted a plan of action for improvements.

We then carried out a focused inspection on 9 December 2015 to establish whether the necessary improvements had been made. We found that the practice had not

completed the identified actions and accordingly we rated the practice as inadequate for providing safe services. There were no additional issues found at the time of this inspection.

As a result of this inspection we then issued warning notices in relation to Regulation 9 (person centred care) and Regulation 17 (good governance) of the health and Social Care Act 2008. The practice were required to make the improvements by 29 February 2016. [RA1]

We then carried out a focused inspection on 3 June 2016 to look specifically at the areas identified in the warning notices to see if improvements had been made.

Summary of findings

This inspection will not change the quality ratings applied on 9 December 2015. They will be reviewed at the next comprehensive inspection.

The provider in place at the time of this latest inspection had recently taken over the contract for the practice on 1 April 2016 and had commenced improvements to the site. A new practice manager had been recruited to provide managerial support, support staff and provide advice about the day to day operations of the practice. The evidence at this inspection demonstrated that the provider had taken action to comply with the warning notice.

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

- Issues relating to carpets and sinks, identified in the infection control audit of May 2015, had been addressed in line with national infection control guidance.
- The practice employed a maintenance worker who was acting on the identified areas for improvement, for example updating the reception area.

- Seating in the waiting area was still in need of repair, but this had been organised and we saw evidence to confirm this.
- The practice employed a cleaning company to carry out daily cleaning of the practice and records were in place which demonstrated that a schedule of regular cleaning took place.
- An Equality Act audit had been completed and this had identified actions to improve facilities for patients with a disability. The providers were currently reviewing the plan and implementing the actions to improve the premises.
- Staff had completed role specific training identified by the practice as being a requirement for staff.

We found that the provider had complied with all the elements of the warning notice and had made the necessary improvements.

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?

- Risk assessments had been completed and appropriate action taken.
- Staff had received appropriate training for their role and updated training in health and safety.
- An Equality Act assessment had been completed, with an action plan in place to address the improvements needed.
- Infection control procedures had been reviewed and implemented.
- Carpets had been removed from areas where clinical treatment took place and sinks had been replaced in line with relevant infection prevention specifications.
- Plans were in place for seating to be repaired in the patient waiting room.

New Invention Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector.

Background to New Invention Health Centre

Dr Sinha, Rischie, Sinha, Shanker practice are the registered provider for New Invention Health Centre. They are registered for primary medical services with the Care Quality Commission (CQC) and have two registered locations, Pleck Health Centre and New Invention Health Centre.

We only inspected New Invention Health Centre on this inspection, to look specifically at the areas identified in the warning notices to see if improvements had been made following our previous inspections.

The practice is based inside a converted house. The registered patient list size is approximately 6300 patients. The practice has a General Medical Service contract (GMS) The practice is part of NHS Walsall Clinical Commissioning Group (CCG.)

The practice is open Mondays, Tuesdays, Wednesdays and Fridays from 8.30am to 6.30pm and closes between 1pm and 2pm on these days. The practice is also closed on alternate Tuesdays from 12pm until 2pm and Thursdays from 1pm. Extended opening hours are available on Mondays from 6.30pm to 8.15pm which would benefit working age patients. When closed during normal working hours, the practice subcontracts with a local GP provider to provide services to patients.

The practice has also opted out of providing out-of-hours services to their own patients. This service is provided by Waldoc, an external out of hours service contracted by Walsall Clinical Commissioning Group.

There are four GPs working at the practice (two male and two female). The practice employs a nurse practitioner (female), a practice nurse (female) and a health care assistant (female) who also undertakes phlebotomy (the taking of blood). The non-clinical team consists of a practice manager and reception and administration staff.

The practice has a General Medical Service contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for patients as well as for example, chronic disease management and end of life care. The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 9 December 2015. Following this inspection we issued a warning notice due to concerns about person centred care and good governance.

This inspection was a focused inspection to check the provider had taken action to comply with the warning notice.

Detailed findings

How we carried out this inspection

We carried out the focused inspection on 3 June 2016. During our inspection we reviewed clinical rooms, infection

control policy and completed actions. We also reviewed the Equality Act 2010 assessment completed by the practice and the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

We issued a warning notice to the provider as a result of our inspection on 9 December 2015. This was in relation to concerns that patients and staff were not protected against the risks of healthcare associated infection, that the practice needed to make reasonable adjustments for patients with a disability and issues relating to staff training.

At this inspection we observed the premises to be clean and tidy. The last infection control audit was completed in May 2015 which identified areas for improvement that had not been actioned. The practice had a further review in May 2016 by a nurse consultant from Health Protection England who made some recommendations. We saw evidence that action was taken to address any improvements identified. The action plan highlighted that:

- Carpets had been removed and replaced with wipeable floor coverings.
- Sinks had been replaced with recommended infection control prevention specifications.
- A legionella risk assessment had been organised for June 2016, evidence to confirm this was seen.
- Rooms had been decluttered to avoid the spread of infection.
- Seating in the patient waiting area was scheduled to be repaired; confirmation of plans was seen at the time of inspection.
- Procedures had been put in place to ensure that items were stored correctly and staff were aware of their responsibilities in relation to infection prevention.

- The practice had contracted a cleaning company to ensure that effective procedures were in place to maintain the cleanliness of the premises.

We found that the practice had completed an audit to ensure patients with a disability had suitable access when attending the practice. The audit had identified areas for improvement and the practice were in the process of actioning these. The areas identified were:

- Uneven paving and potholes outside the premises and in the car park. We found that work had been carried out to rectify the most urgent areas identified and the practice was awaiting further updates from the landlords on funding.
- We saw that a low level desk had been installed within the reception area for patients who had a disability.
- The practice had rooms upstairs which were being used by the midwife and the Clinical Commissioning Group (CCG) physiotherapy service to see patients. Due to the refurbishment of the building, the midwife was able to move to a room on the ground floor, but the physiotherapy service had been suspended due to current room availability.

At this inspection we saw evidence to confirm that staff had received the appropriate training for their role which included chaperone training. This was completed in January 2016. We also saw evidence to confirm that training for health and safety had been completed in January 2016.