

# Central Healthcare

## Inspection report


1a  
Belgrave Crescent  
Scarborough  
YO11 1UB  
Tel: 01723360835  
[www.scarboroughcentralgp.nhs.uk](http://www.scarboroughcentralgp.nhs.uk)

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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced, comprehensive inspection of Central Healthcare, Lawrence House medical centre, 1a Belgrave Crescent, Scarborough, YO11 1UB and the two branch sites Prospect Road surgery, Scarborough, YO12 7LB and Peasholm surgery, 98 Tennyson Avenue, Scarborough, YO12 7RE as part of our inspection programme.

This practice has not previously been inspected as it is a new registration following the merger of four previously registered practices.

Our judgement of the quality of care at this service is based 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 **inadequate** overall, including all population groups, overall.

We identified four breaches of regulations and issued warning notices for three of the breaches.

We rated the practice as **inadequate** for providing safe services because:

- Clear systems, practices and processes to keep people safe and safeguarded from abuse were not in place.
- Recruitment systems and processes were not always adhered to.
- The practice did not have complete fire safety and health and safety systems in place.
- Reliable infection prevention and control practices were not in place.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Systems and processes to ensure staff had the information they needed to deliver safe care and treatment were ineffective.
- The practice did not have an effective system to learn and make improvements when things went wrong.

We rated the practice as **inadequate** for providing effective services because:

- Patients' needs were not always assessed, and care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance.

- Some performance data was significantly below local and national averages.

- Outcomes from the monitoring of care and treatment were not always acted on in a timely way or monitored to ensure improvement achieved and sustained.

- The practice was unable to demonstrate that staff always had the skills, knowledge and experience to carry out their roles. Not all staff were appropriately trained to fulfil their roles and responsibilities, specifically pertaining to safeguarding, infection prevention and control, fire safety, chaperoning, basic life support, sepsis, vaccination and immunisations, information governance and general data protection regulations (GDPR).

- The practice was unable to demonstrate a system of clinical supervision and appraisal, particularly for the nursing team.

- Staff did not always work together and with other organisations to deliver effective care and treatment.

- Staff were not always consistent and proactive in helping patients to live healthier lives.

- The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

This area affected all population groups; so, we rated all population groups in the effective domain as **inadequate**.

We rated the practice as **good** for providing caring services because:

- National GP patient survey data was comparable to the England average for the way patients were treated.
- Feedback from patients was mixed about the way staff treated people.

We rated the practice as **inadequate** for providing responsive services because:

- Sufficient numbers of staff were not always available resulting in services not always meeting patients' needs.
- People were not able to access care and treatment in a timely way. There were lengthy delays accessing routine appointments and accessing the practice via the telephone.
- Complaints were listened to but not always used to improve the quality of care.

# Overall summary

This area affected all population groups; so, we rated all population groups in the responsive domain as **inadequate**.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice did not have clear and effective processes for managing risks, issues and performance. Measures to address many of the known risks such as significant events, patient feedback regarding attitude of staff, timely access to services, staffing levels and management of patient information were not managed and actioned in a timely way.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective. Lack of oversight in areas included; staff training, appraisal and supervision of staff, management of health and safety and fire safety, infection prevention and control, dealing with medical and non-medical emergencies, safe recruitment, management of patient information and the management of prescription stationery coming into the practice.
- The practice did not always act on appropriate and accurate information. This included areas such as information not being added onto patients notes and patients being referred to other services in a timely way
- We saw limited evidence of systems and processes for learning, continuous improvement and innovation.

This area affected all population groups; so, we rated all population groups in the well-led domain as **inadequate**.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to perform. Ensure sufficient numbers of staff are always available to meet patients' needs.
- Ensure recruitment procedures are operated effectively.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

**Details of our findings and the evidence supporting our ratings is set out in the evidence table.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC inspection manager, two CQC inspectors and a CQC medicines inspector.

## Background to Central Healthcare

Central Healthcare is located at Lawrence House medical centre, 1a Belgrave Crescent, Scarborough, YO11 1UB. There are two branch sites, Prospect Road surgery, Scarborough, YO12 7LB and Peasholm surgery, 98 Tennyson Avenue, Scarborough, YO12 7RE.

As part of our inspection we visited Lawrence House medical centre, 1a Belgrave Crescent, Scarborough, YO11 1UB, Prospect Road surgery, Scarborough, YO12 7LB and Peasholm surgery, 98 Tennyson Avenue, Scarborough, YO12 7RE, where the provider delivers registered activities.

Central Healthcare provides NHS services through a Primary Medical Services (PMS) contract to approximately 29000 patients. The practice is part of the NHS Scarborough and Ryedale Clinical Commissioning Group (CCG). There are arrangements with other providers to deliver services to patients outside of the practice's working hours. When the practice is closed, patients are directed to contact the local out of hours service via NHS 111.

The practice population deprivation is 31.43, compared to 24.63 for the local CCG of 24.63 and 21.72 for England. The higher the score, the more deprived an area is compared to others.

Lawrence House appointments are offered Monday to Friday from 8am to 6pm. Extended hours are available Monday to Thursday from 7.30am to 8am and Wednesday 6.30pm to 8pm. Extended access is available Friday from 6.30pm to 8pm.

Prospect Road appointments are offered Monday to Friday from 8am to 6.30pm. Extended hours are available Monday 6.30pm to 8.30pm and Thursday 6.30pm to 8pm.

Peasholm appointments (nurse and HCA only) are offered Monday and Tuesday 9.15am to 3.30pm and Wednesday and Thursday 09:00 - 12:15 and 13:00 - 15:30.

Patients may book appointments by telephone, online or in person.

The practice staff consists of three full-time and two part-time GP partners (two female and three male), 12 part-time salaried GPs (seven female and five male), three international GPs currently in an observing role, one clinical nurse lead (female), two full-time and four part-time nurse practitioners (one male and five female), three part-time senior practice nurses (female), four full-time and two part-time practice nurses (female), one newly qualified full-time practice nurse (female), one part-time diabetes specialist nurse (female), two full-time and five part-time health care assistants (female), one

part-time phlebotomist (female), one full-time pharmacist (male), one full-time and one part-time pharmacy technician (female), one part-time prescription manager, 23 patient services staff (front of house staff) (full and part-time), 16 administrators (full and part-time), four data quality staff (full and part-time), 13 facilities staff, eight practice management staff and four senior practice management staff. The practice also employs locum GPs.

Central Healthcare is registered with the Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury.

Central Healthcare was registered with the Care Quality Commission in August 2018 as a result of the merger of four local practices. All four locations were previously registered with CQC and merged to form Central Healthcare. They were Prospect Road Surgery, last inspected 6 July 2017 and rated as good. Peasholm Surgery last inspected 3 November 2014 and rated as good, Falsgrave Surgery, last inspected 5 November 2014 and rated as good and Belgrave Surgery, last inspected 4 November 2014 and rated as good. The full comprehensive reports for these inspections can be found by selecting the 'all reports' link for the above practices on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure recruitment procedures were operated effectively. In particular:</p> <p>The provider could not demonstrate that recruitment procedures and checks were always carried out to provide assurance that staff had suitable skills and experience for their role.</p> <p>The provider could not demonstrate that all clinical staff had a DBS check in place.</p> <p>The provider could not demonstrate that reference checks were always carried out.</p> <p><b>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed</b></p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

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><b>Warning notice issued:</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider 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 systems and processes to support fire safety and health and safety had not been implemented effectively.</p> <p>The systems and processes to support infection prevention and control (IPC) had not been implemented effectively.</p> <p>The systems and processes to keep people safe and safeguarded from abuse had not been implemented effectively.</p> <p>The systems and processes for dealing with medical emergencies had not been implemented effectively.</p> <p>The systems and processes for ensuring blank-prescription stationery-management was ineffective.</p> <p>There were gaps in systems to assess, monitor and manage risks to patient safety.</p> <p>Staff did not always have the information they needed to deliver safe care and treatment.</p> <p>The practice did not have a system to learn and make improvements when things went wrong.</p> <p><b>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</b></p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Enforcement actions

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Warning notice issued

### **How the regulation was not being met:**

The provider failed to ensure comprehensive systems or processes that enabled the provider to assess, monitor and improve the quality and safety of the services being provided were in place. In particular:

Oversight of training, appraisal and supervision of staff, management of health and safety and fire safety, infection prevention and control, dealing with medical and non-medical emergencies, safe recruitment, management of patient information and the management of prescription stationery coming into the practice was ineffective.

The systems and processes to assess, monitor and mitigate risks relating to the health, safety and welfare of people using services and others was inadequate. Risks such as significant events, patient feedback regarding attitude of staff, timely access to services, staffing levels and management of patient information were not being actioned in a timely way.

The provider did not ensure staff were recruited safely.

The provider did not ensure significant event investigations were robust. Learning from investigations was not always shared with all staff and so risks relating to repeated incidents were not always mitigated.

**This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.**

## Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Warning notice issued

### **How the regulation was not being met:**



This section is primarily information for the provider

## Enforcement actions

The provider failed to ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

The provider failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff were always available to meet the needs of the people using the service.

**This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**