

Harwood Medical Centre

Quality Report

Hough Fold Way

Harwood

Bolton

BL2 3HQ

Tel: 01204 300 033

Website: www.harwoodmedicalcentre.co.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 service

Good



Are services safe?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harwood Medical Centre on 24 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 24 October 2016 inspection can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focussed inspection carried out on 23 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 24 October 2016.

At this inspection we found that sufficient improvement had been achieved to update the rating for provision of safe and well-led services to good. The practice had addressed the breaches of regulation and was now compliant with all regulations. This report covers our findings in relation to those improvements.

Overall the practice is now rated as good.

Our key findings were as follows:

- The systems to manage significant events were now improved.
- All staff were trained in safeguarding procedures to the appropriate level and were aware of the practice safeguarding leads.
- There were systems in place to monitor patient quality outcomes.
- Staff had completed training relevant to their role.
- All clinical staff had full medical indemnity insurance.
- Patient group directives were now signed by the appropriate member of staff.
- All staff were aware of the locations of the defibrillator and emergency drugs kit.
- All staff were informed about the business continuity plan and how to find this on the practice IT system.
- The vaccine fridge temperatures were now checked and documented daily.

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?

At our previous inspection on 24 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in place for managing the following issues were not adequate:

- significant events
- staff training including safeguarding training
- monitoring fridge temperatures
- clinical staff indemnity insurance
- staff knowledge of emergency equipment

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focussed follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

In addition, the following areas were identified at the last inspection which should be improved for providing safe services:

- the management of patient group directions
- staff knowledge of the location of emergency equipment and the policies and procedures
- staff knowledge of the safeguarding leads
- the monitoring of fridge temperatures

During this inspection we found arrangements had significantly improved when we undertook a focussed follow up inspection on 23 May 2017.

Safe track record and learning

At this inspection we were told that improvements had been made to the way significant events were managed. Staff were provided with easy access to the significant event policy, procedure and form to be completed following a significant event. Significant events were discussed with the staff team as they occurred and also during team meetings for the purpose of learning. Additional staff training had also been provided.

Overview of safety systems and process

All GPs, clinical and administrative staff were trained to the appropriate level in adult and child safeguarding procedures and staff were aware of the safeguarding leads.

Good



Summary of findings

Staff had completed additional training relevant to their role and a record of all training was kept and monitored. We saw evidence that staff had completed training in infection control, managing complaints, chaperone responsibilities and basic life support.

We were provided with evidence that patient group directions had been signed by appropriate staff and the vaccine fringe temperature was now regularly monitored. All clinical staff were now included in the practice medical indemnity insurance and all staff were informed about the location the emergency equipment.

Are services well-led?

At our previous inspection on 24 October 2016, we rated the practice as requires improvement for providing well-led services as CQC data indicated that the practice was performing below the national average in relation to the management of patients in the following areas:

- patients on the diabetes register who required a record of a foot examination and risk classification.
- patients with hypertension who required regular blood pressure tests.
- patients diagnosed with dementia that required their care to be reviewed in a face-to-face interview.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focussed follow up inspection of the service on 23 May 2017. The practice is now rated as good for being well-led.

Leadership and culture

Systems were in place to monitor the performance of the practice and to ensure and improve good outcomes for patients. GPs, clinical staff and the practice manager met regularly to discuss patients' outcomes and regular monitoring was carried out to ensure all patients received health care interventions as necessary.

The practice provided use with data to demonstrate the following:

- The percentage of patients with hypertension having regular blood pressure tests was now 87% which was above the national average of 83%.
- The percentage of patients with hypertension having regular blood pressure tests was now 87% which was above the national average of 83%.

Good



Summary of findings

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was now 83% which was in line with the national average of 84%.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

The specific findings on these groups can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 24 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The specific findings on these groups can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

Good



Harwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector reviewed and analysed the evidence provided at the time of the inspection.

Background to Harwood Medical Centre

Harwood Medical Centre is commissioned by Bolton Clinical Commissioning Group. The address of the practice is Harwood Medical Centre, Bolton, BL2 3HQ. The practice is located near a main road and has good public transport links. The practice also has a car park for patient use. Harwood Medical Centre had a branch surgery located at Tonge Moor Health Centre, Thicketford Road, Tonge Moor, Bolton, BL2 2LW. Patients are able to use both the main site and the branch for an appointment.

The practice has approximately 13,300 registered patients and serves a diverse population group including a mix of all age groups. The practice is a training practice for medical students.

The practice offers a wide range of services including family planning advice, minor surgery, travel immunisations, flu clinics and diabetes clinics. The practice is a partnership consisting of six partner GPs (three male and three female) and two associate GPs, two practice nurses, an assistant practitioner, a practice manager, and a team of administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm daily. Extended hours appointments are offered from 6.30pm to 8pm every Monday and from 9am to 12pm on a Saturday.

In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them. Outside of practice opening times, patients are diverted to the 111 out of hour's service.

Why we carried out this inspection

We undertook a comprehensive inspection of Harwood Health Centre 24 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Harwood Medical Centre on our website at www.cqc.org.uk.

We undertook a focussed inspection of Harwood Medical Centre on 23 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focussed follow up inspection of Harwood Medical Centre on 23 May 2017. This involved looking at information the practice used to deliver care and speaking with the practice manager and assistant practice manager.

Please note that when referring to information throughout this report, for example any reference to 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

At our previous inspection on 24 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing the following were not adequate:

- significant events
- staff training including safeguarding training
- monitoring fridge temperatures
- clinical staff indemnity insurance
- staff knowledge of emergency equipment

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focussed follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

In addition, the following areas were identified at the last inspection which should be improved for providing safe services:

- the management of patient group directions
- staff knowledge of the location of the emergency equipment and practice policies and procedures
- staff knowledge of safeguarding leads
- the monitoring of the fridge temperatures

During this inspection we found arrangements had significantly improved when we undertook a focussed follow up inspection on 23 May 2017.

Safe track record and learning

At this inspection we were told that improvements had been made to the way significant events were managed.

- A link to the significant event policy, procedure and form to be completed following a significant event was installed on all computers.
- Staff were trained on what constitutes a significant event.
- A record was now available of all significant events along with a hard copy.
- Significant events were discussed with the staff team as they occurred and also during team meetings for the purpose of learning. A record of these discussions was kept.

Overview of safety systems and process

All staff were now trained to the appropriate level in adult and child safeguarding procedures and staff were aware of the safeguarding leads.

Staff had completed additional training relevant to their role. A record of all training was kept and monitored through the practice on-line training programme. We saw evidence that staff had completed training in infection control, managing complaints, chaperone responsibilities and basic life support.

We were provided with evidence that patient group directions had been signed by appropriate staff and the vaccine fridge temperature was now regularly monitored.

We received evidence to demonstrate that relevant clinical staff were included in the practice medical indemnity insurance.

We were informed that all staff were aware of the location of the defibrillator and the emergency equipment.

A link to the practice policies and procedures was installed on all computers which gave direct access to a copy of the business continuity plan.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 24 October 2016, we rated the practice as requires improvement for providing well-led services as CQC data indicated that the practice was performing below the national average in relation to the management of patients in the following areas:

- patients on the diabetes register who required a record of a foot examination and risk classification.
- patients with hypertension who required regular blood pressure tests.
- patients diagnosed with dementia that required their care to be reviewed in a face-to-face interview.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a focussed follow up inspection of the service on 23 May 2017. The practice is now rated as good for being well-led.

Leadership and culture

Systems were in place to monitor the performance of the practice and to ensure and improve good outcomes for patients.

- GPs, clinical staff, the practice manager and assistant practice manager met regularly to discuss patients' outcomes, the practice performance, significant events and complaints.
- Regular monitoring was carried out to ensure all patients received health care interventions as necessary.
- GPs took responsibility for managing specific areas of care.
- Identified staff were experienced in supporting patients with a diagnosis of dementia.
- Staff reflected on audit presentations, undertook a review of all patients currently on the Gold Standard Framework register, and received feedback from the GP who had attended the monthly Bolton CCG Clinical Leads Meetings

We were informed that all patients with diabetes were referred to the local hospital for a foot examination and risk classification. This treatment was not carried out by the

practice. In light of this the practice was determined by the rate at which the hospital services carried out these examinations and their notification that they had been completed. To address this problem and ensure these patients received their treatment promptly, one of the GPs had recently undertaken additional training and now offered a foot screening service at their weekly diabetic clinic. It was anticipated that this would help with the performance rates with this aspect of patient care

The practice provided us with data to demonstrate that the percentage of patients with hypertension having regular blood pressure tests was now 87% which was above the national average of 83%. The practice was pro-active in improving the monitoring of these patients by:

- Clinical teams, including recently trained health care assistants, carried out opportunistic checks and home visits were undertaken by the practice nurses for housebound patients.
- Carers were offered health checks.
- Reviews were carried out with patients at high risk of cardiovascular disease.
- A blood pressure measuring machine was available in the patient waiting area and patients were able to leave their results with the practice to update their medical records.

The practice provided us with data to demonstrate that the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding months was now 83% which was in line with the national average of 84%.

The practice had undertaken work to improve the identification of patients with dementia by increasing the number of referrals to the memory clinic, also by following up on feedback from the administration team in respect patients who phone in frequently and who seem confused.

One of the experienced receptionists liaised with the nursing team and the patients and their carers in order to improve the number of reviews undertaken both at the surgery and in the patient's own home when housebound. Patients who did not attend their appointments were contacted to rearrange another appointment. Carers were also offered their own health care check.