

# Central Healthcare Centre

## Inspection report

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Date of inspection visit: 06/03/2019

Date of publication: 26/04/2019

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?

Good



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



# Overall summary

A comprehensive inspection was carried out on 31 May 2017. The practice was rated as inadequate overall, and inadequate for providing safe, responsive and well led services and requires improvement for providing effective and caring services. As a result of the findings on the day of the inspection, the practice was issued with a warning notice on 28 July 2017 for regulation 17 (good governance). The practice was placed into special measures for six months. A focused inspection was carried out on 18 October 2017 to check on improvements detailed in the warning notice issued on 28 July 2017, following the inspection on 31 May 2017. We carried out an announced comprehensive inspection at Central Healthcare Centre on 29 January 2018. This inspection was undertaken following the period of special measures. At this inspection, the practice was rated as requires improvement for effective, responsive and well led services and was taken out of special measures. The full inspection reports on the May 2017, July 2017 and January 2018 inspections can be found by selecting the 'all reports' link for Central Healthcare Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Central Healthcare Centre had merged with Gorleston Medical Centre on 1 October 2018 and were called The Beaches Medical Centre. However, they had not updated their CQC registration to reflect this and were still registered with CQC as Central Healthcare Centre at the time of this inspection. Some data in the evidence table related to Central Healthcare Centre and some to The Beaches Medical Centre. This was dependant on the date range of when the data was collected and the date of data publication. We carried out an announced comprehensive inspection at Central Healthcare Centre on 6 March 2019 to follow up on breaches of regulation identified at our previous inspection on 29 January 2018.

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 have rated this practice as inadequate overall, and inadequate for all population groups. At this inspection we found:

- Improvements had been made to the practice's quality and outcomes framework performance and exception reporting. Arrangements to review patients with long term conditions, who lived in care homes had improved.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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

- The practice had 2,335 electronic letters, which had not been reviewed to see if any actions needed to be taken by the practice, or coded. The practice was aware of this and had taken some action to address this; with additional action taken following the inspection. We reviewed a sample of four letters and no action was needed.
- They had 333 patients whose notes had not been summarised. These dated to September 2018. The practice advised this had become an issue since the merger. Following the inspection, they commenced the outstanding summarising.
- Following our previous inspection, the practice had established and implemented a system to assure themselves of the competency of clinicians working in advanced roles. At this inspection, these formal, documented checks had not been completed for approximately five months. Non-medical prescribers had access to their peers and GPs and could obtain advice if needed. The system of auditing the work of non-clinical staff who reviewed patient correspondence and summarised was not being implemented. The practice was aware of this and planned to re-establish these systems.
- Disclosure and Barring Service (DBS) checks were not undertaken when required. Following the inspection, the practice completed a risk assessment and confirmed they were in the process of or had applied for the DBS checks.

We rated the practice as good for providing effective services, although we acknowledged that the backlog of unreviewed patient correspondence, could impact on the effectiveness of the care provided. We rated the population group people with long term conditions as requires improvement for providing effective services because:

- The practice had completed 29% of reviews of patients with a learning disability in the past 12 months. The practice was aware and advised that although they had

# Overall summary

identified a clinical and administration learning disability lead and met with the learning disability nurse in May 2018 to review their system, due to the workload associated with the merger, this work had not progressed. They had a 2019 action plan in place.

We rated the practice as requires improvement for providing caring services because:

- The 2018 national GP patient survey (which related to Central Healthcare Centre), had lower than average results for treating patients with care and concern, listening to patients and for overall experience of the practice. The practice was not yet able to evidence if actions taken to improve these areas had been effective.

We rated the practice and all population groups as inadequate for providing responsive services because:

- Patients did not find it easy to make an appointment and urgent appointments were difficult to access.
- The practice had a backlog of 2,335 electronic letters which had not been reviewed to see if any actions needed to be taken by the practice, or coded.
- The 2018 national GP patient survey (which related to Central Healthcare Centre), had lower than average results for access. The practice had tried different ways to improve access but with limited success.
- Staff were not all aware of the 'being responsive to patients' suggestions' leaflet which provided information on the complaints process for patients.
- These issues related to patients across all the population groups, which are therefore all rated inadequate.

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

- Leaders did not have the capacity to lead effectively. Some systems which had been established and implemented previously by the practice, were not being sustained at the time of this inspection, due to a lack of capacity.
- The practice had a formal process to assure themselves of the competency of staff employed in advanced clinical practice, however, this process had not been implemented for approximately five months. The practice was aware of this and planned to start implementing this process again.
- The system for reviewing patients' correspondence was not effective. The practice had 2,335 electronic letters,

which had not been reviewed to see if any actions needed to be taken by the practice, or coded. Following the inspection, the practice advised that four non-clinical staff were working to review the backlog of letters.

- The system for summarising patients' notes was not effective. There was a backlog of patients notes which needed to be summarised. The practice advised the backlog was due to staff shortages and sickness, since they had merged. Following the inspection, they acted to start to complete the outstanding summarising.
- The system of auditing the work of non-clinical staff who reviewed patient correspondence and summarising was not being implemented. The practice was aware of this and planned to start implementing this process again.
- The practice had a mission statement and a practice development plan, but it was not supported by a vision, or values to provide high quality sustainable care.
- There were low levels of staff satisfaction, high levels of stress and work overload. Many staff did not feel supported by the practice, due to the pressure of work. They did not always feel able to raise concerns with management due to the pressure the management team were under.
- The practice had merged on 1 October 2018, but had not submitted the necessary statutory notifications and application to CQC to ensure their registration was current. Additional applications needed to be submitted to ensure the registration was accurate.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Formalise and update documentation relating to infection prevention and control.
- Continue to engage with the clinical commissioning group in areas where the practice are outliers for prescribing.
- Continue with the planned programme of clinical audits.

# Overall summary

- Continue to provide appraisals for staff.
- Advise all staff of the 'being responsive to patients' suggestions' leaflet, which provided information on the complaints process for patients.

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 are set out in the evidence tables.**

Dr Rosie Benneyworth BS BM BMedSci MRCGPChief  
Inspector of General Practice

## 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 Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and a practice manager specialist advisor.

## Background to Central Healthcare Centre

- The name of the registered provider is Central Healthcare Centre. The provider told us that they had merged with Gorleston Medical Centre on 1 October 2018 and are known as The Beaches Medical Centre. However, the provider had not updated their registration with the Care Quality Commission and at the time of the inspection, Central Healthcare Centre was a registered provider and location.
- The practice is registered to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice holds a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice area covers Gorleston and the surrounding villages.
- The practice offers health care services to approximately 25,200 patients.
- The practice website is <https://www.centralhealthcarecentre.co.uk>
- There are three GP Partners at the practice (all male) and one salaried GP (female) and three long term GP locums (2 female and one male). The practice clinical team also includes five advanced nurse practitioners and one nurse practitioner. There are six practice nurses, a healthcare specialist, three healthcare assistants and a phlebotomist who are led by a practice nurse manager. There is a team of 13 reception staff, who are led by two reception supervisors, six secretarial staff, two finance administrators, two administration assistants, a clinical coding clerk, a data administrator and an apprentice data administrator and three cleaners. The team are led by a finance manager, assistant manager and a practice manager.
- The practice is open between 8am to 6.30pm Monday to Friday.
- Out-of-hours GP services are provided by Integrated Care 24, via the NHS111 service.
- According to Public Health England, the patient population has a slightly lower than average number of patients aged under 18 compared to the practice average across England. It has a higher percentage of patients aged 75 and above compared to the practice average across England, with a significantly higher than average number of patients aged 65 to 74. Income deprivation affecting children is slightly higher than the practice average across England, but in line with the local average. Income deprivation affecting older people is in line with the England and local

average. Male life expectancy is 79 years for men, which is the same as the England average. Female life expectancy is 83 years for women, which is the same as the England average.

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><b>The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:</b></p> <ul style="list-style-type: none"><li>• Disclosure and Barring Service checks had not been completed for three GPs and four nurses.</li></ul> |
| 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      | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</b></p> <ul style="list-style-type: none"><li>• The system in place for acting on patient correspondence was not effective.</li><li>• The system in place for summarising patients' notes was not effective.</li><li>• The system of auditing the work of non-clinical staff who reviewed patient correspondence and summarised was not being implemented.</li><li>• The process the practice had established, to assure themselves of the competency of staff employed in advanced clinical practice, had not been implemented for approximately five months.</li><li>• The practice had not implemented an effective system to enable people with a learning disability to receive a timely health review.</li></ul> <p><b>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ul style="list-style-type: none"><li>• The system for acting on patient feedback was not effective. Feedback from the 2018 National GP patient survey had lower than average results for access. Patient feedback during the inspection supported this. The practice had tried different ways to improve access but these had not been effective.</li></ul> |
| Family planning services                 |   |
| Maternity and midwifery services         |   |
| Surgical procedures                      |   |
| Treatment of disease, disorder or injury |   |