Crown Heights Medical 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.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	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 Crown Heights Medical Centre on 4 May 2016. The overall rating for the practice was inadequate and the practice was placed into special measures. We carried out a further announced comprehensive follow up inspection of the practice on 29 November 2016 to review progress. The practice had made improvements to some areas that it was in breach of regulations for and as a result was taken out of special measures. The overall rating for the practice was requires improvement. Both the report from the 4 May and 29 November 2017 can be found by selecting the 'all reports' link for Crown Heights Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focussed inspection carried out on 22 June 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 at our previous inspection on 29 November 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was now a safe system in place for storage of vaccines.
- The practice had learned from significant events and improved processes around storage of vaccines.
- The practice had embedded systems and protocols in place which were followed when there were issues with cold chain storage. There was a safe system in place to ensure that when patients were affected, they were contacted in a timely manner.
- The practice had continued to work to reduce exception reporting levels for several clinical indicators.
- The practice had documented care plans which were discussed with patients who had long term conditions.

  However, there were also areas of practice where the provider should make improvements.

In addition the provider should:

Summary of findings

- Continue to monitor exception reporting levels to ensure they are more in line with local and national averages.

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?

Good

The practice is now rated as good for providing safe services.

- The practice had reviewed systems and protocols around monitoring and maintaining safe vaccine storage.
- The practice reported any disruption to vaccine cold chain storage as significant events. Significant events were recorded, discussed at meetings and actions or learning points were implemented to improve safety, for example, purchasing new vaccine fridges.
- Fridge temperatures were recorded manually twice per day and backed up with an electronic fridge temperature monitor.
- Fridges were stored securely in a locked room to prevent unauthorised access. Access to the fridges was via a locked door and wall mounted key pad coded storage unit.

Are services effective?

Good

The practice is now rated as good for providing effective services.

- The practice had reviewed Quality and Outcomes Framework (QOF) exception reporting levels and identified ways to improve this.
- Pop-up alerts and templates had been added to patient records to opportunistically capture data. These templates were unable to be closed without entering text into them.
- The practice produced unverified data to show that for the year 2016/17 the practice had reduced its overall exception reporting level to in line with clinical commissioning group averages from the previous year. (Clinical Commissioning Group and national data for 2016/17 had not yet been published).

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 practice had resolved the concerns for safety and effective identified at our inspection which impacted this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The practice had resolved the concerns for safety and effective identified at our inspection which impacted this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The practice had resolved the concerns for safety and effective identified at our inspection which impacted this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The practice had resolved the concerns for safety and effective identified at our inspection which impacted this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The practice had resolved the concerns for safety and effective identified at our inspection which impacted this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The practice had resolved the concerns for safety and effective identified at our inspection which impacted this population group. The population group ratings have been updated to reflect this.

Good

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor exception reporting levels to ensure they are more in line with local and national averages.

Crown Heights Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Crown Heights Medical Centre

Crown Heights Medical Centre is a large practice located in the middle of the town centre of Basingstoke, in a purpose built building. The practice is located close to rail and public transport links. There is a small car park located near the practice and is shared with another practice that shares the same building. Patients are advised where possible to park in the nearby multi-storey car park.

The practice provides services under a Personal Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice has approximately 25,300 registered patients. The practice has a slightly higher population of working aged individuals, particularly those aged 25 to 35, compared to the average for England. The practice is located in an area of low deprivation. Basingstoke has a population with a wide range of cultural diversity. Approximately 3% of the patients registered at the practice do not have English as a first language and includes patients from Chinese, Polish and Indian sub-continent backgrounds.

The practice has 11 GP partners and four salaried GPs (male and female GPs). The GPs are supported by six practice nurses and three health care assistants. The practice also employs a community matron and a paramedic. Together the additional clinical staff amount to just over eight whole time equivalents. The clinical team are supported by 28 additional staff members including a business manager and patient services manager as well as secretarial and administrative staff. Crown Heights Medical Centre is a teaching and training practice for doctors training to become GPs and medical students.

The practice has two waiting areas for patients. The reception area is light and airy and offers a self-check-in service for patients. A range of seating is available to meet patients' needs. The reception desk has a lowered section to improve accessibility for wheelchair users and children. A notice is displayed that requests that patients stand away from the reception desk until it is their time to speak, in order to protect patient privacy. There is a TV screen in the admin reception area displaying health information for patients and a comment card box for patients to leave feedback. The practice displays a range of health information leaflets and where to get further support in the waiting areas and in the corridors. The practice has 18 consulting rooms plus a large treatment room and minor surgery suite. There are three toilets available to patients, including facilities for patients with disabilities as well as baby changing facilities. The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. The practice has a branch site in Lychpit which is open between 8.30am and 6pm. The practice offers extended hours appointments until 7pm every weekday and on Saturday mornings from 8.45 to 11.30am.

Morning appointments with a GP are available between 8.30am and 12pm. Afternoon appointments are available from 2pm to 6.30pm. The practice offers several types of

appointment; Rapid access, for urgent face to face appointments or telephone consultations with the duty GP; on the day appointments which are released daily; home visits; routine appointments and online appointments.

Crown Heights Medical Centre has opted out of providing out-of-hours services to their own patients and refers patients to the NHS 111 service. The practice offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

On this inspection we inspected Crown Heights Medical Centre which is located at 2 Dickson House, Basingstoke, Hampshire, RG21 7AN. The practice also has a branch practice located approximately two miles away in the village of Lychpit, located at Lychpit Surgery, Great Binfields Road, Lychpit, Basingstoke, RG24 8TF. We did not visit the branch surgery as part of this inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Crown Heights Medical Centre on 4 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate and placed into special measures. A follow up inspection was conducted on 29 November 2016 to see whether the practice had acted upon their plans for improvement. The practice was rated as requires improvement for the safe and effective domains and good for the caring, responsive and well-led domains. The practice was taken out of special measures to reflect the on-going improvements that the practice had made. Copies of both the full comprehensive report and comprehensive follow up inspections can be found by selecting the 'all reports' link for Crown Heights Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Crown Heights Medical Centre on 22 June 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

Prior to our visit we reviewed intelligence gathered from external stakeholders such as members of the public. This included reviewing feedback that had been submitted to the CQC via the 'share your experience' tool on the CQC website.

During our visit we:

- Spoke with a range of staff including the practice manager, GP partners and lead nurse.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited the practice.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed systems and processes in place to monitor safe care and treatment.

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.

Good

Are services safe?

Our findings

At our previous inspection on 29 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of monitoring safe storage of vaccines were not adequate.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our previous inspection on 29 November 2016 we found that vaccines were not stored securely. Treatment rooms which contained the vaccine fridges were not routinely locked even when not staffed despite the rooms having lockable doors. This meant that the practice could not be reassured that unauthorised access to vaccines could be prevented.

At this follow up inspection on 22 June 2017, we found that the practice had improved the security of the vaccine fridges. The practice had purchase two new vaccine fridges. These fridges were stored in a locked room away from clinical treatment rooms or public areas. The keys for the vaccine fridges were stored in a wall mounted key coded lockable unit and only staff members authorised to access the vaccine fridges were given the key code. The practice had a third fridge stored in the minor operations room. This fridge was kept empty but running as a back-up fridge for use if one of the other fridges failed and to transfer stock for use during the baby immunisation clinic on Thursday mornings to minimise disruption and opening of the main fridges during busy clinics.

At our follow up inspection, we found that the practice had improved their monitoring of fridge temperatures and had an embedded safe system in place. The practice had implemented the following changes:

- Fridge temperature checks were conducted twice daily and recorded in the fridge temperature recording log. We reviewed logs from January 2017 through to June 2017 and saw that temperatures were consistently recorded. On more than one occasion there had been a recording of high temperatures, very close to or above eight degrees Celsius. On these occasions there was evidence to show that the electronic fridge thermometer recorded a reading within the acceptable range so no further action was taken. This was because the electronic thermometer gave a more consistent and accurate reading than the fridge thermometer.
- The practice's recording log was double sided with one side recording the daily temperatures and the other side recording monitoring information about what action was taken when temperatures were outside of the safe range. The practice told us they used this data to identify rises in temperature due to stock takes, deliveries and high usage of the fridge. The practice printed weekly copies of temperature recordings from the electronic thermometer and attached these to the corresponding manual fridge temperature log to review inconsistencies.
- The practice had purchased two new fridges since our previous inspection because one fridge had gone outside of the acceptable range for a prolonged period of time on a two occasions. We viewed the significant event records for both these occasions and saw that these events had been appropriately recorded and investigated. We saw corresponding meeting minutes which demonstrated that learning was shared with the staff to prevent reoccurrence.
- The practice's cold chain policy had been reviewed and all staff authorised to administer vaccines had signed to state they had read this policy.
- The practice had developed a flow chart summarising the policy and procedure as a quick reference guide for staff in the event of high or low temperature readings.
- The practice had learned from significant events around fridge temperatures and demonstrated the steps they had taken to make improvements. For example, on the 25 January 2017 the practice identified that the fridge temperature had raised overnight (24/25 January) prior to the morning of a baby immunisation clinic. The practice contacted the relevant manufacturers who advised that the vaccines could be given safely. The clinic went ahead but the lead nurse subsequently discovered that the manufacturers for one vaccine had not been contacted. They were contacted and told the practice that there was no guarantee for the effectiveness of the vaccine. We saw evidence that the practice had written to the affected patients and offered another dose of the vaccine. We were informed that no

Good

Are services safe?

harm came to any of the patients affected by the event. The practice's process was tested when a further fridge failure occurred. We saw evidence to show that that the protocol had been correctly followed by all staff involved.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 29 November 2017 we rate the practice as requires improvement for providing effective services as the arrangements in respect of reviewing the needs of patients with long term conditions to ensure care and treatment is safe and effective was in need of improving.

These arrangements had improved when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

At the first comprehensive inspection on 6 May 2016, the practice had exception reporting levels higher than the national and clinical commissioning group (CCG) averages for several clinical indicators including asthma. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

At the follow up inspection on 29 November 2017 the practice demonstrated some improvements and that exception reporting levels for these indicators had reduced, however they still remained above local and national averages.

At this inspection on 22 June 2017, the practice provided us with unverified data from 2016/17 to show that they had continued to make improvements to their exception reporting levels. The practice data informed us that there had been a reduction in overall exception reporting level for clinical indicators from 19% in 2015/16 to 13% in 2016/17.

The QOF data from 2015/16 showed that the exception reporting level for asthma was higher than average at 35% (CCG average of 13% and national average of 8%). On this inspection the practice provided unverified data to show that their exception reporting levels for asthma had reduced to 3% in 2016/17.

We asked the practice what they had done to achieve this improvement. The practice told us that they have included pop-up alerts and new templates onto patients' records that had been exception reported from the last two years QOF data particularly for asthma and mental health indicators. The purpose of the prompt was to improve data collection by capturing this opportunistically outside of the annual reviews for health conditions where patients may have historically chosen not to attend.

The pop-up required clinicians to input data about the patient's smoking habits. The computer system had an inbuilt function to prevent clinicians from moving on or closing a record without recording something in this box to ensure smoking data was captured. The practice told us that the alerts appeared whenever accessing the patient record including when conducting administrative tasks such as booking an appointment or printing a prescription. Staff were then able to add reminders to the printed prescription.

The practice unverified data informed us that the exception reporting levels for referrals to diabetic education in patients with diabetes from 47% in 2015/16 to 37% in 2016/17. This is above the CCG average. The practice reviewed the data and identified that there had been an increase in individuals eligible for referral with 24 patients in 2015/16 and 47 in 2016/17. The practice had changed protocol so that all patients automatically get referred for diabetes education. The referral template had been coded to open automatically when entering any patients' records that have a recorded diagnosis of diabetes. The practice told us that in since 31 March 2016 there had been 52 patients identified as newly diagnosed diabetics and 51 of 52 of those patients had been referred.

Exception reporting for cervical screening was also above CCG and national averages at the November 2016 inspection. At the inspection in June 2017 the practice provided data to show that there had been a slight drop in exception reporting levels from 28% in 2015/16 to 25% in 2016/17 and recognised the need to continue to improve the number of patients who receive the intervention. The practice told us that they had been sending out additional letters to patients.