

Hove Medical Centre

Quality Report

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Hove
East Sussex
BN3 8LD

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Website: www.hovemedicalcentre.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



Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to Hove Medical Centre	4
Why we carried out this inspection	4
Detailed findings	5

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hove Medical Centre on 24 November 2017. The practice was rated good overall. However, we found that the practice required improvement for the provision of safe services because breaches of regulation were identified. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Hove Medical Centre on our website at www.cqc.org.uk

Specifically, we said they must:

- Ensure that care and treatment is provided in a safe way for service users, by completing and recording the outcome of the legionella risk assessment.

In addition we said the provider should:

- Continue to update practice policies and improve the electronic filing system to ease navigation.
- Improve the training matrix for showing mandatory training requirements.
- Continue to improve patient satisfaction results.

After the previous focused inspection on 24 November 2017, the practice wrote to us to say what they would do to meet legal requirements. We undertook this focused

inspection on 09 March 2018 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

Overall the practice continues to be rated as good and is now good in the safe domain.

Our key findings for this inspection were as follows:

- There was a clear legionella risk assessment in place detailing actions and outcomes.
- Practice policies were up to date and the electronic filing system was easy to navigate and recognised when staff had read each policy.
- The practice had adopted a new matrix which clearly showed when mandatory training was due for each staff member.
- The practice continued to find ways to improve their patient satisfaction results. For example a recent survey showed that patients' satisfaction with access to appointments had significantly improved.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Hove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.

Background to Hove Medical Centre

Hove Medical Centre is situated on the outskirts of the city of Brighton and Hove, East Sussex and operates from:

Hove Medical Centre

West Way

Hove

East Sussex

BN3 8LD

The practice provides services for approximately 9,100 patients living within the local area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard.) The practice has larger numbers of patients aged 65 years and older compared to the local and national averages, which could mean an increased need for services. Deprivation is low when compared to the population nationally. Of the patients registered at the practice, 12% were of black and minority ethnicities and a high number were Arabic and Bengali speaking patients.

As well as a team of five GP partners (three male and two female), the practice also employs one nurse practitioner,

two practice nurses and two health care assistants. A business manager, an assistant practice manager and a senior receptionist form the management team and there is a team of receptionists and administrative staff.

The practice is a training practice for foundation level two doctors, GP registrars and medical students.

The practice provides minor joint injections for eligible patients registered at the practice as well as other practices in the local area.

Hove Medical Centre is open between 8.30am and 6.30pm on weekdays and appointments are available from 8.30am to 6pm Monday to Friday. The practice offers pre-bookable appointments, same day and phone appointments with GPs and nurses. There are also online appointments available. An extended hours service is operated by the local Extended Primary Integrated Care (EPIC) service.

Why we carried out this inspection

We undertook a comprehensive inspection of Hove Medical Centre on 24 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but required improvement for providing safe services. The full comprehensive report following the inspection can be found by selecting the 'all reports' link for Hove Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Hove Medical Centre on 09 March 2018 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.

Are services safe?

Our findings

At our previous inspection on 24 November 2017, we rated the practice as requires improvement for providing safe services. We found that although the practice had completed a legionella risk assessment, it was unable to show that all risks identified had been addressed or that there was action plan identifying when and how this would happen. We also found that the storage and updating of practice policies required improvement and that the mandatory training requirements for staff were not clearly identified.

These issues had been addressed and action had been taken when we undertook a follow up inspection on 09 March 2018. The practice is now rated good for providing safe services.

Safety systems and processes

At this inspection we found that the practice had commissioned an external company to complete a legionella action log to address identified risks. These risks

had been addressed and a clear action plan was in place to address immediate concerns. A procedure had been established to monitor the ongoing risk of legionella. Servicing was conducted twice yearly, water temperatures were monitored monthly and there were plans in place for required structural work to be carried out over the coming months. At the previous inspection we found that while policies were accessible to all staff, the electronic filing system was not easy to navigate as outdated and superseded policies were stored alongside current policies. At this inspection we saw that all policies were up to date and current and the practice manager was in the process of updating the electronic filing system. The electronic filing system recognised when individual staff had read each policy so the practice could ensure staff were up to date.

At the previous inspection the training matrix to ensure staff had completed mandatory training required for their roles did not always select the appropriate training for each staff member. At this inspection a new matrix had been adopted which clearly showed when mandatory training was due for each staff member.