

# St Neots Health 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 

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 St Neots Health Centre (Malling Health) on 18 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 18 October 2016 inspection can be found by selecting the 'all reports' link for St Neots Health Centre (Malling Health) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 25 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 18 October 2016. 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 were contractual restrictions placed on the practice in relation to the number of patients the walk in centre was funded to see by NHS England. In the event of full capacity, the practice had introduced effective systems and processes to

ensure all patients were appropriately assessed before signposting to other services. We saw evidence that demonstrated the practice responded to any patients needing urgent treatment in a timely manner. Data had been collated and an audit completed; this audit identified the patient's presenting symptoms and the actions taken by the practice to ensure these actions were appropriate.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. Safeguarding concerns were clearly recorded in patients' electronic records.
- The practice had improved the infection prevention and control arrangements, a recent infection control audit had been undertaken with most identified actions completed.
- We saw that the immunisation status of staff was recorded and risk assessments were in place.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A master sheet gave oversight ensuring they would be updated in a timely way.

# Summary of findings

- The practice had implemented processes which evidenced that they proactively supported and encouraged patients who may be at risk of bowel or breast cancer to attend for screening.
- Since our last inspection additional nurse practitioners had been employed. They told us they received good support from the practice and advice from GPs was easily accessible. The rotas were designed to ensure that at least one nurse practitioner was on duty when the healthcare assistant (HCA) was seeing patients. This ensured the HCA was fully supported to undertake the tasks delegated to them.
- The practice evidenced that they had made every effort to engage all locum staff in the management of the practice; we saw evidence of meetings and regular letters sent to all locum staff.

**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?

Our focused inspection on 25 May 2017 found that:

- The systems and processes to assess and mitigate the potential risks relating to turning patients away from the walk in centre (due to contractual restrictions) had been significantly improved.
- Practice staff demonstrated they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults relevant to their role. Safeguarding concerns had been recorded in patients' electronic records.
- The practice had improved the infection prevention and control arrangements, a recent infection control audit had been undertaken with most identified actions completed.
- We saw that the immunisation status of staff was recorded and risk assessments were in place.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A master sheet gave oversight ensuring the PGDs would be updated in a timely way.

Good



### Are services effective?

Our focused inspection on 25 May 2017 found that;

- The practice had implemented strong processes which demonstrated that they proactively supported and encouraged patients who may be at risk of bowel or breast cancer to attend for screening.
- The practice demonstrated there was sufficient clinical support in place for nurses and health care assistants.
- The practice evidenced they had made every effort to engage all locum staff in the management of the practice; we saw evidence of meetings and regular letters sent to all locum staff.

Good



### Are services well-led?

Our focused inspection on 25 May 2017 found that;

- The management team we spoke with demonstrated that the clear leadership within the practice had made the improvements identified in our inspection report October 2016.
- They demonstrated their commitment to ensuring further improvements. Following this inspection the practice immediately submitted an additional action plan to ensure

Good



# Summary of findings

further improvements were made in relation to the ongoing management of infection prevention and control. For example, to review the paintwork through the practice and arrange meetings for the infection prevention and control nurse to meet with other practice nurses to share good practice.

- Practice staff we spoke with told us they had been involved in the improvement plan and had taken responsibility for lead areas, for example a nursing team member had improved the management of the PGDs ensuring they would be reviewed and updated in a timely way.
- The management team had documented plans in place for increased nursing capacity to further enhance the clinical supervision that was in place.

# Summary of findings

## The six population groups and what we found

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

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

# St Neots Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector and the team included a GP specialist adviser and a second CQC inspector.

## Background to St Neots Health Centre

St Neots Health and Walk In Centre is situated in the centre of St Neots, Cambridgeshire. The health centre and walk in centre are part of Malling Health, which is part of Integral Medical Holdings. The health centre provides services for approximately 5,600 patients. The walk in centre was commissioned to see 231 patients per week. It holds an Alternative Provider Medical

Services contract with NHS Cambridgeshire and Peterborough.

Approximately 34% of the patient population is aged 17-34 and approximately 31% is aged 35-54, patients aged 55 and over represent 14% of the population. The remaining 21% is aged below 16. This incorporates a considerably higher proportion of patients aged 20-44 compared to the practice average across England.

The practice has two salaried GPs (one male and one female) and locum GPs. There are two employed nurse practitioners who hold a prescribing qualification and the second staff member is being supported to gain their qualification. There is one employed health care assistant; all other nursing staff are locum staff, most of whom work at the practice regularly. There is also a clinical pharmacist active in the practice.

The clinical team were supported by a regional manager, a practice manager, a reception/administration manager, and a team of reception and administration staff.

The practice is open from 8am until 8pm, Monday to Friday. The walk in centre is open for anyone entitled to NHS services, whether registered with the practice, another GP practice or not NHS registered at all. They also provide services to overseas visitors. This is open between 8am and 9am and between 6pm and 8pm Monday to Friday, and between 9am and 4pm on Saturdays and Sundays.

Out-of-hours services were provided by Herts Urgent Care, patients accessed this service via NHS111.

## Why we carried out this inspection

We undertook a comprehensive inspection of St Neots Health Centre (Malling Health)

on 18 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 overall. The full comprehensive report following the inspection on 18 October 2016 can be found by selecting the 'all reports' link for St Neots Health Centre (Malling Health) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of St Neots Health Centre (Malling Health) on 25 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 as detailed in the requirement notice.

# Detailed findings

## How we carried out this inspection

We carried out a focused inspection of St Neots Health Centre (Malling Health) on 25 May 2017. This involved reviewing evidence that showed:

- Spoke with a range of staff including GPs, nurse practitioners, pharmacist and practice manager. We spoke with members of the management team, including the registered manager from Malling Health.
- We spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

# Are services safe?

## Our findings

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed in respect of:

- Assessing and mitigating the potential risks around turning patients away from the walk in centre (due to contractual restrictions).
- Recording of safeguarding concerns within patients' electronic clinical records.
- Providing a comprehensive audit trail for the management of the PGDs for all registered nursing staff.
- Ensuring the infection prevention and control arrangements were effective and monitored on a regular basis.
- Ensuring the immunisation status of staff was risk assessed.

These arrangements had significantly improved when we undertook a follow up inspection on 25 May 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Safeguarding concerns were clearly recorded in patients' electronic records. Practice staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.

### Overview of safety systems and process

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. A clinical staff member who had received appropriate training was the infection prevention and control (IPC) clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. In addition, immediately following the inspection the practice provided us with their action plan for further improvements, for example, decorating the walls within the consultation rooms.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. To ensure oversight and to update the PGDs in a timely way the practice had introduced a master sheet. A member of the nursing team managed this.

### Arrangements to deal with emergencies and major incidents

- The systems and processes to assess and mitigate the potential risks relating to turning patients away from the walk in centre (due to contractual restrictions) had been significantly improved. The practice had introduced a 'red flag system' for the reception staff to identify patients who may need urgent treatment. We reviewed records that showed the practice had responded in a timely way to patients who required an urgent assessment. For example, any patient experiencing chest pains, children or those who may have an allergic reaction. The practice had introduced an assessment form to collate the information required to undertake regular audits of the patients that were sign posted to other services. This information had been used to ensure safety and in addition to provide the clinical commissioning group with data of other services that they may consider commissioning.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing effective services. Improvements were needed in respect of:

- Encouraging patients who may be at risk of bowel or breast cancer to attend for screening.
- Ensuring there was sufficient clinical support in place for nurses and health care assistants.
- Ensuring that locum staff were engaged with the practice and could influence improvement plans across the service.

These arrangements had significantly improved when we undertook a follow up inspection on 25 May 2017. The practice is now rated as good for providing effective services.

### Effective staffing

- Since our last inspection additional nurse practitioners had been employed. They told us they received good support from the practice and that advice from a GP was easily accessible. The rotas were designed to ensure that at least one nurse practitioner was on duty when the healthcare assistant (HCA) was seeing patients. This ensured the HCA was fully supported to undertake the tasks delegated to them. The senior management team from Malling Health shared with us their plans to further increase the nursing management team. Two further

nurse practitioners had been employed; they would provide one to one peer support and supervision. This would further enhance the supervision and education that was already in place.

- The practice demonstrated they had made every effort to engage all locum staff in the management of the practice; we saw evidence of meetings and regular letters sent to all locum staff. For example, a letter dated 20 April was sent to all locum staff, this letter detailed updates on the practice policy to manage medicine reviews. This update was to ensure that medicine reviews were undertaken at least every six months for all patients. The letter also offered locum staff the opportunity to give feedback should they wish to.

### Supporting patients to live healthier lives

- The practice had implemented effective processes which proactively supported and encouraged patients who may be at risk of bowel or breast cancer to attend for screening. All patients that had not attended a screening appointment were assessed by the GPs and where the GP deemed appropriate, the patient was contacted by telephone and if not possible by telephone a letter was sent. The patients were encouraged to attend the screening programme and practice staff offered to remake the appointment for them. If a letter was sent, it was printed on coloured paper to try and ensure the patient read the letter. The practice staff told us they had seen positive outcomes from this process. On the day of this inspection there was no new data available to show the improvements made.

# 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 18 October 2016, we rated the practice as requires improvement for providing well-led services as improvements were needed in respect of the governance systems and process to ensure that patient and staff were kept safe from harm. During this inspection we found improvements were required to ensure that patients were assessed and the potential risks mitigated when turning patients away from the walk in centre (due to contractual restrictions).

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 25 May 2017. The practice is now rated as good for being well-led.

### Governance arrangements

- There were appropriate arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions. The practice had improved the management of infection prevention and control.

- A regular internal audit had been implemented to monitor patients who had been signed posted to other services. This information was used to monitor safety and to inform the CCG who could use the information to commission other services.

### Leadership and culture

- The practice held and recorded a range of multi-disciplinary meetings including meetings with district nurses, school nurses, and social workers to monitor vulnerable patients.
- Practice staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.