

Chiltern House 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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection at Chiltern House Medical Centre on 18 and 24 October 2016. The overall rating for the practice at that

time was inadequate and the practice was placed into special measures. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Chiltern House Medical Centre on our website at www.cqc.org.uk.

Summary of findings

This inspection was an announced focused inspection carried out on 31 January 2017 to follow up on warning notices the Care Quality Commission served following the unannounced

comprehensive inspection in October 2016. The warning notices were served relating to regulation 12 Safe care and treatment, regulation 15 Premises and equipment and regulation 18 Staffing respectively of the Health and Social Care Act 2008. The timescale given to meet the requirements of the warning notices was 30 December 2016. The practice had submitted an action plan detailing the actions they were taking to meet legal requirements. This report covers our findings in relation to those requirements. Due to the focussed nature of this inspection the ratings for the practice have not been updated. We will conduct a further comprehensive inspection within six months of publication of the report of the inspection undertaken in October 2016.

Our key findings were as follows:

- Monitoring processes to ensure appropriate standards of cleanliness had been implemented. The standards of cleanliness throughout the practice had improved.
- The processes to enable nurses to administer medicines met legal requirements.
- A relevant assessment of access for people with a disability had been undertaken and improvement actions had been taken or planned arising from the assessment.
- There were sufficient nurses on duty to provide a safe and accessible service to patients.
- Management systems to ensure the safety of medicines requiring refrigeration were appropriate.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). The procedures in place to manage these drugs safely did not always follow national guidance.
- The practice held appropriate stocks of medicines to deal with emergencies but the system to check these were fit for use was operated inconsistently.

There were also areas of practice where the provider continued to need to make improvements.

Importantly, the provider must:

- Ensure controlled drugs are managed and stored in accordance with regulations.
- Ensure systems to monitor expiry dates of emergency medicines are managed consistently.

At our previous inspection on 18 and 24 October 2016, we rated the practice as inadequate overall and the practice was placed into special measures. At this inspection we found that the practice had taken action to address most of the breaches of regulation set out in the warning notices issued in November 2016. However, the practice will remain in special measures until they receive a further inspection to assess the improvements achieved against all breaches of regulation identified in October 2016. If there is not enough improvement we will move to close the service.

Keeping the practice in special measures will give people who use the service the reassurance that the care they get should improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

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?

The provider had addressed most of the warning notice breaches of regulations found during the inspection in October 2016. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

At the focused inspection on 31 January 2017 we found:

- Standards of cleanliness had improved and monitoring systems had been implemented.
- Most aspects of managing medicines showed improvement. However, one medicine in an emergency stock was found to be past expiry date. Controlled drugs requiring additional security were not managed in accordance with guidance.
- A safe level of nursing provision had been put in place

Are services responsive to people's needs?

The provider had addressed most of the warning notice breaches of regulations found during the inspection in October 2016. The ratings for this service will not be reviewed until a further comprehensive inspection has been undertaken.

- A relevant assessment of access for people with a disability had been undertaken and actions had been taken or planned arising from the assessment.
- There were sufficient nurses on duty to provide a safe and accessible service to patients.

Chiltern House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was comprised of a lead inspector and a GP advisor.

Background to Chiltern House Medical Centre

Chiltern House Medical Centre provides primary care GP services to approximately 8,900 patients across two locations in the High Wycombe area. The two sites are Chiltern House Medical Centre and Dragon Cottage Surgery, the patient list is split between the two sites. The practices are located in an area of low deprivation, meaning very few patients are affected by deprivation in the locality. However, there are pockets of high deprivation within the practice boundary. There are a higher number of patients aged 45 to 54 registered at this practice and all other age groups are comparable to national averages. There are a high percentage of patients from ethnic minority backgrounds at the Chiltern House Medical Centre.

The practice has three GP partners (all female), three salaried GPs (all female), three practice nurses (all female) and a health care assistant (female). GPs provided 33 clinical sessions per week. The clinical staff are supported by two practice managers, eleven receptionists, two administration staff and two secretaries. The practice

provides primary medical services under a general medical services contract (GMS). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

The practice is part of the NHS Chiltern Clinical Commissioning Group. The Chiltern House Medical Centre building is a 17th century grade II listed premises. Access to the practice is through automatic doors into a large waiting area and reception. There are two consultation rooms and two treatment rooms on the ground floor with two further consultation rooms on the first floor. A lift allows access to the first floor. A fifth consultation room is used by a counsellor who visits the practice.

Dragon Cottage Surgery is located in an old residential dwelling in the Holmer Green area of High Wycombe. The house has been converted to provide three consultation rooms and two treatment rooms. There is a reception area and two small waiting rooms. On the day of inspection, the building looked tired and in places the décor needed refreshing in some areas. There are access restrictions to the building and limited adjustments have been made by the practice. There are car parking for patients on the premises and the road outside, however there are no designated disabled car parking facilities. The patient population of this practice are more elderly and from families. The leadership team advised that they were not investing or making improvements to the Dragon Cottage Surgery location as they were viewing a new site for a purpose built practice. However, the plans for relocation had not been developed at the time of inspection.

The practice is open between 8.am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning and 2pm to 6.30pm daily. Extended surgery hours

Detailed findings

are offered on Tuesday evenings until 7.30pm at Dragon Cottage and Wednesday evenings until 7.30pm at Chiltern House. The practice has opted out of providing out of hours care when the practice is closed. This is offered by NHS 111 telephone service who will refer to the out of hours GP service if required.

The practice has seen considerable operational and staff changes in the last three years. Two GP partners, three nurses and two practice managers left between 2014 and 2015. The practice successfully recruited a practice manager in November 2015 and established an improvement programme to support the practice through the transition. A second practice manager was recruited in January 2016 and between them they have commenced or implemented improvements in the plan set out by NHS England. The first practice manager (who is also a practice manager at another practice) is leading and mentoring the second practice manager with a view to handing over the role completely later in 2016. NHS England are having regular meetings with the practice to ensure actions are being implemented and completed.

The practice has two sites from which services are provided; Chiltern Medical Centre and Dragon Cottage. Patients can see a GP or nurse at either site. We have visited both sites during this inspection.

All activities are provided from: Chiltern House Medical Centre, 45 – 47 Temple End, High Wycombe, Buckinghamshire, HP13 5DN and Dragon Cottage, 35 Browns Road, Holmer Green, High Wycombe, Buckinghamshire, HP15 6SL.

Why we carried out this inspection

We undertook a comprehensive inspection of Chiltern House Medical Centre on 18 and 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 inadequate and placed into special measures. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Chiltern House Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Chiltern House Medical Centre on 31 January 2017. This inspection was carried out to review in detail the actions taken by the practice to meet the legal requirements of the Health and Social Care Act 2008 that had been breached in October 2016 and subject to issue of three warning notices.

How we carried out this inspection

During our visit we:

- Spoke with two GPs, the practice manager, business manager, three practice nurses and one member of the reception team.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care.
- Carried out observations around both practice sites.
- Reviewed processes and systems operated by the practice to support safe delivery of care

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 18 and 24 October 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of cleanliness and infection control were not operated consistently or effectively. The systems to ensure safe management of medicines were not adequate. We issued the practice with two warning notices relating to safe care and treatment and premises and equipment because regulations had been breached. The inspection team also found the practice had breached the regulation in respect of providing safe staffing levels.

When we undertook a follow up inspection on 31 January 2017 we found the practice had made improvements and was meeting the regulations that had led to issue of warning notices. We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

Overview of safety systems and process

During the January 2017 inspection we checked the cleaning standards attained in five consulting and treatment rooms at Chiltern House and three at Dragon Cottage. We found cleaning standards had improved in all the areas we checked.

- The practice had introduced revised monitoring processes and implemented a more vigorous check of standards of cleanliness
- We also found that the nursing team were seeing patients in appropriate environments by only using treatment and consulting rooms with hard flooring that was easy to wipe clean should a spillage occur.
- Whilst the cleaning standards had improved we noted that rails on the sides of three trolleys had a small accumulation of dust and that a free standing convector heater was in use in the treatment room at Dragon Cottage. The heater cover was chipped and broken giving rise to a dust and dirt trap. We discussed this with the practice and they removed the heater from use immediately.

During this inspection we found that improvements had been made in respect of the management of medicines.

- The practice had introduced an effective system to securely store and distribute blank prescriptions.

- We checked the fridge temperature records for the two fridges at Chiltern House and one fridge in use at Dragon Cottage. The records showed consistent checking and monitoring and that the fridges had been operating within the recommended temperature ranges since our previous inspection.
- The practice had updated the patient group directions (PGDs) (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We checked the PGDs in use and found they were all in date, appropriately authorised and signed by the nurses that administered the medicines to which they related.

Monitoring risks to patients

At this inspection we found the practice had made improvement to address the nursing capacity risks.

- The nurse who had been absent had returned to duty and was working their full allocation of hours. This resulted in the practice having 2.1 whole time equivalent (WTE) qualified nursing staff rostered for duties. We noted that arrangements had been put in place to cover long term absence by obtaining locum nurse cover.

Arrangements to deal with emergencies and major incidents

- The practice used a system of holding emergency medicines for use in the practice in the treatment rooms in large rigid containers and emergency medicines for use on home visits in smaller 'grab bags'. We checked the medicines held in both the practice containers and the grab bags. The majority of the medicines we checked were in date but there was one epipen (adrenaline) that had passed its expiry date of November 2016 in grab bag one at Chiltern House. The emergency medicine stocks did not contain hydrocortisone (a medicine used to reduce inflammation). The practice was able to demonstrate that they were experiencing difficulties in obtaining hydrocortisone and had made various attempts to obtain this medicine.

Emergency 'grab bags' contained four ampoules of 10mg Diamorphine used for intense pain relief. This medicine is a controlled drug which requires additional security and application of strict controls. The practice had not recorded

Are services safe?

the stock of diamorphine in a controlled drugs register or kept it in a controlled drugs cupboard in accordance with regulations. When we discussed this with the practice they

immediately secured the medicine and commenced arrangements to have it destroyed by an authorised officer. The practice was not complying with regulations that applied to keeping controlled drugs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 and 24 October 2016, we rated the practice as inadequate for providing responsive services as the arrangements in respect of provision of accessible services for people with a disability and supply of sufficient appointments with nurses needed improving. Warning notices were issued in response to these breaches of regulation.

These arrangements had improved when we undertook a follow up inspection on 31 January 2017. We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

Access to the service

At this inspection we found the practice had made improvements and had undertaken an appropriate risk assessment for access to the premises by people with a disability

- A professional risk assessment had been undertaken in regard to access for people with a disability. The practice had developed an action plan arising from the assessment and actions were underway to improve accessibility.

At this inspection we found improvement and sufficient appointments with nurses to meet patient demand.

- There was a full team of nursing staff in post at the time of inspection. The full time nurse had returned to duty.
- Arrangements had been made to retain locum nurse cover to maintain sufficient numbers of nursing hours within the staffing establishment.
- The practice demonstrated that recruitment was underway for an additional nurse to replace the locum nurse cover.
- We reviewed the appointment schedules and found routine appointments were available with the nurses on the day following inspection. Patients could obtain appointments with nurses in a timely manner.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure the proper and safe management of medicines:</p> <ul style="list-style-type: none">• Systems to monitor expiry dates of emergency medicines were not managed consistently.• Regulations governing the safety of controlled drugs were not being followed. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>