

Princes Medical Centre

Inspection report

Princes Court
Princes Avenue
Hull
HU5 3QA
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www.humber.nhs.uk

Date of inspection visit: 9 December 2021
Date of publication: 24/03/2022

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	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Requires Improvement 
Are services well-led?	Requires Improvement 

Overall summary

We carried out an announced inspection at Princes Medical Centre on 9 December 2021 (paused due to pandemic), 11 and 18 February 2022. Overall, the practice is rated as requires improvement.

The ratings for the key questions are as follows:

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive - Requires Improvement

Well-led – Requires Improvement

The practice has not been inspected under their current registration with CQC. However, the service was inspected under a previous registration on 18 May 2017. At the inspection in May 2017 the practice was rated Good overall and for all key questions. The full reports for previous inspections can be found by selecting the 'all reports' link for J Musil & Partner on our website at www.cqc.org.uk.

Why we carried out this inspection:

This inspection was a comprehensive inspection of Princes Medical Centre as a new registration.

How we carried out the inspection:

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A shorter site visit

Our findings:

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.

Overall summary

We have rated this practice as **Requires Improvement overall**

We found that:

- the practice did not always provide care in a way that kept patients safe;
- the practice did not have assurance on issues identified from risk assessments, audits or safety alerts;
- the practice did not have assurance of sustainability and stable clinical workforce;
- patients ongoing needs were not always fully assessed and delivered in line with current guidance;
- patient's treatment was not always regularly reviewed and updated;
- the practice had a programme of quality improvement activity but there was scope to strengthen this further to improve the outcomes of care and treatment;
- Staff dealt with patients with kindness and respect and involved them in decisions about their care;
- the practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Continuity of care for patients was an issue with only one salaried GP;
- there was a lack of governance, leadership, capacity and oversight in areas of the practice such as clinical oversight;
- the practice had not always identified risks or had assurance that actions had been completed; and
- Silo working in and between teams led to gaps.

We found breaches of regulations. The provider **must:**

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should:**

- Review the staffing levels allocated to the practice
- Continue to monitor and take actions to improve the uptake for childhood immunisations and cervical cancer screening for women at the practice.
- Continue to monitor and take action to address backlogs to patient reviews.
- Continue to explore ways of establishing a Patient Participation Group.
- Continue to explore ways of improving communication barriers and making information more accessible.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A second CQC inspector conducted a site visit to review the premises, undertake observations, review records and speak with staff.

Background to Princes Medical Centre

Princes Medical Centre is situated central to the City of Hull at:

Princes Medical Centre

Princes Court

Princes Avenue

Hull

HU5 3QA

The practice provides services under a General Medical Services (GMS) contract with NHS England, Hull Area Team. The practice list size is approximately 7,129 with slightly under half of the patients being of multi-ethnic background. The largest proportion of the practice population is patients of working age which is above the England average. The practice scored two on the deprivation measurement scale; the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning and treatment of disease, disorder or injury.

In June 2018, the practice became part of Humber NHS Foundation Trust. The practice has one salaried GP (male), four advanced care practitioners (male and female), one practice nurse (female) and one health care assistant (female). There is a full-time practice manager (who manages another practice) and a team of administration staff, which includes a part-time assistant manager and a part-time senior administrator.

The practice is open from 8am to 6.30pm Monday to Friday. The Practice is part of the Inclusive Access Routes to General Practice pilot project in the Humber, Coast and Vale (HCV) area. The purpose of the pilot is to raise awareness and understanding of patient access routes to general practice and to improve access for vulnerable and marginalised patients and communities. The practice has access to Access Plus (+). This is a service commissioned by Hull CCG, which gives all patients registered with Hull practices access to additional appointments on an evening and weekend through an extended access service. When the practice is closed the patients use the NHS111 service to contact the out of hours (OOHs) provider as part of the commissioned service via Hull Clinical Commissioning Group (CCG).

Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet, as part of the automated message on the telephone system and on the practice website.

The practice is not currently an active part of a Primary Care Network (PCN). The Primary Care Network arrangements are going through changes in line with the new Integrated Care System (ICS) structure. The practice will become part of the new PCN from 1st April 2022. This is currently running in shadow format.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Care and treatment must be provided in a safe way for service users
Maternity and midwifery services	How the regulation was not being met:
Treatment of disease, disorder or injury	Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:
Surgical procedures	<ul style="list-style-type: none">• Arrangements were not always followed to respond appropriately and in good time to people's changing needs. For example, patients identified by search as having a potential missed diagnosis of diabetes. The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: <ul style="list-style-type: none">• Staff did not always follow NICE guidance, plans and pathways. For example, of the 122 patients prescribed a high-risk medicine we identified 52 of these patients had not had appropriate monitoring carried out;• Medication reviews were not always aligned with a patients care plan/pathway. For example, patients with asthma;• Medicines were not always managed accurately. For example, patients using asthma reliever inhalers; and• Patient safety alerts were not always appropriately responded to. Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular: <ul style="list-style-type: none">• Clinical searches showed medicines reviews had been completed by reception staff; and• The salaried GP had not completed the required level of safeguarding children, adults and Workshop to Raise Awareness of Prevent (WRAP) Level 3 training.

This section is primarily information for the provider

Requirement notices

The premises being used to care for and treat service users was not being used in a safe way. In particular:

- Fire drills and fire evacuations were not being carried out.

Regulation 12(1)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not always effective. In particular:

- The audit system and process did not always identify where quality and/or safety was being compromised in areas such as clinical oversight, completion of training and fire safety.
- Progress against plans such as audits to improve the quality and safety of services were not always actioned or actioned in a timely way.

Regulation 17(1)