

Strelley Health Centre

Quality Report

116 Strelley Road
Nottingham
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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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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Strelley Health Centre on 11 May 2017 and 23 May 2017. The overall rating for the practice was inadequate. The full comprehensive report from May 2017 can be found by selecting the 'all reports' link for The Strelley Health Centre on our website at www.cqc.org.uk.

The overall rating of inadequate will remain unchanged until we undertake a further full comprehensive inspection of the practice within the six months of the publication date of the report from May 2017.

This inspection was a focused inspection carried out on 1 December 2017 to confirm that the practice had taken the required action to meet the legal requirements in relation

to the breaches in regulation set out in warning notices issued to the provider. The warning notices were issued in respect of breaches of regulation related to safe care and treatment and good governance.

Our key findings were as follows:

- The practice had complied with the warning notices we issued and had taken the action needed to comply with legal requirements.
- Arrangements to handle emergencies had been improved.
- New systems had been introduced to ensure staff were provided with the training relevant to their role. Clinical staff had received comprehensive appraisals.

Summary of findings

- Systems to identify, monitor and mitigate risk had been improved.
- Systems to monitor access to appointments had been improved and there was additional GP capacity.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Strelley Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC inspector and a CQC inspection manager.

Background to Strelley Health Centre

Strelley Health Centre provided primary medical services from premises known as Strelley Health Centre. Other services are provided from the premises which include community podiatry, dental, nursing and health visiting services. The health centre is located at 116 Strelley Road, Nottingham NG8 6LN.

The provider is registered to provide the following regulated activities from the location:

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

The practice is part of the Beechdale Medical Group which has three further GP practices located within approximately one mile of Strelley Health Centre. Each practice holds a Primary Medical Services Contract (PMS) with Nottingham City Clinical Commissioning Group and each has a separate patient list. Beechdale Medical Group is a partnership between a GP and an advanced nurse practitioner. The total list size of the four practices in the group is approximately 12,650 and all are situated in the NG8

district of Nottingham. The Strelley Health Centre practice provides primary medical services to approximately 4,200 patients, is the largest in the group and is located in an area of high deprivation.

Care and treatment at Strelley Health Centre is provided by salaried and long-term locum GPs. The Advanced Nurse Practitioner partner and GP partner also provide healthcare from this location. The nursing team consists of a practice nurse, who is a prescriber, and a healthcare assistant. They are supported by a team of reception staff and administrative staff. In addition the partner GP and nurse practitioner also provide healthcare at the practice. A new practice manager has been recruited since our last inspection visit.

The practice is open between 8am and 6.30pm Monday to Friday. Although extended hours appointments are not available from this location due to premises constraints, patients can access appointments from other locations within the group of practices. Extended hours appointments are offered across other locations which include late evening and weekend appointments.

When the surgery is closed out-of-hours GP services are provided by Nottinghamshire Emergency Medical Services (NEMS) which is accessed by telephoning the NHS 111 service.

Why we carried out this inspection

We undertook an announced comprehensive inspection of Strelley Health Centre on 11 May 2017 and 23 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as

Detailed findings

inadequate. The full comprehensive report following the inspection in May 2017 can be found by selecting the 'all reports' link for Strelley Health Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Strelley Health Centre on 1 December 2017. This inspection was carried out to ensure the practice had complied with the warning notices issued in August 2017 and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection in May 2017, we rated the practice as inadequate for providing safe services due to issues identified in the following areas:

- **Arrangements to handle clinical or medical emergencies**
- **Safe administration of medicines**

Following our inspection in May 2017, we issued the practice with a warning notice in respect of the breach of Regulation 12; Safe care and treatment.

Our findings from our inspection of 1 December 2017 indicated that the practice had taken action to comply with the warning notice:

- Arrangements to respond to clinical or medical emergencies had been reviewed and improved. The practice had purchased trolleys to store equipment and medicines which might be required to respond to clinical or medical emergencies. Arrangements were standardised across all four of the provider's locations. The practice had purchased a defibrillator following the last inspection. There was evidence of regular checks of emergency equipment and medicines. All emergency medicines and equipment reviewed was within date.
- Patient specific directions to ensure the safe administration of medicines by healthcare assistants were being completed appropriately.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on in May 2017, we rated the practice as inadequate for providing well-led services as governance systems were not being operated effectively. This was due to issues identified in the following areas:

- **Systems for ensuring staff received training appropriate to their role**
- **Systems to identify, monitor and mitigate risk**
- **Systems to monitor and improve the quality of services**

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 1 December 2017.

- New management arrangements were in place for this location; this included a new practice manager for this location and a new business manager working across the group of practices.
- Arrangements to record information related to incidents including significant events and complaints had been significantly improved. Recording forms were completed in full and identified learning and actions. Completed forms demonstrated events had been investigated and reviewed. The practice had developed systems to log complaints and significant events. The system highlighted when events were due for review and those

still open. In addition, significant events and complaints were categorized according to any themes enabling the practice and the wider group of practice to identify any trends and to share learning across the group.

- Systems were in place to ensure staff could be provided with the information including copies of alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and guidance from the National Institute for Health and Care Excellence (NICE) via the business manager. Searches of the clinical system were undertaken in response to alerts as required.
- A review of tasks requiring action on the clinical system demonstrated these were all recent and there were not historic tasks outstanding.
- There was evidence of action being taken in response to the practice's patient survey.
- Systems for the management and recording of training had been significantly improved. New spreadsheets had been developed to support the recording of training for each member of staff which identified the training required specific to their role. Staff had completed training defined as mandatory by the practice. This included CPR (cardio pulmonary resuscitation) training, infection control training and fire safety training.
- All clinical staff had received appraisals; appraisals documentation was sufficiently detailed and plans were in place for training and development of staff.
- Access to appointments was closely monitored. Improvements had been made to the website for the group of practices to ensure there was clear information was patients about how they could access services across the group of practices. Additional GP capacity had been recruited to the practice group.