

# Heald Green Health Centre 2

## Quality Report

Heald Green Health Centre  
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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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Heald Green Health Centre 2 on 30 November 2016. At the inspection in November the overall rating for the practice was good, although the key question Safe was rated requires improvement. This was specifically in relation to the management of medicines that required patients to receive regular health care checks and the systems to ensure medicines were changed and checked appropriately when requested by a secondary care provider such as a hospital consultant. We also identified some areas where the practice could improve other aspects of the service they provided. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Heald Green Health Centre 2 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 9 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 30 November 2016. This report covers our findings in relation to those requirements and also the additional improvements made by the practice since our last inspection.

The practice is now rated as good for providing safe services, and overall the practice is rated as good.

Our key findings were as follows:

- Since the previous inspection the practice had employed a pharmacist to assist the GPs with the management of medicines. This included identifying and monitoring those patients who required regular health checks and those patients discharged from hospital with changes to their prescribed medicines.
- A protocol had been established so that prescriptions for repeat requests for medicines such as for example Warfarin (blood thinning medicine) were only issued if an up to date blood result (INR) was available.
- The systems to ensure the practice received Warfarin blood results in a timely manner had been reviewed and improved communication links had been established with a local hospital that carried out the INR blood testing.
- Patients prescribed other high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs) were monitored with monthly searches on patient records to ensure the appropriate checks such as blood tests had been undertaken. In addition a screen message had been added to each patient's electronic record so that staff could easily identify those patients requiring these checks.

# Summary of findings

- The practice management team had reviewed their procedure in relation to monitoring and responding to pathology tests results. The practice ensured that all pathology test results were allocated out to those GPs on duty each day. This ensured that these were checked within the appropriate timescale.
- The practice had made improvements to the practice's record systems. For example a safety alert log was now established and accessible to staff. This provided a brief record of actions taken and hyperlinks to the relevant documents.
- The practice also maintained a log of significant events with a brief description of the incident and log of action taken all staff. A log of all meetings was also maintained.
- The practice had undergone some staff changes since the last inspection and this had enabled the practice to review its staffing establishment and the activities undertaken by the different staff teams. This had resulted in a streamlining of the nursing team and appointments scheduling and a change in how GP appointments were scheduled.
- As part of the local Clinical Commissioning Group (CCG) initiative the practice has had a new telephone system installed however the additional benefits from the system had yet to be 'switched' on by the CCG.

**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 practice is rated as good for providing safe services.

**Good**



- The practice had taken action to improve the safe management of medicines. Actions included the recruitment of a practice based pharmacist, implementation of systems to regularly monitor patients prescribed high risk medicines so that these patients received the necessary health checks.
- The practice had updated its systems to monitor daily pathology test results received.
- Systems to record safety alerts, significant events and the actions taken in response had improved. The improvements ensured these were accessible to staff.
- The appointment system for both GP and nurse patient appointments had been reviewed and streamlined to provide a more effective system.

# Heald Green Health Centre 2

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC lead inspector visited the practice and reviewed and analysed the documentation submitted to us by the practice.

## Background to Heald Green Health Centre 2

Heald Green Health Centre 2 is located in Heald Green, Cheadle, Cheshire. The practice was providing a service to approximately 6,535 patients at the time of our inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG) and is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The percentage of the patient population who have a long standing health condition is 47% which is lower than the national average of 54%.

The practice is run by one female GP provider and there are three salaried GPs (one male and two female). There are two practice nurses, a business manager, a pharmacist, an operation manager and a team of reception/administration staff. The practice is open from 8.00am and 6.30pm on Mondays and Fridays and 7.30am to 7.30pm on Tuesdays, Wednesdays and Thursdays.

When the surgery is closed patients are directed to the GP out of hour's service provided by 'Mastercall' by contacting NHS 111.

The practice is a training practice for trainee GPs.

Patients can book appointments in person, via the telephone or online. The practice provides telephone

consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisations and avoiding unplanned hospital admissions.

At the time of this visit two of the partners had left the practice and the third partner was in the process of submitting an application to the CQC to register the practice as a sole provider.

## Why we carried out this inspection

We undertook a comprehensive inspection of Heald Green Health Centre 2 on 30 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, although the key question safe was rated as requires improvement. The full comprehensive report following the inspection on 30 November 2017 can be found by selecting the 'all reports' link for Heald Green Health Centre 2 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Heald Green Health Centre 2 on 9 June 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.

# Detailed findings

## How we carried out this inspection

We carried out a focused inspection of Heald Green Health Centre 2 on 9 June 2017.

During our visit we:

- Spoke with a range of staff including the lead GP for the practice, the business manager and the practice pharmacist.

- We reviewed a range of records including the electronic patient record system, the safety alert log the significant event log, nurse appointment times and the schedule of practice meetings.

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 30 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the management of medicines and the associated health checks needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 9 June 2017. The practice had also taken action in response to the other areas we identified that should be reviewed. The practice is now rated as good for providing safe services.

### Safe track record and learning

- The practice maintained a log of significant events with a brief description of the incident and log of action taken by all staff. Staff meeting minutes were available which demonstrated learning was shared.
- The practice had made improvements to the practice's record systems. For example a safety alert log was now established and accessible to staff. This provided a brief record of actions taken and hyperlinks to the relevant documents.
- A log of all meetings was also maintained.

### Overview of safety systems and process

- Since the previous inspection the practice had employed a pharmacist to assist the GPs with the management of medicines. This included identifying and monitoring those patients who required regular health checks and those patients discharged from hospital with changes to their prescribed medicines.

- A protocol had been established so that prescriptions for repeat requests for medicines such as for example Warfarin (blood thinning medicine) were only issued if an up to date blood result (INR) was available.
- The systems to ensure the practice received Warfarin blood results in a timely manner had been reviewed and improved communication links had been established with a local hospital that carried out the INR blood testing.
- Patients prescribed other high risk medicines such as disease-modifying anti-rheumatic drugs (DMARDs) were monitored with monthly searches on patient records to ensure the appropriate checks such as blood tests had been undertaken. In addition a screen message had been added to each patient's electronic record so that staff could easily identify those patients requiring these checks.
- The practice management team had reviewed their procedure in relation to monitoring and responding to pathology tests results. The practice ensured that all pathology test results were allocated out to those GPs on duty each day. This ensured that these were checked within the appropriate timescale.
- The practice had undergone some staff changes since the last inspection and this had enabled the practice to review its staffing compliment and the activities undertaken by the different staff teams. This had resulted in a streamlining of the nursing team and appointments scheduling and a change in how GP appointments were scheduled.
- As part of the local Clinical Commissioning Group (CCG) initiative the practice has had a new telephone system installed however the additional benefits from the system had yet to be 'switched' on by the CCG.