

Grosvenor 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.

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 at Grosvenor Medical Centre on 13 October 2016. The overall rating for the practice was good. The practice was rated as requires improvement for providing safe services and rated as good for providing effective, caring, responsive and well-led services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Grosvenor Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 June 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 13 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good.

Our key findings were as follows:

- Records showed that all staff were trained to the appropriate level in safeguarding and relevant staff were up to date with infection prevention and control training.
- Records showed that all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out annual audits of infection control and implemented improvements where these were identified.
- There was a system for monitoring and recording blank prescription pads and forms at the practice.
- The practice was able to demonstrate that they were carrying out all necessary recruitment checks prior to employing staff.
- The practice was able to demonstrate that risks to patients, staff and visitors from fire were being assessed and well managed. Records showed a legionella risk assessment had been carried out by an external company on 14 June 2017. Legionella is a germ found in the environment which can contaminate water systems in buildings). However, the practice had yet to receive the results or address any issues identified.
- The practice had introduced a system that helped ensure all staff received mandatory training and had annual appraisals.
- Privacy in the treatment room had been improved by the use of a screen around the examination couch.

Summary of findings

- The practice had implemented measures to increase the number of patients who were known to be carers and had now identified 153 patients as carers (2% of the practice list).

The area where the provider should make improvements is:

- On receipt of the legionella risk assessment results the practice should develop and implement an action plan to address any issues identified.

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



- Records showed that all staff were now trained to the appropriate level in safeguarding training and relevant staff were up to date with infection prevention and control training.
- Records showed that all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had carried out an audit of infection control and implemented improvements where these were identified.
- There was a comprehensive system for monitoring and recording blank prescriptions pads and forms at the practice.
- The practice was able to demonstrate that they were carrying out all necessary recruitment checks prior to employing staff.
- The practice was able to demonstrate that risks to patients, staff and visitors from fire were being assessed and well managed. Records showed a legionella risk assessment had been carried out by an external company on 14 June 2017. (Legionella is a germ found in the environment which can contaminate water systems in buildings). However, the practice had yet to receive the results or address any issues identified.

Grosvenor Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC lead inspector.

Background to Grosvenor Medical Centre

Grosvenor Medical Centre is situated in Tunbridge Wells, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of 10,069. The proportion of patients who are aged 10 to 19 years and 55 to 69 years is lower than national averages and the proportion of patients aged 25 to 44 years is higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment.

Consultation and treatment rooms are located on the ground and first floors. The ground floor is fully accessible to patients with mobility issues, as well as parents with children and babies. There is no lift access to the first floor. Staff told us that they arrange for patients who have difficulty using the stairs to be seen in one of the ground floor consulting rooms. There is a small car park with a dedicated disabled parking space. The practice is located in the town centre with easy access to public transport.

There are five GPs (three male, two female) who are partners, and two salaried GPs (female). There is an

advanced nurse practitioner as well as three practice nurses and two health care assistants (all female). In addition there is a practice manager and various reception and administrative staff.

The practice is a training practice for GPs and nurses (GP training practices have GP trainees and Foundation Year Two trainee doctors) and currently has two trainee GPs based at the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on Tuesday evening from 6.30pm to 8.30pm. The practice's telephone lines are closed between 12.30pm and 2pm daily. During this time, patients are able to contact the duty doctor on a dedicated telephone number.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Grosvenor Medical Centre, 23 Upper Grosvenor Road, Tunbridge Wells, Kent, TN1 2DX.

Why we carried out this inspection

We undertook a comprehensive inspection of Grosvenor Medical Centre on 13 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall (rated as requires improvement for providing safe services and good for providing effective, caring, responsive and well-led services). The full comprehensive report following the inspection on 13 October 2016 can be found by selecting the 'all reports' link for Grosvenor Medical Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Grosvenor Medical Centre on 15 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.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. We carried out a focused inspection of Grosvenor Medical Centre on 15 June 2017. During our visit we:

- Spoke with a range of staff (the practice manager, a practice nurse and a healthcare assistant).
- Reviewed documentation to ensure steps had been taken to improve safety systems and processes and that risks were assessed and managed.
- Looked at staff files to review evidence that relevant staff had completed their required training.
- Reviewed governance arrangements.

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 13 October 2016, we rated the practice as requires improvement for providing safe services because:

- The practice was unable to demonstrate that all staff were up to date with safeguarding training nor that relevant staff were up to date with infection prevention and control training.
- Not all members of staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Annual infection control audits had not been undertaken.
- The serial numbers of blank prescription forms were not recorded.
- The practice's fire risk assessment was out of date.
- The practice was unable to provide evidence to show references had been checked for two recently employed members of the staff.
- The practice had not completed a comprehensive risk assessment regarding the risk of legionella infection (legionella is a germ found in the environment which can contaminate water systems in buildings) and did not carry out regular system flushing and water temperature monitoring.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a focused inspection of the service on 15 June 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The practice had revised systems, processes and practices to help keep patients, staff and visitors safe.

- Staff had now received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence that nurses were trained in child protection or child safeguarding to a minimum of level two.

- The practice recruitment policy had been updated to include details on which members of staff should have a Disclosure and Barring Service (DBS) check. All staff who acted as chaperones or who might be left alone with patients had received a DBS check.

The practice had made improvements to the way it maintained appropriate standards of cleanliness and hygiene.

- An infection prevention and control (IPC) audit was undertaken in October 2016 and we saw evidence that action was taken to address any improvements identified as a result. Records showed that all clinical staff had received training in infection prevention and control.

The practice had revised arrangements for managing medicines in the practice in order to minimise risks to patient safety.

- Blank prescription forms and pads were securely stored and there was a system to monitor their use. This system now included recording the serial numbers of blank prescriptions allocated to the doctors' rooms. We saw that the system was audited regularly and any anomalies were followed up.

The practice had revised their recruitment processes to help ensure that all appropriate recruitment checks were undertaken prior to employment.

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment including evidence of satisfactory conduct in previous employments in the form of references.

Monitoring risks to patients

The practice had revised the way they assessed and managed risks to patients, staff and visitors.

- The practice had carried out a fire risk assessment in October 2016. We saw that the practice had implemented the recommendations of the report. For example, by improving fire escape route signage and replacing emergency lights.
- Records showed that since our inspection in October 2016 a legionella risk assessment had been carried out by an external company on 14 June 2017. The practice was unable to demonstrate that they were monitoring the temperature of water from hot and cold outlets or

Are services safe?

regularly flushing little used outlets. However, staff told us that they were awaiting the results of the legionella risk assessment in order that they could develop and implement an action plan to address any identified issues. They told us the report would indicate if monitoring the temperature of hot and cold water outlets was required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- The practice had a defibrillator available on the premises and had replaced the defibrillator pads. There was a system for monitoring the expiration dates of emergency drugs and equipment to ensure that these did not go out of date.