

# The Greens Health 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 previously inspected The Greens Health Centre on 10 November 2016. As a result of our inspection visit, the practice was rated as good overall and specifically for providing effective, caring, responsive and well-led services. However, the practice was rated as requires improvement for providing safe services. This was because we identified a regulatory breach in relation to regulation 12, Safe care and treatment and also in relation to regulation 13, Safeguarding service users from abuse and improper treatment. A requirement notice was issued to the provider in relation to these breaches. We identified some areas where the provider must make improvements, as well as areas where the provider should make improvements.

We carried out an announced focussed inspection at The Greens Health Centre on 9 August 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. You can read the reports from our previous inspections, by selecting the 'all reports' link for The Greens Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings across all the areas we inspected were as follows:

- We saw minutes of monthly practice meetings which demonstrated that learning from significant events, incidents and complaints were shared with all staff; significant events were also discussed with staff once a significant event was raised.
- The practice had improved the systems in place to identify and review patients who frequently attended Accident and Emergency (A&E). We saw that these were reviewed on a daily basis and patients were followed up to determine if further assistance was needed. We also saw that patients that had attended A&E were discussed as part of the practices monthly multi-disciplinary team (MDT) meetings.
- We saw evidence to support that the practice nurses administered vaccines using patient group directions (PGDs) and PGDs were produced in line with legal requirements and national guidance. 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 also saw evidence to confirm that legal patient specific directives (PSDs) were in place to support health care assistants role when administering vaccinations, such as flu vaccines. PSDs are written

# Summary of findings

instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- During our most recent inspection we also noted that the practice had improved in relation two additional areas identified where the practice should improve on our previous inspection. For instance, we saw that the practice started to audit their minor surgery service and we noted that the practice had taken action in response to the previous national GP patient survey published in July 2016.
- We saw that internal practice surveys were carried out to drill down on areas for improvement. Clinicians were monitoring their appointment times and a new

telephone system was due to be installed in September 2017 to help improve telephone access. Furthermore, the results from the most recent national GP patient survey published in July 2017 highlighted that improvements were made across all areas of the survey.

- We observed the premises to be visibly clean. We also saw that the practice had displayed their previous CQC rating in compliance with Regulation 20A: Requirement as to display of performance assessments, to make sure the public and those who used the service could see them.

**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?

At our previous inspection on 10 November 2016, we rated the practice as requires improvement for providing safe services. We identified improvements during our most recent inspection and the practice is now rated as good for providing safe services.

Good



- We saw minutes of monthly practice meetings which demonstrated that learning from significant events, incidents and complaints were shared with all staff; significant events were also discussed with staff once a significant event was raised.
- The practice had improved the systems in place to identify and review patients who frequently attended Accident and Emergency (A&E). We saw that these were reviewed on a daily basis and patients were followed up to determine if further assistance was needed. We also saw that patients that had attended A&E were discussed as part of the practices monthly multi-disciplinary team (MDT) meetings.
- We saw evidence to support that the practice nurses administered vaccines using patient group directions (PGDs) and PGDs were produced in line with legal requirements and national guidance. 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 also saw evidence to confirm that legal patient specific directives (PSDs) were in place to support health care assistants role when administering vaccinations, such as flu vaccines. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We observed the premises to be visibly clean. We saw records of comprehensive infection control audit and arrangements were being made to complete the recommended actions highlighted in the audit. This included arrangements to get the carpets in the waiting area deep cleaned.

# The Greens Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to The Greens Health Centre

The Greens Health Centre is a long established practice located in the area of Dudley, in the West Midlands. There are approximately 7,640 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes four GP partners (three male and one female), one practice nurse and a health care assistant with a dual role as assistant practice manager. The GP partners and practice manager form the management team and they are supported by a team of nine support staff who cover reception, secretarial and administration roles.

The practice is open between 8am and 6:30pm during weekdays. Appointments are available from 8:30am to 6:30pm. There is a GP on call between 8am and 8:30am. The practice offers extended hours on Monday evenings between 6:30am and 8:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

## Why we carried out this inspection

We previously inspected The Greens Health Centre on 10 November 2016. As a result of our inspection visit, the practice was rated as good overall and specifically for providing effective, caring, responsive and well-led services. However, the practice was rated as requires improvement for providing safe services. This was because we identified a regulatory breach in relation to regulation 12, Safe care and treatment and also in relation to regulation 13, Safeguarding service users from abuse and improper treatment. A requirement notice was issued to the provider in relation to these breaches. We identified some areas where the provider must make improvements, as well as areas where the provider should make improvements.

We carried out an announced focussed inspection at The Greens Health Centre under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, on 9 August 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. The inspection was also planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the provider under the Health and Social Care Act 2008 and associated regulations.

## How we carried out this inspection

The inspection team:-

# Detailed findings

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced focussed inspection on 9 August 2017.
- Spoke with staff and observed the premises.
- Reviewed a range of practice records.
- Reviewed some of the practice's policies and procedures.

# Are services safe?

## Our findings

At our previous inspection on 10 November 2016, we rated the practice as requires improvement for providing safe services. This was because we did not see evidence of legal patient specific directives (PSDs) in place for certain medicines to be supplied or administered to patients by the healthcare assistant. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. Additionally, we found that the practice's systems to support effective safeguarding processes were not always effective. At the time of our last inspection we found that the practice could not demonstrate how learning had been shared with practice nurses and non-clinical staff members since the last team meeting which took place in June 2016. We also found that the last infection control audit took place in 2014 and although we had no infection control concerns, we noted that no formal audits had taken place since.

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing safe services.

### What we found at this inspection in August 2017

#### Safe track record and learning

During our most recent inspection we looked at three significant events that had occurred since our last inspection in November 2016. Records outlined actions taken and lessons learnt in response to significant events. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We saw minutes of monthly practice meetings which demonstrated that learning from significant events, incidents and complaints were shared with all staff; significant events were also discussed with staff once a significant event was raised.

#### Overview of safety systems and processes

The practice had improved systems in place to identify and review patients who frequently attended Accident and Emergency (A&E). We saw that these were reviewed on a daily basis to include child attendance at A&E, patients aged over 65 that attended A&E and also frequent A&E attenders. We saw that patients were contacted and followed up to determine if further assistance was needed from the practice, as well as secondary and community care services. We saw that patients that had attended A&E were discussed as part of the practice's monthly multi-disciplinary team (MDT) meetings. These discussions took place in addition to reviewing patients with complex needs, vulnerable patients, patients receiving end of life care, and patients who had been admitted and patients who had been discharged from secondary care.

The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. 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 saw a sample of up-to-date PGDs during our inspection, these included PGDs for specific travel vaccinations; PGD records reflected national guidelines.

We saw evidence to support that legal patient specific directives (PSDs) were in place to support health care assistants' role when administering vaccinations, such as flu vaccines. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

We observed the premises to be visibly clean. We saw records of a comprehensive infection control audit which took place shortly before our inspection on 2 August, the audit was carried out by the clinical commissioning group (CCG) as part of a rolling audit programme. We saw that the practice's infection control compliance rate was 95% and that arrangements were being made to complete the recommended actions highlighted in the audit. This included arrangements to get the carpets in the waiting area deep cleaned.