

Purbeck Health Centre

Inspection report

Stantonbury
Milton Keynes
Buckinghamshire
MK14 6BL
Tel: 01908318989
www.purbeckhealthcentre.co.uk

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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 location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Purbeck Health Centre on 17 September 2019 as part of our inspection programme. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

- Safe
- Effective
- Well-led

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.

We have rated this practice as good overall and good for all population groups. The practice was rated as requires improvement for providing safe services.

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs.
- Clinical staff received regular updates and training and took steps to ensure they were familiar with the most recent clinical guidelines.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice team demonstrated a commitment to learning and improvement at all levels of the organisation.

We rated the practice as **requires improvement** for providing safe services because:

- Systems and processes to reduce risks to patient and staff safety needed strengthening.
- Risks to patients and staff had not adequately been assessed, in particular those relating to appropriate background checks for staff, health and safety, premises and security.
- Systems for managing pathology results and actioning hospital letters needed further establishment.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Improve maintenance of employment records for locum staff, ensuring consistencies in records kept, particularly for reference requests.
- Undertake an annual review of complaints and significant events, to identify trends and drive improvement.
- Complete all outstanding appraisals for staff.
- Continue to monitor the practice's performance, in particular the number of patients being excepted.
- Develop a formally documented strategic plan.
- Ensure all staff complete equality and diversity training.
- Appoint a Freedom to Speak Up Guardian.
- Ensure the practice's registration with the CQC is updated and accurately maintained. Ensure the regulated activity family planning services is added to the provider registration.

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Purbeck Health Centre

Purbeck Health Centre is located at Stantonbury, Milton Keynes, MK14 6BL. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 6,950 patients. The practice population is largely white British, with 20% of the practice population being from Black and Minority Ethnicity backgrounds. 14% of the practice population are aged over 65 years and 23% are aged under 18 years.

Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of two GP partners, two nurse practitioners, one practice nurse, a health care assistant and a phlebotomist. The team is supported by a practice manager and a team of non-clinical, administrative staff. Members of the community midwife and health visiting team operate regular clinics from the practice location. The practice utilised GP locums to support the provision of services as needed.

On the day of inspection, we were informed by the practice leadership team that the practice had experienced some significant challenges in the preceding two years. In particular, there had been a high level of staff sickness and absence. More than half of the practice team had experienced long term sick leave, placing additional strains on the practice team as whole. This included the loss of a longstanding GP partner due to poor health. On the day of our inspection, one of the remaining partners was also on sick leave, with additional staff due to take sickness absence.

The practice operates from a single-storey large purpose-built property. The premises are shared with community healthcare services, including health visitors and physio therapy services. There is a large car park outside the surgery, with disabled parking available.

Purbeck Health Centre is open from 8am to 6.30pm Monday to Friday. When the practice is closed out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides surgical procedures, maternity and midwifery services, treatment of disease, disorder or

injury and diagnostic and screening procedures as their regulated activities. At the time of our inspection, the practice had applied to add family planning services to their registration.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to do all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving care or treatment.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the disclosure and barring services (DBS) checks for non-clinical staff, health and safety, premises and security.• Where care was shared between two or more providers, or where there are integrated services, appropriate arrangements to share relevant information promptly and in line with current guidance needed strengthening. In particular, those relating to the management of pathology results and hospital letters. <p>This was in breach of Regulation 12(2)(a)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>