

Northbourne 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

The practice was rated good overall and is now rated good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 5 July 2016. A breach of legal requirements was found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 17 November 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 5 July 2016 we found the following area where the practice must improve:

- Conduct and record regular checks to ensure non-medical electrical equipment is safe to use.

Our previous report also highlighted the following areas where the practice should improve:

- Conduct an overall review of practice policies.
- Ensure all staff receive appropriate training in patient capacity and consent.

- Increase the numbers of patients diagnosed with diabetes and patients with severe and enduring mental health problems who receive an annual review.
- Establish a robust tracking system for blank prescriptions for use in printers.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

During the inspection on 17 November 2016 we found:

- All electrical equipment had been checked and recorded as safe. A certificate dated 7 July 2016 was issued to the practice confirming this.

We also found in relation to the areas where the practice should improve:

- The practice was in the process of conducting an overall review of practice policies and a clear action plan was in place.
- Staff had received training in mental capacity and consent.
- The practice had increased the numbers of patients with diabetes and severe and enduring mental health problems who received an annual review. For example the percentage of patients with diabetes who had a blood pressure reading in the preceding

Summary of findings

12 months during 2015/2016 was 81% (previously 67%) compared to the clinical commissioning group average of 79% and the national average of 78%.The percentage of patients with severe and enduring

mental health problems who had a comprehensive care plan documented in the preceding 12 months was 75% (previously 58%) compared to the CCG average of 79% and the national average of 88%.

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 now rated Good for delivering Safe services

At our last inspection, we found that the practice did not have effective arrangements in

place to ensure non-medical electrical equipment was safe to use.

At this inspection, we found that all electrical equipment had been checked and recorded as safe. A certificate dated 7 July 2016 was issued to the practice confirming this.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice was rated as good for the care of older people on 5 July 2016. This rating remains unchanged.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered regular educational meetings, run by the patient participation group, with recent topics including incontinence and macular degeneration.
- Fitness sessions, delivered by a qualified trainer, were hosted at the practice.

Good



People with long term conditions

The practice was rated as good for the care of older people on 5 July 2016. This rating remains unchanged.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Since our inspection on 5 July 2016 the practice had increased the numbers of patients with diabetes who received an annual review. For example the percentage of patients with diabetes who had a blood pressure reading in the preceding 12 months during 2015/2016 was 81% (previously 67%) compared to the clinical commissioning group average of 79% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Joint diabetes clinics were held with the local diabetes nurse consultant to give patients expert support and continuity of care from hospital to GP practice.
- The practice nurses offered clinical reviews at home to patients diagnosed with long term conditions who were housebound.
- Patients with multiple conditions were offered a combined clinical review appointment.

Good



Summary of findings

Families, children and young people

The practice was rated as good for the care of older people on 5 July 2016. This rating remains unchanged.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 89%, which was better than the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- There were toys and games available for children to play with in the waiting area.

Good



Working age people (including those recently retired and students)

The practice was rated as good for the care of older people on 5 July 2016. This rating remains unchanged.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Students were offered healthy lifestyle advice when they attend for vaccines.

Good



People whose circumstances may make them vulnerable

The practice was rated as good for the care of older people on 5 July 2016. This rating remains unchanged.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice was rated as good for the care of older people on 5 July 2016. This rating remains unchanged.

- The practice had increased the numbers of patients with severe and enduring mental health problems who received an annual review. For example the percentage of patients with severe and enduring mental health problems who had a comprehensive care plan documented in the preceding 12 months was 75% (previously 58%) compared to the CCG average of 79% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was a monthly dementia café run from the practice by the patient participation group (PPG) which patients with dementia and their carers could attend for support.
- The practice employed a 'dementia champion' whose role was to promote dementia awareness to all staff.

Good



Northbourne Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on

5 July 2016 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 service under the Care Act 2014.

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 17 November 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Overview of safety systems and processes

At our previous inspection, we found that although all medical equipment had the appropriate safety checks, non-medical electrical equipment had not been checked to ensure the equipment was safe to use.

At this inspection we found that all electrical equipment had been checked and recorded as safe. A certificate dated 7 July 2016 was issued to the practice confirming this.