

Holbeach 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 |  |
| Are services effective? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Holbeach Medical Centre on 12 August 2015. Overall the practice is rated as good. Specifically, we found the practice to be good for providing safe, effective, responsive and well-led services.

We had previously inspected this practice in October 2014 when we found that the practice required improvement in providing safe, effective, responsive and well led services.

At that inspection we also found the practice required improvements to be made in the care and treatment of older people; people with long term conditions and people whose circumstances may make them vulnerable. We found the practice to be inadequate for the population group of people experiencing poor mental health (including people with dementia).

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

- Patients were kept safe by efficient risk assessment and the thorough investigation of significant events.
- There were good procedures in place for the management of medicines.

- GPs and other clinicians regularly referred to guidelines from the National Institute for Health and Care Excellence to ensure safe and effective care of patients.
- There was effective management of the chronic illnesses and disease through systematic review of patients.
- Translation services were available for patients whose first language was not English.
- Practice policies designed to govern activity and keep people safe were relevant and regularly reviewed.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had deeply embedded values and a clear vision of the future.

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.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had now taken steps to provide telephone based translation services. The translation service would provide a reliable and unbiased translation service.

Good



Are services well-led?

The practice is rated as good for well-led. The practice had a vision and a strategy to deliver this, and staff were aware of the vision and their responsibilities in relation to it. The practice had policies and procedures to govern activity that were current, relevant and had been recently reviewed. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

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 is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients had a named GP, personalised care plan or structured annual reviews to check their health and care needs were being met.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable.

The practice held a register of patients whose circumstances may make them vulnerable including homeless people, travellers and those with learning disabilities. The practice had carried out annual health checks for the 27 patients with learning disabilities.

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 and out of hours

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health received an annual physical health

Good



Summary of findings

check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with schizophrenia and dementia. It carried out advanced 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. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

Holbeach Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

Background to Holbeach Medical Centre

Holbeach Medical Practice provides primary medical services to patients in Holbeach in Lincolnshire.

Patient care and treatment is provided by three GP partners and one salaried GP, supported by four nurses, two health care assistants, a phlebotomist, dispensary staff, receptionists and administration staff.

The practice provides care and treatment for approximately 7,800 patients. The practice has a sizable proportion of patients from eastern Europe. There is a high number of elderly and house bound patients.

The practice dispenses medicines to approximately 3,700 eligible patients.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust which is accessed via NHS111.

Why we carried out this inspection

We had previously carried out a comprehensive inspection of this practice on 15 October 2014. At that inspection we found that the practice needed to make improvements. We carried out this focused inspection to check if the improvements had been made.

How we carried out this inspection

At this inspection we looked at the four domains where the practice had been found to be requiring improvement in our previous inspection, namely;

- Is it safe?
- Is it effective?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups we looked at were:

- Older people
- People with long-term conditions
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

We limited our inspection to those areas within those specific domains that we had identified as requiring improvement.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to

Detailed findings

share what they knew. We carried out an announced visit 12 August 2015. During our visit we spoke with a range of staff including GPs, nurses, dispensers and management and administration staff. We reviewed documents and other evidence provided to us by the practice.

Are services safe?

Our findings

At our previous inspection of this practice in October 2014 we had concerns that;

- The practice did not have effective fire risk assessments in place or suitable plans to implement in the event of a fire. We also had concerns regarding the storage of paper medical records.
- There was no evidence of regular systematic reviews of significant events. Learning from events was limited for all staff as meetings and records of when such learning had taken place was minimal.
- There was no protocol in place for repeat prescribing and nurse led medication review.

We required the practice to address these issues.

At this inspection we found that;

- Risk management was effective and we saw that four members of staff had received external training as fire wardens. A fire risk assessment had been carried out by an accredited external company. The assessment had concluded that the arrangements for the storage of paper medical records carried no significant risk. Staff had received training in Health and Safety.
- We reviewed the significant events and saw that they had all been thoroughly investigated with good evidence collection and analysis. All significant events and complaints were discussed at team meetings and we saw records that confirmed this to be the case. The records of the meetings identified which members of staff had been present.
- We reviewed the recently introduced repeat prescription guidelines, policy and protocol which included very easy to follow flow charts to enable staff to quickly and simply understand the process and help assure patient safety.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection of this practice in October 2014 we had concerns that;

- We found that there was no formal process to enable staff to be informed of safety alerts such as those issued by the National Institute for Health and Care Excellence (NICE).
- The use of templates in the management of long term conditions was very limited.

We required the practice to address these issues.

At this inspection we found that;

- There was a clear system for the GPs to review new guidance from the National Institute for Health and Care Excellence and a cascade system was in place to ensure

that the relevant staff received it as well as being displayed for all staff to view. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

- Computer data quality was very good, ensuring patients' health care needs were properly recorded. The practice used a variety of templates on the IT system known as SystemOne, which included templates for such conditions as coeliac disease, housebound patients with long term conditions, admission avoidance, care plans for over 75s and people suffering from poor mental health including dementia. We noted that some of the reviews included physiological parameters such as blood pressure as well as functional and resuscitation status. We judged this to be particularly useful to clinicians in the out-of-hours service to assist in clinical decision making particularly in respect to admission to hospital.
- Patients in residential care homes were visited by the practice nurse twice yearly to review their care plans.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection of this practice in October 2014 we had concerns that;

- The practice had 168 patients shown on their patient list as not having English as their first language. The practice did not have in place any means of providing translation services.

.At this inspection we found that;

- The practice had now taken steps to provide telephone based translation services. The translation service would provide a reliable and unbiased translation service.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection of this practice in October 2014 we had concerns that;

- There was little evidence that they were formally reviewing their processes and performance.
- Although partners held management meetings every few months, there was no agenda or minutes of these meetings.
- The practice had a vision and a strategy to deliver this, however not all staff were aware of the vision and their responsibilities in relation to it.
- The practice had some policies and procedures to govern activity, but some of these were overdue a review.

At this inspection we found that;

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had a structured cycle of meetings for staff and partners. Details of forthcoming meetings for dispensary and nurses were clearly displayed on the notice board in the staff room.
- The practice had deeply embedded values and a clear vision for the future. The length of service of some clinical and non-clinical staff could be measured in decades. The practice had outgrown its present premises and were utilising the facilities to their maximum. The aim was to hopefully move to a larger site, possibly amalgamating with a neighbouring practice to further enhance services to patients.
- Practice specific policies were implemented and were available to all staff. The policies we reviewed were up to date, relevant and had been recently reviewed. Staff we spoke with knew how to access them.