

Park Avenue Medical Centre

Quality Report

168 Park Avenue North
Northampton
Northamptonshire
NN3 2HZ
Tel: 01604 716500
Website: <http://www.parkavenuemedicalcentre.co.uk>

Date of inspection visit: 18 April 2017

Date of publication: This is auto-populated when the report is published

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 well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to Park Avenue Medical Centre	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Avenue Medical Centre on 4 July 2016. The overall rating for the practice was requires improvement due to breaches of legal requirements. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to:

- Regulation 12 (RA) Regulations 2014, safe care and treatment.
- Regulation 17 HSCA (RA) Regulations 2014, good governance.

The full comprehensive report of the inspection on 4 July 2016 can be found by selecting the 'all reports' link for Park Avenue Medical Centre on our website at www.cqc.org.uk.

This inspection was a focused follow up inspection carried out on 18 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 4 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as 'Good'.

From the inspection on 4 July 2016, the practice was told they must:

- Ensure arrangements were in place for identifying, assessing and mitigating risk in relation to non-clinical staff undertaking chaperone duties. This included risk assessment of whether DBS checks were required.
- Implement a system to ensure patients prescribed with high risk medicines were monitored appropriately.
- Ensure a Legionella risk assessment was undertaken and arrangements were in place to identify, assess and manage all risks associated with the premises.

We also told the practice that they should make improvements to the follows areas:

- Review how significant events and incidents were identified, documented and learning was shared.
- Continue to monitor Quality and Outcomes Framework (QOF) exception reporting to ensure clinical effectiveness.
- Review the arrangements for making contact with bereaved families to offer appropriate support.

Our key findings were as follows:

- Systems were in place for identifying, assessing and mitigating risk in relation to non-clinical staff

Summary of findings

undertaking chaperone duties. Non clinical staff that undertook chaperone duties had been checked through the Disclosure and Barring Service (DBS) and trained for this role.

- The practice had made the necessary changes to their procedures for managing high risk medicines. Patients prescribed with high risk medicines were now monitored appropriately.
- The practice confirmed that following a Legionella risk assessment by an external agency arrangements were in place to manage the risks associated with the premises.

- The arrangements for reporting significant events and incidents had been strengthened with specific improvements made to the system for identification documentation and sharing of learning points.
- A protocol was in place to monitor and manage the exception reporting process in relation to the Quality and Outcomes Framework (QOF).
- A protocol was in place to ensure contact with bereaved families to offer appropriate support.

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 4 July 2016, we rated the practice as requires improvement for providing safe services as the practice did not have:

- A uniform system to identify significant events and incidents, document and share learning.
- A system to ensure patients prescribed with high risk medicines were monitored appropriately.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing safe and well led services.

Good



Are services well-led?

At our previous inspection on 4 July 2016, we rated the practice as requires improvement for providing well led services as the practice did not have:

- A process to monitor Quality and Outcomes Framework (QOF) exception reporting to ensure clinical effectiveness.
- Arrangements for identifying, assessing and mitigating risk in relation to non-clinical staff undertaking chaperone duties. This included risk assessment of whether DBS checks were required.
- Legionella risk assessments in place to identify assess and manage all risks associated with the premises.
- Arrangements for making contact with bereaved families to offer appropriate support.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing well led services.

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 provider had resolved the concerns for safety and well-led identified at our inspection on 4 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Park Avenue Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was completed by a CQC Lead Inspector supported by a CQC Pharmacist Specialist.

Background to Park Avenue Medical Centre

Park Avenue Medical Centre is located in an urban area in the north of Northampton close to Spinney Hill. It is approximately 2.5 miles from Northampton Town Centre.

There is direct access to the practice by public transport and limited parking is also available on site. Public parking is also available on the street within the vicinity of the practice. The practice had recently undergone extensive renovations to modernise the existing building used. This included a redesign of the reception area, new flooring and improvements in entrance access and treatment areas.

The practice currently has a list size of approximately 10,074 patients.

The practice holds a General Medical Services (GMS) contract which is a nationally agreed contract between NHS England and GP Practices to deliver care to the public. The practice provides GP services commissioned by NHS Nene CCG. (A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services). The practice is situated in an area with average levels of deprivation. It has a higher than national average older

adult population who have reached retirement age. A lower number of those registered at the practice, 52% are in paid work or full time education compared with the CCG average (64%).

The practice is currently managed by four GPs (two male, two female). One works on a full time basis, and three work part time. The practice also has two salaried GPs (male and female) who work on a full time basis. They are supported by further clinical staff; one female part time nurse practitioner, two female part time practice nurses and three female health care assistants (one full time, two part time). The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice is a training practice for trainee GPs. One trainee doctor had recently completed their time at the practice and at the time of our inspection, there were no other trainee doctors currently working there.

The practice is open Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays, Wednesdays, Thursdays and Fridays from 8.30am to 6.30pm. On Tuesdays appointments are available from 7.30am. The practice also opens on one Saturday each month.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends (except for one monthly Saturday clinic). During these times GP services are currently provided by South East Health. When the practice is closed, there is a recorded message giving out of hours details.

Detailed findings

Why we carried out this inspection

We undertook a focused inspection of Park Avenue Medical Centre on 18 April 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

We carried out a focused inspection of Park Avenue Medical Centre on 18 April 2017. This involved reviewing evidence that:

- Arrangements were in place for identifying, assessing and mitigating risk in relation to non-clinical staff undertaking chaperone duties. This included a risk assessment to ascertain if DBS checks were required.
- A system was in place to ensure patients prescribed with high risk medicines were monitored appropriately.
- A Legionella risk assessment had been undertaken and arrangements were in place to identify, assess and manage all risks associated with the premises.
- Significant events and incidents were appropriately identified, documented and learning was shared.
- Exception reporting related to the Quality and Outcomes Framework (QOF) was monitored to ensure clinical effectiveness.
- Arrangements for making contact with bereaved families had been strengthened to offer appropriate support.

Are services safe?

Our findings

At our previous inspection on 4 July 2016, we rated the practice as requires improvement for providing safe and well led services as the practice did not have:

- A uniform system to identify significant events and incidents, document and share learning.
- A system to ensure patients prescribed with high risk medicines were monitored appropriately.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- The practice now uses an electronic reporting form which included prompts to capture a chronology of events that led to the event. We reviewed an example of a recent review and found the process had been applied to investigate, ensure sharing of lessons learnt and make any changes that were needed as a result.

- We also reviewed the minutes of a recent practice clinical meeting where related items had been reviewed as a standing agenda item with learning points discussed and acted upon.

Overview of safety systems and process

The practice provided an action plan and evidence to show that they had strengthened their systems and processes.

- We reviewed the protocol for monitoring patients receiving high risk medicines together with related audits for the past six months which showed a sustained improvement in the monitoring of patients prescribed high risk medicines.
- We saw evidence that the full range of blood tests and other tests had been carried out and had been reviewed prior to prescribing these medicines.

Our review showed all eligible patients had been invited for appropriate monitoring and where there were exceptions the reasons and the actions the practice took to encourage participation had also been noted in patient records.

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 on 4 July 2016, we rated the practice as requires improvement for providing well led services as the practice did not have:

- A process to monitor Quality and Outcomes Framework (QOF) exception reporting to ensure clinical effectiveness.
- Disclosure and Barring Service checks or risk assessments for non clinical staff including for three staff trained as a chaperone to determine the need for such checks.
- Legionella risk assessments in place to identify assess and manage all risks associated with the premises.
- Arrangements for making contact with bereaved families to offer appropriate support.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing well led services.

Governance arrangements

- The practice had an awareness of their clinical performance and had used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).
- When we inspected previously on 4 July 2016 we found that the exception reporting for the indicators related to chronic obstructive pulmonary disease (COPD) and asthma were higher than the local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients

are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had now implemented a new protocol for encouraging patients to attend for their health reviews. The practice sent us unverified QOF monitoring data for 2016/17 (this is because the verification process is currently being carried out by the NHS) which showed the exception reporting had been significantly reduced.

- Non clinical staff who acted as chaperones were trained for the role and 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 operated a system by which when a chaperone was needed they were drawn from a practice approved list of non clinical who had been trained and DBS checked.
- The practice confirmed that a legionella risk assessment had been completed by an external agency in November 2016 and sent us evidence of the assessment as well as documents that showed the completion of any associated actions and on-going monitoring. This showed that the practice had taken appropriate actions to assess and manage any risk related to water safety in their premises.
- The practice sent us a protocol they had introduced to support the bereaved to cope emotionally. We reviewed the bereavement protocol which included an assessment to determine the level of care that could be offered and by whom. If families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.