

# Summerlee 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

We carried out an announced comprehensive inspection of Summerlee Medical Centre on 11 October 2016. The overall rating for the practice was good with requires improvement for safe.

The full comprehensive report from the October 2016 inspection can be found by selecting the 'all reports' link for Summerlee Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused follow up inspection carried out on 17 August 2017 to confirm that the practice had carried out their plan to meet the recommendations for improvement that we identified in our previous inspection on 11 October 2016.

The areas identified as requiring improvement during our inspection in October 2016 were as follows:

The practice were told they should:

- Implement a system to ensure Medicines & Healthcare products Regulatory Agency (MHRA) alerts are received and acted upon appropriately.
- Ensure documentation in the staff files contains records of recruitment, training and appraisals.

- Develop the patient participation group (PPG) to gather feedback from patients and consider the use of a website to convey information to patients.
- Have an updated business continuity plan available 'off-site' to the partner and relevant managers.
- Consider the development of a documented business plan, to evidence the vision and strategic plans for the practice.

Overall the practice is now rated as good in all areas.

Our focused inspection on 17 August 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- There was an open and transparent approach to safety. The practice had improved the system to manage, review and monitor patient safety alerts. For example, alerts received from the Medicines & Healthcare products Regulatory Agency (MHRA).
- Documentation in the staff files were complete and contained records of recruitment, training and appraisals.
- An updated business continuity plan was available with a copy held off site by the practice manager.

# Summary of findings

- A business plan was available that documented medium to long term priorities.
- The practice was making good progress in developing a patient participation group. On account of their small patient population the practice had liaised with Nene clinical commissioning group to explore ways to engage with patients. This included innovative ideas such as a merged group with their sister practice in Irchester.

The area where the provider should make improvement is:

- Continue with their efforts in canvassing patients to join a patient participation group.

**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 comprehensive inspection on 11 October 2016, we identified areas where improvements were recommended to processes and procedures to ensure the practice provided safe services.

During our focused follow up inspection on 17 August 2017, we found the practice had taken action to improve and the practice is now rated as good for providing safe services.

- The practice had improved the system to manage, review and monitor patient safety alerts. For example, those received from the Medicines & Healthcare products Regulatory Agency (MHRA).
- Documentation in the staff files were complete and contained records of recruitment, training and appraisals.
- An updated business continuity plan was available with a copy held off site by the practice manager.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue with their efforts in canvassing patients to join a patient participation group.

# Summerlee Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This inspection was completed by a CQC lead inspector.

## Background to Summerlee Medical Centre

Summerlee Medical Centre is based in Summerlee Road, Finedon, Northamptonshire, NN9 5LJ, and provides a range of primary medical services from its premises, which were a former village church and community centre.

The practice has approximately 1200 patients and provides services to the surrounding villages in rural Northamptonshire. The area's deprivation level recorded as being in the fifth most deprived decile.

Life expectancy for males, at 82 years, is two years higher than both the CCG average and national average. Life expectancy for females, at 86 years, is three years higher than the CCG and national averages.

The practice age profile broadly follows the England national profile; however there are approximately 4% more males across the age range of 40-70 years of age, than both local CCG and national averages.

The clinical team includes one female GP partner supported by a team of regular locum GPs a female practice nurse and health care assistant. The practice is managed by the practice manager and a team of administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract).

Summerlee Medical Centre is open Monday to Friday from 8am until 6.30pm. An out of hours service, for when the practice is closed, is provided by NHS 111 service. Information about the service is provided on the telephone message, the practice leaflet and is displayed on notices boards at the practice.

## Why we carried out this inspection

We undertook a comprehensive inspection of Summerlee Medical Centre on 11 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for safe. The full comprehensive report following the inspection on 11 October 2016 can be found by selecting the 'all reports' link for Summerlee Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused follow up inspection Summerlee Medical Centre on 17 August 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 in line with the recommendations detailed in the previous inspection.

During our inspection we spoke with practice manager and their deputy and reviewed related documents.

## How we carried out this inspection

During our inspection we spoke with practice manager and their deputy and reviewed related documents. This information we reviewed told us how the provider had addressed concerns we identified during our comprehensive inspection on 11 October 2016.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. For example, we noted that the practice had run a search of their patients to ensure they were not using a particular type of lancet for blood glucose monitoring. Safety alerts were a regular agenda item during the practice clinical meetings.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS and records of training and appraisals. (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).

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was held off site by the practice manager.