

# St Ann's Medical Centre

## Quality Report

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Date of inspection visit: 27 April 2017

Date of publication: 07/06/2017

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 well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to St Ann's Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Action we have told the provider to take	9

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Ann's Medical Centre on 15 and 16 October 2015. The overall rating for the practice was good but with requires improvement for safety. We carried out a focused follow up inspection on 21 and 24 June 2016 to check that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 and 16 October 2015. We found there had been some improvements at this inspection and the practice was rated as good for safety. The overall rating for the practice was good but with requires improvement for well led following this inspection as we found some areas for improvement relating to governance. The reports for both these inspections can be found by selecting the 'all reports' link for St Ann's Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 27 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 21 and 24 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Improvements to meet regulations had been made since our last inspection on 21 and 24 June 2016. Our key findings were as follows:

- There had been some improvement in governance arrangements and staff responsibilities had been clarified to ensure governance systems were implemented. For example, the recruitment procedure and infection control action plan had been implemented and monitored.
- Procedures to monitor vaccine fridge temperatures had been applied more consistently although these had not been effective in ensuring the correct temperatures were maintained.
- Systems to ensure patient records were stored securely had been improved.

In addition the provider had:

- Implemented systems to improve the availability of non-urgent appointments.
- Improved complaints investigation records.

The practice must improve the following areas:

- The provider must improve cold chain monitoring arrangements to ensure correct temperatures for

# Summary of findings

vaccine storage are maintained. The provider must ensure all those involved in administering vaccines and monitoring the temperatures of vaccine storage understand what to do in the event of a failure in the cold chain.

**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 well-led?**

Some improvements to meet regulations had been made since our last inspection on 21 and 24 June 2016. However, the practice is still rated as requires improvement for providing well led services due to a lack of monitoring in one area which may cause a risk for patients. Our key findings were as follows:

- There had been some improvement in governance arrangements and staff responsibilities had been clarified to ensure governance systems were implemented. For example, the recruitment procedure and infection control action plan had been implemented and monitored.
- Procedures to monitor vaccine fridge temperatures had been applied more consistently at the branch surgery although these had not been effective in ensuring the correct temperatures were maintained.
- Systems to ensure patient records were stored securely had been improved.

In addition the provider had:

- Implemented systems to improve the availability of non-urgent appointments.
- Improved complaints investigation records.

However, we saw some areas which still required improvement's:

- Cold chain monitoring arrangements were not effective to ensure to maintain the cold chain for vaccine storage.

**Requires improvement**



# St Ann's Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector

## Background to St Ann's Medical Centre

St Ann's Medical Centre is situated within a purpose built surgery in Rotherham Health Village. There are branch surgeries at 240 Kimberworth Park Rd, Kimberworth, Rotherham, S61 3JN and Ridgeway Medical Centre, 14 Ridgeway, Rotherham, S65 3PG. We visited both branch surgeries as part of this inspection.

The practice provides Personal Medical Services (PMS) for 18,451 patients across the three sites in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are seven GP partners, four salaried GPs and two GP Registrars, six of who are male and seven female. There is one nurse practitioner, five practice nurses and four health care assistants who all work across the three sites. There is a large administration team who also work across each site led by a practice manager. The practice manager is responsible for all three sites.

The practice is open at the following times across the three sites:

- St Ann's Medical Centre - Reception and surgery opening times are 7am to 6pm Monday to Friday.
- Kimberworth – Reception and surgeries are open on Mondays between 8am and 10.30am and 3pm to 8pm. Tuesday to Friday the reception and surgeries are open from 8am to 10.30am and 1pm to 3pm.

- Ridgeway Medical Centre – Reception opening times are 8am to 10.30am and 3pm to 6pm Monday to Friday. Surgery opening times are from 8.10am to 10.30am and 3pm to 5.30pm Monday to Friday.

Patients can access out of hours services by contacting NHS 111.

This practice has been accredited as a GP training practice.

## Why we carried out this inspection

We carried out an announced comprehensive inspection at St Ann's Medical Centre on 15 and 16 October 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good but with requires improvement for safety. We carried out a focused follow up inspection on 21 and 24 June 2016 to check that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 and 16 October 2015. We found there had been some improvements at this inspection and the practice was rated as good for safety. The overall rating for the practice was good but with requires improvement for well led following this inspection as we found some areas for improvement relating to governance. The reports for both these inspections can be found by selecting the 'all reports' link for St Ann's Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection St Ann's Medical Centre on 27 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.

# Detailed findings

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (GP, practice manager, deputy practice manager, practice nurse, new practice manager, reception staff).

- Visited two of the practice locations.
- Looked at management information and records.

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.

# Are services well-led?

Requires improvement 

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

## Our findings

**At our previous inspection on 21 and 24 June 2016, we rated the practice as requires improvement for providing well-led services as there was a lack of oversight and monitoring by the provider and practice manager to ensure that everyone was undertaking their roles and responsibilities and procedures and systems were fully implemented. We issued a requirement notice in respect of these issues. We found some improvement had been made when we undertook a follow up inspection of the service on 27 April 2017. However, the practice is still rated as requires improvement for being well-led due to a lack of monitoring in one area which may cause a risk for patients.**

### Governance arrangements

At the inspection in June 2016 we found the provider had made improvements since the inspection in October 2015. However, we found there was a lack of clarity in some areas about staff roles and responsibilities. We found there were still some areas where tasks had not been completed due to this confusion and/or lack of monitoring, such as implementing the infection prevention and control action plan and the recruitment policy and procedure and ensuring vaccine fridge temperature monitoring was completed consistently at the branch surgery. During a tour of the building we found a small number of patient records in two GP surgeries which were not securely stored.

At the inspection on 27 April 2017 we found the provider had made improvements. We found the provider had reviewed and updated the practice infection prevention and control (IPC) policy and procedure and this now clarified staff roles and responsibilities. We saw audits had been implemented for staff to check cleaning standards although the practice manager was not clear about some of the recording in the records which indicated these had not been checked by the manager. We observed the practice was clean and tidy.

Recruitment procedures had been improved and check lists had been put in place to ensure all checks were obtained. A new practice manager had been employed to replace the practice manager who was retiring from the role the day after this inspection. The new practice manager had commenced employment just prior to the

inspection. A Disclosure and Barring Service (DBS) check had not been obtained although this had been applied for. A written risk assessment had not been completed to show how patients were to be protected in these circumstances. We were told the new practice manager was not having any contact with patients and was undertaking induction training until the DBS was received. Three other records we reviewed included all the required checks.

We observed patient records were securely stored. We were told systems to scan patient records onto the computerised systems had been reviewed and improved to reduce the need for GPs to have patient records in their surgery.

We observed vaccine fridge temperature checks had been recorded consistently at this inspection. However, although this task had been delegated to nursing or reception staff there was no evidence of management monitoring of the effectiveness of these arrangements and staff competence in this area had not been assessed. We found in all the records we checked at a branch surgery and the main site there had been frequent occasions when the temperatures recorded were outside of the recommended temperatures of two to eight degrees centigrade by one to two degrees. The management team told us they were unaware of these temperature recordings which meant staff had not reported these issues. Other than on one occasion, there was no evidence appropriate action had been taken when temperatures had been recorded outside the recommended ranges to ensure the vaccines were compliant with the manufacturer's license and to minimise the risks of the effectiveness of vaccination being compromised. A written policy and procedure to support the arrangements for storage of vaccines and guide staff was not available. Following the inspection the provider told us they had taken immediate action to investigate the shortfalls identified and protect patients. They told us they had contacted the vaccine manufacturers and Public Health England and were acting on their advice. They said they had identified fridges where there had been issues and sent these for service and/or repair. New thermometers had been purchased, staff training had commenced and a cold chain policy and procedure was being developed.

The practice had continued to try to improve access to the practice and had commenced the Productive General Practice Programme. (The NHS Institute for Innovation and

# Are services well-led?

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

Improvement's Productive General Practice programme helps general practices operate more efficiently by helping them to review the way they work so that they can identify ways of improving their working processes). As part of this programme they had reviewed the appointment system

and completed patient surveys and audits. This was still work in progress although the general trend for missed appointments showed a reduction in these due to the measures they had put in place.

Complaint investigation records had been improved and more detail was now recorded.



## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider had not done all that was reasonably practicable to ensure systems or processes had been established and operated effectively.</p> <p>This was because:</p> <ul style="list-style-type: none"><li>• Monitoring arrangements for vaccine fridge temperatures to ensure correct temperatures for vaccine storage maintained were not effective.</li><li>• Staff competence to undertake the task of monitoring fridge temperatures used for vaccine storage had not been assessed.</li><li>• Where temperatures were recorded outside of the recommended temperatures of two to eight degrees centigrade action had not been taken to ensure the vaccines were compliant with the manufacturer's license and to minimise the risks of the effectiveness of vaccination being compromised.</li><li>• A written policy and procedure to support these arrangements and to guide staff was not available.</li></ul> <p>This was in breach of regulation of 17 of the Health and Social Care Act 2008</p>