

# Melbourne House Surgery

## Inspection report

Parkside Medical Centre  
Melbourne Avenue  
Chelmsford  
Essex  
CM1 2DY

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[www.melbournehousesurgery.org.uk](http://www.melbournehousesurgery.org.uk)

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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as requires improvement overall.** (Previous rating October 2017 – Requires Improvement and August 2015 – Good)

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

**We have rated this practice as requires improvement overall.**

We rated the practice as requires improvement for providing safe services because:

- The security of prescription pads was ineffective.
- The practice did not have an effective system for the recording of significant events and learning from these to make improvements was not clearly demonstrated.
- Areas identified as in need of action from the infection control audit were not followed up.
- Fridge temperatures were not clearly monitored, and the practice had no cold chain policy in place.
- Locum GP checks including immunity status and training checks were not carried out.
- There were no risk assessments in place for the security of the premises and also for the storage of hazardous substances.

We rated the practice as requires improvement for effective because:

- The practice's clinical outcomes indicators for 2017/2018 for people experiencing poor mental health and for people with long term conditions, in particular those with diabetes was below local and national averages. Although the unverified data from 2018 shows an increase we found no action plan to indicate these figures had been fully addressed.

We rated the practice as requires improvement for well-led because:

- While the practice had made some improvements since our inspection in October 2017 it had not completely addressed the requirement notice in relation to the infection control audit. At this inspection we also identified additional concerns that put patients at risk.

- The practice lacked a system for quality assurance including clinical audit.
- We also found there was a lack of governance and performance was not being monitored effectively

We rated the population group people experiencing poor mental health as requires improvement because:

- The practice's clinical outcome indicators for 2017/2018 were below the local and national average for people experiencing poor mental health. The unverified data from this year showed an increase however it remained lower than local and national averages. As this population group was rated as requires improvement for providing effective services, this means that the overall rating for this population group is requires improvement.

We rated the population group people long term conditions as requires improvement because:

- The practice's clinical outcome indicators for 2017/2018 were below the local and national average for people with long term conditions, in particular for diabetes. The unverified data from this year showed an increase however we found no action plan to indicate these figures had been fully addressed. As this population group was rated as requires improvement for providing effective services, this means that the overall rating for this population group is requires improvement.

We rated the practice as good for providing caring & responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patient's needs. Patients could access care and treatment in a timely way.
- Patients received effective care and treatment that met their needs.

During our inspection in October 2017 we identified some breaches of the regulations and issued the practice with a requirement notice for improvement. The areas where the provider must make improvements were:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example,
- Implement a system to evidence the action taken in response to national safety alerts

# Overall summary

- Implement an effective system to identify staff learning needs including the completion of essential training and regular staff appraisals.
- Undertake infection prevention and control audits.
- Ensure documentary evidence of appropriate recruitment checks for staff members.

At this inspection we found that some areas had been satisfactory addressed however there were still some areas that remain unresolved and therefore the requires improvement rating remains.

During our inspection in October 2017 we also identified other areas where they should improve. The areas where the provider should make improvements were:

- Continue to improve patient satisfaction data in relation to patient waiting times.
- Ensure an appropriate system is in place for the safe use of prescription pads and the management of uncollected prescriptions.
- Implement a system to ensure patient care plans are reviewed and monitored on a regular basis.
- Implement systems to identify and support carers.
- Review practice policies on a periodic basis.
- Maintain a copy of the business continuity plan off the premises.
- Record and analyse verbal complaints and manage all complaints in accordance with the practice policy and the recognised guidance and contractual obligations for GP's in England.
- Undertake a review of significant events and complaints over time to identify trends.
- Most of these areas had been addressed and improvements put in place however we identified that

the security of blank prescription pads needed strengthening which the practice was made aware of on the day of the inspection and also that the documentation of significant events needed reviewing and learning from the significant events did not always identify how it drove improvements.

During our inspection in December 2018 we identified actions which the provider had not fully addressed.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- Ensure that adequate locum checks are carried out including reassurance of their current immunity status and that safeguarding training is up to date.
- Continue to improve QOF data in relation to those patients with long term conditions.
- Carry out risk assessments in relation to the security of the premises and for the storage of hazardous substances to ensure there is a safe environment for patients and staff.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to Melbourne House Surgery

The Provider of this service is Melbourne House Surgery, which is located at Parkside Medical Centre, Melbourne Avenue, Chelmsford, CM1 2DY. The Location is also known as Melbourne House Surgery. The provider is registered to provide the following regulated activities: Diagnostic and screening, surgical procedures, family planning, treatment of disease, disorder and injury and maternity and midwifery services.

The Melbourne House Surgery has approximately 7500 patients registered with this practice.

There are two male partners and five associate GPs, two male and three female. The practice has two practice nurses, one phlebotomist and two healthcare assistants who also carry out phlebotomy services. There is also a smoking cessation advisor. Clinicians are supported by a practice manager and a team of reception and administrative staff.

The practice population is predominantly White British with an age distribution of male and female patients predominantly in the working age population group. The patients come from a range of income categories with an average for the practice being in the sixth most deprived category. One being the most deprived and ten being the least deprived. The practice has a lower than average number of patients over the age of 65 years and about 9% of patients are over the age of 75 years with about 23% under the age of 18 which is higher than local and national averages.

The practice provides early morning pre-booked GP and nurse appointments from 7am to 7.50am on a Tuesday, Thursday morning and from 7am to 7.50am on a Friday morning for appointments with the Practice Nurse only. Out-of-hours cover is provided by the Mid Essex CCG for evening and weekends and can be accessed by patients by calling 111.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>.</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There was a lack of quality improvement processes, including clinical and non-clinical audit.</li><li>• The system for the review of the care of patients suffering with poor mental health was not effective.</li><li>• There was an ineffective system to identify and manage risks, including the security of prescription pads, a risk assessment for those substances in use at the practice that are hazardous, the monitoring of fridge temperatures, identifying significant events and implementing improvements, action taken resulting from issues identified in the infection control audit.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>