Victoria Medical Practice

Quality Report

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Date of inspection visit: 5 April 2017
Date of publication: 20/04/2017

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

Are services safe?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Victoria Medical Practice on 21 September 2016. The overall rating for the practice was good. However, a breach of the legal requirements was found which resulted in the practice being rated as requires improvement for providing safe services. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Victoria Medical Practice on our website at www.cqc.org.uk.

In addition to the breach of regulation, at the inspection on 21 September 2016 we also said the practice should consider the following areas:

- The practice should review the arrangements for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with current guidance.
- The practice should review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two or more cycles to monitor improvements to patient outcomes.
- The practice should take steps to improve their identification of patients who are carers, in order to be able to provide them with any additional support they may require.

This inspection was an announced focused inspection carried out on 5 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach of regulations that we identified in our previous inspection on 21 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing safe services.

Our key findings were as follows:

- The practice had updated their new patient registration form to include questions about carers and those who were cared for. We saw that posters and leaflets were available for carers. The practice had identified 1% of their patient list as carers. However, the national general practice profile shows that there were significantly less people registered with the practice aged over 44 than the CCG or national average.

Summary of findings

- The practice told us of their plans to complete a second cycle of the audits previously undertaken, but that the timescale for the completion of this had not yet been reached. We saw that audits were ongoing.

The areas where the provider should make improvement are:

- The provider should continue to review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two or more cycles to monitor improvements to patient outcomes.

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?

Good

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 21 September 2016. The issues at the previous inspection included:

- The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine refrigerator and the preservation of the cold chain.

At this inspection in April 2017 we found:

- The practice had updated their protocol for reviewing the immunisation status of care workers in line with current guidance.
- The practice had reviewed their cold chain policy and made staff aware of this.
- The practice had purchased a second thermometer for each vaccine/medication refrigerator which was able to pin point changes in temperature range and the times this occurred. Weekly monitoring of this device took place.
- The practice also continued to undertake twice daily monitoring of these refrigerators temperatures and highlighted and investigated any changes which occurred.
- We found that two vaccines in the practice were out of date on the day of our inspection. They had been left in the refrigerator but were stored away from other vaccines. We were assured that this was until they could be suitably disposed of. However, they were not labelled as unfit for use. We were sent evidence after our inspection that nursing staff had identified these vaccines as out of date in a monthly stock check and that when vaccines were administered, their expiry date and batch number were documented in the patient notes. We were assured that this reduced patient risks. The practice said that any vaccines which were due to expire or had expired would be clearly labelled in the future and disposed of in a timely manner.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- The provider should continue to review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two or more cycles to monitor improvements to patient outcomes.

Victoria Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC inspector.

Background to Victoria Medical Practice

Victoria Medical Practice is located on Wellington Road, Dewsbury, West Yorkshire, WF13 1HN on the first floor of Dewsbury Health Centre. The building is a large multi-purpose health centre with a pharmacy and is owned by community provider, Locala. The practice is located centrally in Dewsbury opposite the train station and close to shops and the market.

The practice provides primary care to 2,915 patients under an alternative personal medical services (APMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The National general practice profile shows that 37% of the practice population is from a south Asian background with a further 3% of patients from mixed and other non-white ethnic groups.

There are fewer patients registered with the practice aged over 44 than the clinical commissioning group (CCG) or national average.

There is one salaried male GP, one female advanced nurse practitioner, a female practice nurse who is undergoing training to become an advanced nurse practitioner and an additional practice nurse who provides cover for the nurse and the healthcare assistant as required.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available throughout the day between these times. Extended hours appointments are offered until 7.30pm

on a Monday.

When the practice is closed services are provided by Local Care Direct and NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Victoria Medical Practice 21 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as good. However, a breach of the regulations was found in relation to the provision of safe services to patients. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for Victoria Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Victoria Medical Practice on 5 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 follow up inspection of Victoria Medical Practice on 5 April 2017.

During our visit we:

Detailed findings

• Spoke with the practice manager.

• Observed and listened to staff interactions with patients on the telephone.

• Observed the reception area, several clinical rooms and the vaccine storage arrangements.

Please note that when referring to information throughout this report, for example any reference to the National general practice profiles, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

At our previous inspection on 21 September 2016, we rated the practice as requires improvement for providing safe services. We found that the registered person did not do all that was reasonably practicable to ensure staff followed practice policies and procedures for the management of the vaccine refrigerator and to maintain the cold chain.

Practice procedures to report any temperatures out of the accepted range for the safe storage of vaccines had not been followed in line with Public Health England Guidance, Protocol for ordering, storing and handling vaccines, 2014.

These arrangements had significantly improved when we undertook a focussed follow up inspection on 5 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning.

At this inspection in April 2017 we found:

- We saw that the practice had raised a significant event in relation to the vaccine refrigerator temperatures being out of range. We saw that action had been taken as a result of this issue and that outcomes and learning points were discussed with the staff. We saw evidence that the practice had liaised closely with the CCG, NHS England and the manufacturers of the vaccines to ensure that patients were safe.

Overview of safety systems and processes

At this inspection in April 2017 we found:

- The practice had updated their protocol for reviewing the immunisation status of care workers in line with current guidance.
- The practice had reviewed their cold chain policy and made staff aware of this.
- The practice had purchased a second thermometer for each vaccine/medication refrigerator which was able to pin point changes in temperature range and the times this occurred. Through the weekly monitoring of this device the practice were able to assure themselves that vaccines were stored at the correct temperatures.
- The practice also continued to undertake twice daily monitoring of these refrigerator temperatures and highlighted and investigated any changes which occurred.

We found that two vaccines in the practice were out of date on the day of our inspection. They had been left in the refrigerator but were stored away from other vaccines. We were told that this was until they could be suitably disposed of. However, they were not labelled as unfit for use. We were sent evidence after our inspection that nursing staff had identified these vaccines as out of date in a monthly stock check and that when vaccines were administered their expiry date and batch number were documented in the patient notes and checked by nursing staff. We were assured that this reduced patient risks. The practice said that any vaccines which were due to expire or had expired would be clearly labelled in the future and disposed of in a timely manner.