

Stag Medical Centre

Quality Report

The Stag Medical Centre

Rotherham

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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 at Stag Medical Centre on 25 April 2016. The overall rating for the practice was Good but with Requires Improvement for safety. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Stag Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 June 2017 to confirm that the practice had taken action to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 April 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.

The practice had taken action to meet the legal requirements. Our key findings were as follows:

- The practice had improved systems to manage health and safety. Health and safety risk assessments

for the premises including a fire risk assessment had been completed. Fire drills had been completed and work had been completed to ensure blinds in the practice met Department of Health guidance.

- Checks of the defibrillator had been undertaken to meet relevant guidance.
- Systems had been improved to ensure blank prescription forms and pads were securely stored in line with relevant guidance.
- Systems to improve the management of infection, prevention and control (IPC) had been improved including records of the cleaning had been implemented and completed and staff had received IPC training. Annual IPC audits to monitor standards had been undertaken.

The practice had also taken action in areas recommended for improvement:

- Systems had been implemented to review actions taken in response to significant events to check these had been implemented appropriately and had been effective.
- Procedures for recording the actions taken in response to medical alerts had been improved and implemented.

Summary of findings

- Training had been provided for staff who were undertaking chaperone duties.
- Arrangements for monitoring the temperature of the vaccine fridge in relation to the provision of thermometers had been reviewed and improved in line with relevant guidance.
- Procedures for obtaining written consent from patients prior to minor surgical procedures and contraceptive implants had been reviewed. New consent forms had been developed and implemented. The practice had also introduced a World Health Organisation (WHO) check list for surgical procedures to assist clinicians to ensure all the appropriate records were completed and information had been provided to the patient. Completed documents were stored on the patient record.
- Access to the practice by telephone and to a named GP had been reviewed. Since the last inspection the practice had commenced the Productive General Practice programme. (Productive General Practice is a programme from the NHS Institute which aims to support general practices in realising internal efficiencies, while maintaining quality of care and releasing time to spend on more value added activities.) The practice had used this system to

review their appointment system. An audit had showed 93% of appointments were given to patients as per the patients request. The data had enabled the practice to review staffing requirements and in response to the information provided had employed an advanced nurse practitioner to improve access to appointments. The practice had also had a new telephone system in November 2016 which provided more lines and a call waiting system. This system enabled the practice to monitor call waiting times and discontinued calls. The practice was in the process of reviewing the data from this information to identify if any further improvements could be made.

- Information about the complaints procedure was displayed in the practice to ensure access for patients.

However, there were also areas of practice where the provider needs to make improvements. The provider should:

- Secure the clinical waste bins stored in the car park so they cannot be moved by the general public.

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?

Improvements had been made since our last inspection on 25 April 2016. The practice is rated as good for providing safe services.

The practice had taken action to meet legal requirements. Our key findings were as follows:

- The practice had improved systems to manage health and safety. Health and safety risk assessments for the premises including a fire risk assessment had been completed. Fire drills had been completed and work had been completed to ensure blinds in the practice met Department of Health guidance.
- Checks of the defibrillator were undertaken to meet relevant guidance.
- Systems had been improved to ensure blank prescription forms and pads were securely stored in line with relevant guidance.
- Systems to improve the management of infection, prevention and control (IPC) had been improved including records of the cleaning had been implemented and completed and staff had received IPC training. Annual IPC audits to monitor standards had been undertaken

The practice had also taken action in areas recommended for improvement:

- Systems had been implemented to review actions taken in response to significant events to check these had been implemented appropriately and had been effective.
- Procedures for recording the action taken in response to medical alerts had been improved and implemented.
- Training had been provided for staff who were undertaking chaperone duties.
- Arrangements for monitoring the temperature of the vaccine fridge in relation to the provision of thermometers had been reviewed and improved in line with relevant guidance.

Good



Stag Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector and the inspection team comprised of a second CQC inspector.

Background to Stag Medical Centre

The Stag Medical Centre is situated in Rotherham and opened in 1989. This is a purpose-built medical centre which includes minor surgery facilities. There is a branch surgery situated at Rosecourt Surgery, 121 Bawtry Road, Wickersley Rotherham S66 2BL. The practice moved into this development at the beginning of 1994. We visited both sites as part of this inspection.

There are car parks and full access for people with disabilities at both surgeries. Major bus routes serve both surgeries. Patients can access services at both surgeries.

The practice provides Personal Medical Services (PMS) for 11,600 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. They have a higher than average population in the 50 plus age group and are located in the fourth least deprived area nationally.

The practice provides some enhanced services which include dementia and learning disability services.

There are seven GP partners, four female and three male. There are five practice nurses, including two specialist practitioner practice nurses and four health care assistants.

A practice manager, assistant manager, secretary, administration staff and teams of receptionists are also employed.

The practice is used for teaching medical students and for further education and familiarisation of general practice work for doctors.

The practice is open as between 8.00am and 6.30pm, Monday to Friday.

Consultations are held at the Stag from 8.30am to 12.30pm and 3.30pm to 5.45pm, Monday to Friday and at Rose Court from 8.30am to 12.30pm and 3.30pm to 5.30pm Monday to Thursday and 8.30am to 12.30pm on Fridays.

All the doctors have consultations at both surgeries on a rota system.

Why we carried out this inspection

We undertook a comprehensive inspection of Stag Medical Centre on 25 April 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 in safe. The full comprehensive report following the inspection on 25 April 2016 can be found by selecting the 'all reports' link for Stag Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Stag Medical Centre on 27 June 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

During our visit we:

Detailed findings

- Spoke with a range of staff (GP, practice manager, practice nurse, health care assistant, reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Visited all practice locations.
- Looked at information the practice used to deliver care and management 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 safe?

Our findings

At our previous inspection on 25 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of health and safety, security of prescriptions, cleanliness and infection control were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the inspection on the 25 April 2016 we found that the practice carried out a thorough analysis of significant events and we saw actions had been taken to improve where necessary and learning from these events had been shared with staff. However, a review of actions implemented to check these had been effective was not completed. At our inspection on 27 June 2017 we found some evidence actions taken had been reviewed following significant events. For example, an audit of a new process implemented to address IT issues identified following a significant event had been completed. Further issues were identified and further improvement action was in progress.

At the inspection on the 25 April 2016 we found a record of actions taken in response to all medical alerts was not held. At our inspection on 27 June 2017 we found a central log had been developed and action taken in respect of medical alerts received had been recorded. All staff had access to the spread sheet and links to the alerts.

Overview of safety systems and process

At the inspection on the 25 April 2016 we found blank prescription forms and pads were not securely stored in line with NHS Protect guidance. At our inspection on 27 June 2017 we observed a policy and procedure for the management of prescriptions in line with the guidance had been developed and implemented. Facilities had been provided in each consulting room to enable the safe storage of prescriptions and monthly checks that prescriptions had been safely stored had been completed and recorded. Records to monitor use of prescriptions had been implemented and maintained.

At the inspection on the 25 April 2016 we found there were no records of the cleaning completed and there were no records to evidence how frequently privacy curtains were laundered. At our inspection on 27 June 2017 we found detailed cleaning records had been implemented and completed which included daily, weekly and monthly tasks. A six monthly deep clean had also been implemented with an external company. Disposable curtains had been obtained, a log of the due date for changing these had been implemented and curtains were dated when they were last changed. We observed both sites to be clean and tidy throughout.

At the inspection on the 25 April 2016 we found some shortfalls in the management in infection prevention and control (IPC). There was no evidence staff had received training, an IPC audit had not been completed and at Rosecourt surgery sinks in consultation rooms had plugs.

At the inspection on 27 June 2017 we found staff had completed IPC training since our last inspection. The majority of staff had completed external training in August 2016, and nursing staff had also completed additional external training in September 2016 and May 2017. Clinical staff had completed handwashing training in April 2017. Where staff had been unable to attend the IPC training they were provided with a copy of the training information. Staff had signed training attendance sheets or signed to confirm receipt of the training information. We saw an IPC audit had been completed and actions for improvement had been identified. We found a number of the actions required had been completed such as handwashing training. Dates actions had been completed had not been recorded. Plugs had been removed from sinks. We observed the clinical waste bins were stored in a public car park and although locked were not secured to prevent them being moved. The practice manager told us they would review this.

At the inspection on the 25 April 2016 we found staff who were undertaking chaperone duties had not received training for this role. At the inspection on 27 June 2017 we found the majority of staff had attended training provided by an external company. Where staff had been unable to attend the training information had been provided to them. Staff had signed training attendance sheets and to confirm receipt of the training information.

At the inspection on the 25 April 2016 we found the fridge used for storing vaccines at Rosecourt Surgery only had one thermometer which was calibrated annually. This was

Are services safe?

not in line with the Public Health England guidance. At the inspection on 27 June 2017 we found additional systems to monitor the fridge temperatures had been provided, a cold chain audit had been completed, the cold chain policy and procedure had been reviewed and updated to include the new systems, a vaccine storage audit had been completed and responsible staff had been given dedicated time to check and record fridge temperatures.

Monitoring risks to patients

At the inspection on the 25 April 2016 we found shortfalls in the management of health and safety. The practice had not completed health and safety risk assessments for the premises including a fire risk assessment, there was no record of fire drills at Rosecourt Surgery and blinds in the practice did not meet Department of Health guidance.

At the inspection on 27 June 2017 we found environmental risk assessments had been completed and monthly health and safety checks were completed. The manager had involved staff in the checks to ensure they understood their responsibilities. We found the fire risk assessments for both sites had been reviewed and fire safety checks had been completed. Monthly fire safety audits had also been completed and through these they had identified

additional training was required in relation to fire extinguishers and this had been completed. The practice manager had also identified through these checks some issues with the emergency lighting at the main site and work had been completed to address these issues. A fire drill had been completed at both sites and nominated staff had completed fire warden training.

Arrangements to deal with emergencies and major incidents

At the inspection on the 25 April 2016 we found checks of the defibrillator did not meet The Resuscitation Council (UK) guidance. At the inspection on 27 June 2017 we found appropriate checks of the defibrillator took place and had been recorded. The practice manager advised us they had involved all clinical staff in the monthly checks of emergency medicines to enable them to be more familiar with the medicines held. We found the oxygen was checked by staff but these checks were not recorded. The manager explained the oxygen was managed by an external company who changed the cylinder every three months and after every use so the risk was minimised but said they would add the weekly check by staff to the records.