

Crewkerne Health 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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Crewkerne Health Centre on 12 November 2014. At that inspection the practice was rated as requiring improvement for the safe domain. The report was published on 26 March 2015. This focused inspection undertaken on 2 September 2015 was specifically to follow up on the findings from our last inspection in November 2014. This report should be read in conjunction with the report published on 26 March 2015.

Action had been taken by the provider and we found the practice was now meeting the regulation for assessing and monitoring the quality of the service with the overall rating for the safe domain being good. All population groups remained good the same as at the previous inspection.

Our key findings were as follows:

- There were arrangements in place to ensure medicines were held securely.
- Learning from incidents, significant events and clinical audits had a clear process and all staff were involved in discussions, where necessary.
- Recommendations from the fire risk assessment had been completed and appropriate checks to ensure the wellbeing of staff and patients regularly took place.
- Actions and plans were in place to address promptly improvement areas from infection control audits.
- Appropriate records were held to provide evidence that staff were recruited safely.
- There was accessible information available to patients to inform them they could talk confidentially when in reception and could access the complaints policy.

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?

The practice is rated as good for providing safe services.

Since our last inspection the provider has taken action and there have been improvements to the systems which ensured patient safety. Risks to patients were assessed and managed including improvements to medicines management, fire safety, infection control, Legionella management and learning from incidents and clinical audits.

Good



Crewkerne Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector.

Background to Crewkerne Health Centre

We inspected the practice at the location of Crewkerne Health Centre, Middle Path, Crewkerne, Somerset, TA18 8BX, where all registered regulated activities were carried out. This focused inspection was undertaken to follow up a breach of regulation found at our previous comprehensive inspection undertaken on 12 November 2014.

The practice serves approximately 11,250 patients living in a five mile radius around Crewkerne in South Somerset including 1000 patients living within the Dorset area.

The national general practice profile showed the practice has a large demographic of patients over the age of 55 years. This was above the England and Somerset Clinical Commissioning Group (CCG) average, particularly between the ages of 65 to 69 years old. The practice population is below national and CCG averages for patients under 44 year olds. The practice is in the least deprived range for the area.

There are seven GP partners, five male and two female. Each week the GPs covered 49 sessions which is the equivalent to six and half full time GPs.

The nursing team consisted of a nurse practitioner, who worked four days per week, four female practice nurses

who worked the equivalent to approximately three full time nurses. There were also three female health care assistants, equivalent to approximately two full time health care assistants.

The practice has a General Medical Service contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, minor surgery, patient participation, immunisations and remote care monitoring.

The practice has core opening hours from 8am to 6:30pm to enable patients to contact the practice. Extended hours were provided on Monday evening until 8pm. The practice refers their patients to NHS 111 operated by Vocare, Somerset Doctors Urgent Care for out-of-hours services to deal with urgent needs when the practice is closed.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Detailed findings

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient's needs?
- Is it well-led?

On this inspection we reviewed sections within the safe domain that required improvements.

We did not carry any additional review of the population groups. The population groups are:

- Older patients
- Patients with long-term conditions
- Families, children and young patients

- Working age patients (including those recently retired and students)
- Patients whose circumstances may make them vulnerable
- Patients experiencing poor mental health (including patients with a form of dementia)

Before visiting, we reviewed a range of information we hold about the practice. We reviewed the information that provider sent to us within their action plan, which outlined the action they would take following our previous inspection. We carried out an announced visit on 2 September 2015.

Are services safe?

Our findings

Medicines management

During the last inspection undertaken at the practice in November 2015 we found medicines were not held securely in the practice. Following that inspection the provider had provided assurances to us that they had taken action promptly after the inspection to address this. At this inspection we found general medicines used were now kept in a locked cupboard within the treatment room. All emergency equipment and medicines were kept in one area within the treatment room to aid security and accessibility. We noted during this inspection that the vaccine refrigerator was not routinely locked. The practice manager advised us that they would remind staff to lock this when they left the room. Since our last inspection the practice had changed the home visit bag policy to include additional security provisions for when this was not in use. They had also reviewed what medicines they kept within the home visit bag to ensure they were appropriate and necessary for the purpose of home visits.

Cleanliness and infection control

At the last inspection we found the provider had to improve how it audited infection control procedures in order to ensure actions were taken to prevent the spread of infection. At this inspection we found the annual infection control audit had been completed in July 2015 and we saw actions identified had been addressed by the practice. We saw there was a plan in place to ensure disposable curtains were changed on a six monthly basis or sooner, if necessary. We saw a legionella risk assessment had been completed in January 2015 and a number of actions had been addressed. For example, the shower had been disconnected as it was no longer used. All taps in the practice were used daily, within the risk assessment it was assessed that water temperatures would be checked on a quarterly basis. We saw records which demonstrated relevant checks had taken place.

Staffing and recruitment

At the last inspection we found the provider should improve how it recruited its staff. To ensure staff were recruited safely, they should have evidence of proof of identification of the person employed. At this inspection we reviewed three recruitment files from staff that had been recently recruited and found the provider had obtained

evidence of proof of identification. The improvements made by the practice in regard of their recruitment processes ensured patients were cared for by more robustly recruited staff.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff, with the required skills on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Monitoring safety and responding to risk

We found improvements had been made to fire safety, learning from incidents and also since our last inspection the provider had in place an effective system to ensure clinical audits were completed with the aim of improving patient care.

During the last inspection we found the fire risk assessment had been completed by the practice manager they told us that they felt they were not competent to do so as specified in the HM government guidance for fire risk assessments in a healthcare premise. They arranged for a fire risk assessment to be completed in February 2015 by an external fire safety company. On this inspection we saw a fire risk assessment had been completed on 23 February 2015 and the recommendations made had been reviewed by the practice manager. The practice had recently installed a new fire alarm panel because the previous one required replacing. A fire safety company was visiting the practice to provide training for staff to carry out fire drills and fire alarm checks the day after our inspection. We were informed fire alarm checks and fire drills would be completed on a weekly basis once training had been completed and recorded in a fire log. The emergency lighting was recommended to be checked on a monthly basis and would now be incorporated into their fire log checks. Fire extinguishers had last been serviced in May 2015. The practice had three fire marshals and they had received updated training in March 2015. All nurses and administration team members had completed fire awareness training on 11 March 2015.

At our last inspection we found clinical audits were not always organised to ensure a full cycle was completed and learning from the audits was not fully implemented or

Are services safe?

shared to other relevant staff in the practice. On this inspection we found the practice had decided in May 2015 that one of the GP partners would take lead responsibility for clinical audits. The GP partners had agreed that they would consult with each other on what audits should be completed depending on the needs of the population. Clinical audit results were discussed with GPs and the nurse practitioner at the monthly practice quality service management meetings. Also, clinical audits had been discussed as a federation and all practices in the area were completing the same audit and sharing results of this audit at the next meeting in October 2015. The community pharmacist would also be involved in these meetings to provide any necessary guidance.

We saw the provider had completed an audit on Atrial Fibrillation in April 2015. This had been to identify within the practice all patients which applied to this condition to ensure this was coded correctly on their system. A second audit was completed in May 2015 to review these patients to ensure they were on the correct medicines for their condition. This second audit showed they were meeting the recommended 80% of patients and these were on the correct type of medicines for their condition. A third audit was in process of being completed for repeat the last audit to identify if further improvements had been made. These audits would be shared with the other practices within the federation to identify further areas of improvement.

At our last inspection we found not all incidents relevant for all staff were shared with all staff. At this inspection we

found improvements had been made, the practice now held quarterly service management meeting and a monthly clinical meeting where significant events would be discussed and GPs and nursing staff would attend. The practice also arranged six monthly meetings for the administration team where relevant significant events would be discussed. We saw evidence of this from minutes from the meeting in March 2015. Also, a monthly newsletter was completed for all staff with news and updates from the practice which would include significant event feedback, ensuring all staff were regularly updated when incidents relevant to all staff had occurred. The significant incident recording form now includes an action on those staff that should to be informed of the incident.

At the last inspection we found the provider should improve how it informed patients of confidentiality when in reception. At this inspection we found there was a poster displayed advising patients they were able to talk confidentially, such as in another room away from other patients.

At the last inspection we found the provider should improve how it informed patients on how to complain ensuring it was easily accessible to them. At this inspection we found there was a sign displayed within the waiting area to advise patients on what to do to complain. The practice website also included clear information on how patients could complain to the practice and externally if they were not happy with the outcome.