Croston Medical 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

Overall rating for this service	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Croston Medical Centre on 28 June 2017. The overall rating for the practice was good. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Croston Medical Centre on our website at www.cqc.org.uk.

Following our inspection in June 2017 we rated the practice as requires improvement for providing well-led services and as good overall. We issued a requirement notice in relation to staffing.

This inspection was an announced focused inspection carried out on 23 January 2018 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified in our previous inspection on 28 June 2017. At this inspection, we found the breaches previously identified had been addressed, however, we identified another area of concern and the practice is still rated as requires improvement for providing well-led services. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good.

Our key findings were as follows:

- The practice generally had clear systems to manage risk so safety incidents were less likely to happen; however, the practice policy for the management of refrigerated vaccines was not being followed. Fridge temperatures were not being monitored and there was no audit of that monitoring as the policy required.
- We noted new documentation of clinical meetings since our last inspection in June 2017, however, this documentation did not include discussion of quality improvements associated with patient safety alerts or best practice guideline changes to share learning. Patient safety alerts and guideline changes received by staff were not kept for locums.
- At our last inspection in June 2017, we saw there was insufficient monitoring of stocks and expiry dates of medicines held in the practice. We saw at this inspection this had improved.
- At our previous inspection, we saw the practice had identified few patients on the practice list who were carers. At this inspection, this had improved and the practice had identified just over 1% of patients who were carers.
- At our inspection in June 2017 we identified the practice had not assessed staffing capacity to ensure there were sufficient hours of clinical and non-clinical staff time available to meet the requirements of the service. At this inspection we saw this had been addressed. The practice had recruited a regular practice nurse assisted by a locum nurse and a new

Summary of findings

administrative staff member had been employed to work at the branch surgery. The practice had also commissioned an independent consultant to review how work was carried out in the practice to identify better ways of working. This review was in progress at the time of our inspection.

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

Importantly, the provider must:

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

In addition the provider should:

- Record comprehensive minutes of clinical meetings to include discussion of actions taken and learning related to national patient and medicines safety alerts, best practice guideline changes and audit activity.

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Croston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector visited the practice and carried out a focused inspection.

Background to Croston Medical Centre

Croston Medical Centre, 30 Brookfield, Croston, PR26 9HY, is situated within a purpose built health centre in a residential area of Croston, Leyland in Lancashire. The practice also has a

branch surgery in Eccleston Health Centre at Doctors Lane, Eccleston approximately three miles away from the main surgery. Patients can attend either surgery. We did not visit the branch surgery for this inspection.

The practice delivers primary medical services under a General Medical Services (GMS) contract with NHS England. It is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG).

At the time of inspection, the practice confirmed the number of registered patients as 3,924.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. There are considerably more patients aged over 45 years of age on the practice register, 53%, compared to the national average of 43% and a higher percentage of patients with a long-standing health condition, 55%, compared to the national average of 53%.

The practice has two female GP partners, one regular male long-term locum GP, one practice nurse and one regular locum practice nurse. They are assisted by a practice manager and seven administration and reception staff, one of whom works as the practice medicines co-ordinator. At the time of our inspection, the practice manager had resigned from the practice and was not present at the inspection. The practice was planning to recruit a replacement practice manager.

Croston Medical Centre is open from 8.30am until 7.30pm each Monday, 8.30 until 6.30 Tuesday to Friday and telephone access to the practice starts at 8am each day. The branch site at Eccleston Health Centre is open on Tuesday and Friday afternoons from 3pm to 5pm.

Appointments are available at Croston between 8.30am and 12 noon Monday to Friday and 4pm to 7.30pm on Monday and 3.30pm to 6pm on Wednesday and Thursday. Consultations with GPs in the mornings at Croston are provided between 8.30 am and 10.30am as an “open access surgery”, when no appointment is required and patients wait to be seen. Appointments and walk in access are also available at the Eccleston branch site from 3.30pm to 5pm Tuesday and Friday, when the Croston surgery is open for emergencies only.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

When the surgery is closed patients are directed to the local out of hours service (GotoDoc) and NHS 111. Information regarding out of hours services is displayed on the website and in the practice information leaflet.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Croston Medical Centre on 5 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, caring and well-led services, requires improvement for providing responsive services, and inadequate overall, and was placed into special measures for a period of six months.

We also issued an enforcement notice to the provider in respect of safe care and treatment and good governance and imposed conditions on their registration as a service provider. The full comprehensive report on the October 2016 inspection can be found at http://www.cqc.org.uk/location/1-544061997

We undertook a further announced comprehensive inspection of Croston Medical Centre on 28 June 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures. We rated the practice as good for providing safe, effective and caring services, requires improvement for providing well-led services and as good overall.

We issued a requirement notice in relation to staffing and the practice was taken out of special measures. The full comprehensive report following the inspection in June 2017 can be found at http://www.cqc.org.uk/location/1-544061997

We undertook a follow up focused inspection of Croston Medical Centre on 23 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm the practice was now meeting legal requirements.

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 28 June 2018, we rated the practice as requires improvement for providing well-led services as we found the provision of adequate staffing at the practice was lacking.

There had been some improvement when we undertook a follow up inspection on 23 January 2018, however, we found the practice policy for the management of refrigerated vaccines was not being followed. The practice is still rated as requires improvement for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice manager had resigned from the practice and was not present at the time of our inspection and we spoke to the GP partners. The GPs had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They told us they had recruited the services of two consultant practice managers for the immediate future and we saw advertisements had been placed for a new manager and applications received.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated generally they felt respected and supported. However, they reported they felt a large volume of work at times caused them to experience pressure. This was also reported as an issue at our last inspection in June 2017. A meeting had been held on 6 December 2017 with staff and GPs present to discuss these pressures, as well as other staffing issues. We saw the GPs had recruited the services of an independent consultant to review the workflow in the practice and to make recommendations for change. This review was in progress at the time of our inspection.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the practice vision and values.
- Staff we spoke with told us they were able to raise concerns although they did not always have confidence these would be addressed. We saw GPs had replied to the staff concerns raised at the meeting in December and some of the issues raised were still under consideration or had been addressed.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Clinical staff told us they were supported by GPs for all aspects of their clinical decision-making. We saw a new process to keep minutes of clinical meetings had been put in place. These minutes evidenced good clinical discussion of patient care.
- There were positive relationships between staff and teams.

Governance arrangements

There were generally clear responsibilities, roles and systems of accountability to support good governance and management. However, these systems were not always followed by staff.

- Practice leaders had established policies, procedures and activities to ensure safety although they had not assured themselves they were operating as intended in all areas of practice. The practice had a policy for the management of refrigerated vaccines; a cold-chain policy, however, at this inspection we found this policy was not being followed. At our previous inspection in June 2017, we found the daily logging of fridge temperatures for both practice fridges was sometimes lacking. The practice had purchased data loggers for both fridges following our inspection in June 2017 and had amended the cold-chain policy. (Data loggers record fridge temperatures at regular intervals throughout the day and the practice can download the recorded data to check temperatures have been within safe levels.) At this inspection, we found readings were

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missing for most Thursdays since 2 November 2017 for the first fridge and the same maximum temperature of 12.7 degrees had been recorded since August 2017, which was above the required parameters. We were told the same repeated maximum reading had been noticed in the week preceding our inspection and reported to the manufacturer. We also found there was no evidence of any manual temperature monitoring for the second fridge. Staff could not show us any records for this. Both fridges had a data-logger in place. When we asked whether these data loggers had been interrogated to determine fridge temperatures were within safe levels, we were told staff did not know how to do this and it had not been done since they were purchased in July 2017. The cold-chain policy stated there should be a daily manual record kept of fridge temperatures and a quarterly audit of this monitoring to ensure it was comprehensive. This had not happened. The practice told us they would assure themselves temperatures for the two fridges had not been outside the recommended levels for the safe use of the vaccines kept and would follow the appropriate process for reporting and dealing with any identified concerns.

- At our last inspection in June 2017, we saw there was insufficient monitoring of stocks and expiry dates of medicines held in the practice. We saw at this inspection this had improved.

Managing risks, issues and performance

There were processes for managing risks, issues and performance although these were not always in evidence.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice used significant events, patient complaints, audit and patient safety alerts to identify risks. We saw that minutes of general staff meetings showed discussion of patient complaints and significant events and staff were knowledgeable about these. At our previous inspection in June 2017, we recommended there should be documentation of discussion at clinical meetings to evidence learning from quality issues such as guideline changes and patient safety alerts. However, although the practice had started to document clinical meetings, they were limited to records of discussion of individual patient treatment, referenced by relevant best practice guidelines. We found discussion of quality issues was still taking place separately from formal meetings and was not documented. All clinical staff received national patient and medicines safety alerts and guideline changes although these were not being kept for locum reference.
- Recruitment processes ensured that risks were minimised. We saw an improved process for the recruitment of locum staff and locum staff files that we viewed were comprehensive.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice. At our previous inspection in June 2017, we identified there had been no assessment of staffing levels in the practice in order to sustain practice improvements. At that time, the practice did not have a regular practice nurse in post and there were gaps in staffing at the branch site in Eccleston. Also, staff reported working pressures due to insufficient hours or staff at the practice. At this inspection, we saw a new practice nurse had been appointed supported by a regular locum practice nurse. We saw provision of patient appointments with nurses was good. On the day of our inspection, the next available appointment with a nurse was on the next day. A new staff member had been appointed to work at Eccleston Health Centre. Some staff reported they still experienced pressure of work at times. At the time of our inspection, there was a project in progress by an independent consultant to look at the way work was managed at the practice. The GPs hoped this would identify new ways of working to try to relieve these pressures. The GPs had addressed the fact the practice manager had resigned and were looking to appoint a new manager. They told us they would assess the hours worked by the new staff member to ensure they were sufficient for the role.

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 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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: · The practice policy for the storage of refrigerated vaccines was not being followed. Monitoring of fridge temperatures was not comprehensive or was lacking. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.