

The Medical Centre

Inspection report

Boyd Avenue
Padstow
Cornwall
PL28 8ER
Tel: 01841 532346
www.petrocgrouppractice.co.uk

Date of inspection visit: 4 December 2018
Date of publication: 17/01/2019

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

Good



Overall summary

We carried out an announced focused inspection at The Medical Centre on 4 December 2018. We undertook a focused follow up inspection of The Medical Centre under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, in order to ensure the practice had continued to embed the improvements made since previous inspections. The overall rating for the practice was good.

The full comprehensive report on this location can be found by selecting the 'all reports' link for The Medical Centre on our website at www.cqc.org.uk.

The key question at this inspection are rated as:

Are services safe? – Good

Overall the practice is rated as Good.

Our key findings were as follows:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had continued to embed improvements made in the safe domain, for example, in physical security measures such as door keypad locks, prescription security and clear audit trails.
- The practice had also continued to embed improvements in providing a safe and clean environment, for example, in its arrangements for checking on infection prevention control.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector.

Background to The Medical Centre

The Medical Centre is located in the Cornish town of Padstow and belongs to the Petroc Practice Group (Provider). At the time of our inspection The Medical Centre was registered as a separate location.

There are a total of 16,600 patients on the Petroc Group Practice list. The Petroc Practice Group has 15 GPs, eight of whom are partners and seven are salaried GPs (eight male and seven female). There are two GP registrars. The whole time equivalent is 11. The Medical Centre at Padstow is managed by the managing partner. There is one advanced nurse practitioner, eight practice nurses, five health care assistants, and additional reception and administration staff.

Patients using the practice also have access to health visitors, counsellors, carer support workers, district nurses and midwives. Other health professionals visit the practice on a regular basis.

The practice is both a training practice (for qualified doctors training to become GPs) and a teaching practice (for medical students training to become doctors). The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 6pm daily. Extended hours surgeries are offered two days a week until 8.30pm on Tuesdays and Thursdays. Early

morning extended hours are also available on some Wednesdays. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service via NHS 111.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (three weeks in advance) as well as online services such as repeat prescriptions.

The practice has a General Medical Services (GMS) contract with NHS England.

This report relates to the regulatory activities being carried out at the following site which we visited during our inspection:

The Medical Centre

Boyd Avenue

Padstow

Cornwall PL28 8ER

The practice is registered for the treatment of disease, disorder or injury, diagnostic or screening procedures, maternity and midwifery, and family planning services.

Are services safe?

We rated the practice as good for providing safe services.

At our previous inspection on 28 November 2017 we rated the practice as Good for providing safe services. During a previous inspection carried out on 2 September 2015 we found areas which required improvement such as prescription pad security. When we revisited on 26 April 2016 we found improvements had been made and the practice rated as Good.

During this focused follow up inspection on 4 Dec 2018 we found that the practice had continued to embed these improvements.

Specifically, we found:

- The practice standard operating procedure ensured that all staff had clear procedures to follow to ensure the security of prescription forms. Staff had received training in this process.
- Prescription pads and prescription forms were being stored securely at all times.
- Treatment room doors had keypad entry locks in order to protect unattended rooms.
- An audit trail was in place to track all prescription forms and pads through the practice.
- Formal governance arrangements were in place including systems for assessing and monitoring risks to the safe management of medicines. These had been regularly reviewed.

In addition to making improvements to the regulation breaches the practice had also acted upon suggestions for good practice.

- The practice had introduced the use of the NHS Counter Fraud Authority prescription form security risk assessment tool. (NHS Counter Fraud Authority has responsibility for the prevention and detection of fraud, bribery and corruption against the organisation).
- Staff continued to receive training and understood how to use the new systems in place.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. There was a suite of safety policies which were regularly reviewed and communicated to staff. We found that

these policies had been reviewed annually. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Action points included to research and amend the policy on outbreaks of communicable infection.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. There was a staff handbook provided to all employees and this was available on a shared drive computer system.

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. The practice had locks on computer printer trays and keypad access on treatment room doors, together with an audit trail for prescription pads.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial (antibiotic) prescribing. There was evidence of actions taken to support safe and effective antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- This location was a dispensing branch surgery. Arrangements for dispensing medicines at the practice

kept patients safe. Temperatures of medicines were monitored in accordance with national guidance. The refrigerators had external visible thermometers backed up by internal portable thermometers. Written records confirmed these temperature records were monitored. We found that all medicines were within their expiry dates.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continued learning and development. Any medicine incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

Please refer to the evidence tables for further information.