

# Cathedral 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 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 of this practice on 22 September 2016. We set a requirement in relation to safe care and treatment. The practice sent in an action plan informing us about what they would do to meet legal requirements in relation to the following;

- The systems and processes to address risk were not robust enough to ensure patients were kept safe. The practice did not risk assess the need to make appropriate emergency medicines immediately available in the practice.

During the initial inspection we also found areas where improvements should be made:

- The practice should be proactive in identifying carers.

- Ensure that the practice is following the guidance around infection control monitoring set out in the Code of Practice by the Department of Health.
- Ensure the practice holds a copy of the legionella risk assessment.
- Ensure all medical equipment is regularly calibrated.
- Ensure regular fire drills are undertaken.

The practice told us these issues were addressed by 26 September 2016 and have provided us with evidence to show they had taken the action to address the concerns.

We undertook a desk top review on 19 December 2016 to make a judgement about whether their actions had addressed the requirements.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

**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?

At the last inspection on 22 September 2016 we found that:

- The systems and processes to address risk were not robust enough to ensure patients were kept safe. The practice did not risk assess the need to make appropriate emergency medicines immediately available in the practice.

During the initial inspection we found areas where improvements should be made:

- The practice should be proactive in identifying carers.
- Ensure that the practice is following the guidance around infection control monitoring set out in the Code of Practice by the Department of Health.
- Ensure the practice holds a copy of the legionella risk assessment.
- Ensure all medical equipment is regularly calibrated.
- Ensure regular fire drills are undertaken.

Our focused inspection on 19 December 2016 found that:

The practice is rated as good for providing safe services.

- The practice had ensured that all appropriate emergency medicines were available and the necessary checks were completed regularly.

The practice provided additional information for the areas highlighted where improvements should be made:

- The practice had tasked the lead nurse to evaluate how carers were identified and whether they were identified appropriately as an ongoing project.
- The practice had addressed the infection control monitoring by ensuring that there was an annual schedule for infection control audits and working with the Clinical Commissioning Group infection control tools to ensure the practice remained compliant.
- The practice were still trying to obtain a copy of their legionella risk assessment completed by the hospital where the practice was sited.
- We saw evidence that the practice defibrillator was calibrated in the week following the initial inspection and added to the list of all of the equipment on the scheduled maintenance. An audit had been completed to ensure all other equipment was included.

Good



# Summary of findings

- The practice had recognised and raised the issue with the site services department of the hospital where the practice was sited regarding the need for regular fire drills, and although it remained difficult to arrange a drill with them, a plan to do an independent drill was scheduled during their next clinical governance day.

This report should be read in conjunction with the full inspection report from 22 September 2016.

# Cathedral Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk based review was completed by a CQC inspector.

## Background to Cathedral Medical Centre

Cathedral Medical Centre is situated in Ely, Cambridgeshire. The practice provides services for approximately 10300 patients. It holds an Alternative Provider Medical Services contract. The practice has one female and five male GP partners and one male and four female salaried GPs. The team also includes three female practice nurses and two health care assistants one male, one female. They also employ a practice manager, a managerial assistant and a team of secretarial, administration and reception staff.

The practice is open between 8am and 6.30pm Tuesday to Friday and 8am to 8.30pm Mondays with additional weekend appointments available on a Saturday between 9am and 12.30pm. During out-of-hours GP services are provided by the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a lower than average practice population aged between

15-29 and 50-85 and a higher than average practice population between 0-14 and 30-49 compared with the national England average. The deprivation score was significantly lower than the average across England.

## Why we carried out this inspection

As a result of the last inspection on 22 September 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. This was because the practice had not ensured that the systems and processes to address risk were robust enough to ensure patients were kept safe. The practice did not risk assess the need to make appropriate emergency medicines immediately available in the practice.

## How we carried out this inspection

We reviewed the information received from the practice, spoke with the practice manager and requested additional information from the practice.

We have not revisited Cathedral Medical Centre as part of this review because they were able to demonstrate they were meeting the standards without the need for a visit

We carried out a desk-based review on 19 December 2016.

# Are services safe?

## Our findings

We found improvements were needed in relation to safe care and treatment at our last inspection on 22 September 2016, we found that:

- The systems and processes to address risk were not robust enough to ensure patients were kept safe. The practice offered minor surgery on site. This included coil and contraception implants however the practice had not risk assessed the need to make emergency medicines immediately available for the treatment of a specific complication for that procedure in the practice.

During the initial inspection we found areas where improvements should be made:

- The practice should be proactive in identifying carers. The practice had identified 91 patients as carers (0.9% of the practice list). A form was given to patients during registration to state whether they were a carer or cared for, however improvements should be made to ensure these patients are identified.
- Ensure that the practice is following the guidance around infection control monitoring set out in the Code of Practice by the Department of Health. There was scope for the practice to better reassure itself that it maintained appropriate standards of cleanliness and hygiene. The practice had not completed regular infection control audits. The practice manager advised a full audit was started in April 2015 and fully completed in October 2015. A mini audit of cleaning checks was completed in April 2016; however there was no evidence of the practice having carried out a full audit prior to the audit in 2015.
- Ensure the practice holds a copy of the legionella risk assessment. The practice had a legionella policy however they did not hold a copy of the hospital legionella risk assessment. The practice manager has since requested a copy. Water temperatures were checked regularly and taps were run when they were in limited use.
- Ensure all medical equipment is regularly calibrated. The practice had a defibrillator available on the premises however this was two years old and had yet to be calibrated.

- Ensure regular fire drills are undertaken. The practice had up to date fire risk assessments however regular fire drills had not been carried out.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe.

Our focused inspection on 19 December 2016 found that the practice had implemented and embedded clearly defined systems, processes and practices.

The practice is rated as good for providing safe services.

- The practice immediately ordered the emergency medicine identified which was delivered the following day. The medicine was stored securely with the other emergency medicines in the clinical area, and all clinicians were informed of the additional medicine. The expiry date was checked weekly in line with all of the emergency medicines. The practice had adopted The Faculty of Sexual and Reproductive Healthcare guidelines, including the Standard Statement on Emergency Drugs as policy within the practice with effect from 26 September 2016.

The practice provided additional information for the areas highlighted where improvements should be made:

- The practice had tasked the lead nurse to evaluate how carers were identified and whether they were identified appropriately as an ongoing project.
- The practice had addressed the inspection control monitoring by ensuring that there was an annual schedule for infection control audits and working with the Clinical Commissioning Group infection control tools to ensure the practice remained compliant.
- The practice were still trying to obtain a copy of their legionella risk assessment completed by the hospital where the practice was sited.
- We saw evidence that the practice defibrillator was calibrated in the week following the initial inspection and added to the list of all of the equipment on the scheduled maintenance. An audit had been completed to ensure all other equipment was included.
- The practice had recognised and raised the issue with the site services department of the hospital where the practice was sited regarding the need for regular fire drills, and although it remained difficult to arrange a drill with them, a plan to do an independent drill was scheduled during their next clinical governance day.