St Melor House Surgery

Quality Report

St Melor House
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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 effective?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

When we undertook a comprehensive inspection of St Melor House Surgery on 29 November 2016 we found a number of regulatory breaches and the practice was rated as requires improvement. We undertook a follow up desk-based inspection of St Melor House Surgery on 19 June 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements. We found that the practice had made significant improvements although they were still in breach of the regulations relating to staffing. We amended our rating of the practice so it was rated Good overall and for providing Safe, Caring, Responsive and Well-led services, and rated as Requires Improvement for the provision of Effective services.

We said that they must:

- Ensure staff receive the essential training appropriate to their role.

We also said they should:

- Continue to work to encourage patients to join and participate in the patient participation group.

The reports of the full comprehensive inspection carried out on 29 November 2016 and follow up desk-based focused inspection carried out on 19 June 2017 can be found by selecting the 'all reports' link for St Melor House Surgery on our website at www.cqc.org.uk .

This report covers the announced focused inspection visit we carried out at St Melor House Surgery on 20 December 2017. This was to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection on 19 June 2017.

Overall the practice continues to be rated as Good and requires Improvement for providing effective services.

Our key findings were as follows:

- We saw evidence that most of the mandatory training we had identified as not being completed at our last inspection had now been completed. For example, all the GPs had been trained to level three in child safeguarding.
- We found that one clinician had not received Mental Capacity Act (MCA) training and another had not received fire awareness training.
- The practice had taken steps to encourage patients to join the patient participation group. A meeting date had been agreed and we saw evidence some patients had confirmed they wished to attend.

There were areas of practice where the provider needs to make improvements. Importantly, the provider must:

- Ensure staff receive the essential training appropriate to their role.

In addition the provider should:

Summary of findings

- Review their policies and procedures for identifying essential training appropriate to each staff member and communicating this requirement to staff.
- Continue to work to develop a mechanism for gathering feedback from patients.

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

St Melor House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC Inspector.

Background to St Melor House Surgery

St Melor House Surgery is a GP practice located in the Wiltshire town of Amesbury. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 5,300 patients. The practice building is purpose built with patient services located on the ground and first floors which include four consulting rooms and two treatment rooms. The main entrance is not wheel chair accessible but there is a side door with a door bell that rings in reception for those requiring assistance to access the practice. There is a lift to the first floor and a toilet with access suitable for patients with disabilities.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally. The practice has a slightly higher than average patient population who are over 40 years old. Average male and female life expectancy for the area is 79 and 83 years respectively, which is the same as the national averages. The practice is close to a number of military bases and has a higher than average patient turnover.

The practice provides a number of services and clinics for its patients including: childhood immunisations, family planning, minor surgery, and a range of health lifestyle management and advice for asthma, diabetes, heart disease and high blood pressure.

There are two GP partners. One full-time and one part time. They are supported by a part time salaried GP, a full time advanced nurse practitioner, a senior practice sister, four practice nurses, two health care assistants and an administrative and dispensing team of seven led by the practice manager.

The practice is open from 8am to 6pm each weekday, but telephone access remains until 6.30 pm. The telephone lines are closed from 12.30pm to 1.30pm and during this period the answer machines direct patients to phone the practice emergency number if required. GP appointments are available between 8.30am and 12.00pm every morning and 2pm to 3pm and 4pm to 6pm every weekday. Extended hours appointments are offered from 7.30am to 8.30am on Mondays and Wednesdays, and 6.30pm to 7.30pm on Tuesdays. Appointments can be booked up to six weeks in advance over the telephone, online, or in person at the practice.

The practice has an “on the day” appointment system where anyone who requests it, is offered an on the day appointment. If all the appointment slots are used then the patient’s request is triaged by the GP who will phone them back, to discuss their request and agree on an appropriate course of action. This may include an appointment that day with a nurse or GP depending on the needs of the individual.

When the practice is closed, patients are advised via the practice’s website to either call the out of hours service or go to the local walk in centre in Salisbury. Out of hours services are provided by Medvivo and can be accessed by calling NHS 111.

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

Detailed findings

The practice provides services from the following site:

- St Melor House Surgery, Edwards Road, Amesbury, Wiltshire, SP4 7LT.

Why we carried out this inspection

We undertook a comprehensive inspection of St Melor House Surgery on 29 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found a number of regulatory breaches and the practice was rated as requires improvement.

We undertook a follow up desk-based focused inspection of St Melor House Surgery on 19 June 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements. We found that the practice had made significant improvements although they were still in breach of the regulations relating to staffing. We amended our rating of the practice so it was rated Good overall and for providing Safe, Caring, Responsive and Well-led services, and rated as Requires Improvement for the provision of Effective services.

The reports of the full comprehensive inspection carried out on 29 November 2016 and follow up desk-based focused inspection carried out on 19 June 2017 the can be found by selecting the 'all reports' link for St Melor House Surgery on our website at www.cqc.org.uk .

This report covers the focused inspection we carried out at St Melor House Surgery on 20 December 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

When we visited St Melor House Surgery on 29 November 2016 to carry out a comprehensive inspection we found they had breached the regulations relating to staffing and rated them as requires improvement for the provision of effective services. We said they must make improvements in a number of areas including ensuring staff received the essential training appropriate to their role.

When we carried out a follow up desk-based inspection of St Melor House Surgery on 19 June 2017 we found they were still in breach of the regulations relating to staffing. In particular:

- None of the three GPs had been trained to level three in child safeguarding.
- Only one member of the clinical staff had received training in the Mental Capacity Act 2004.
- One clinician had not received training in child or adult safeguarding, basic life support, infection control, mental capacity, health and safety or equality and diversity.
- Not all staff had received fire awareness training.

We rated them as requires improvement for the provision of effective services and told them they must:

- Ensure staff receive the essential training appropriate to their role.

What we found at this inspection

We visited the practice to carry out a focused follow up inspection of the service on 20 December 2017, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. We found the practice had not done enough to meet the regulation previously breached and the practice continues to be rated as requires improvement for the provision of effective services.

Effective staffing

We saw evidence that most of the training we had identified as not being completed at our last inspection had now been completed. For example:

- The GPs had been trained to level three in child safeguarding.
- Most staff had completed fire awareness training.
- Most staff had completed the Mental Capacity Act (MCA) training.

However, we found that one clinician had not received MCA training and another had not received fire awareness training.

In their Action Plan the practice sent to us following our last inspection in June 2017 they said all staff would complete the MCA training by 31st October 2017. We discussed with the practice what action they had taken to ensure the clinician completed this training and found there was no evidence that:

- There was training booked for this clinician to attend training,
- That the training requirement had been formally discussed with the clinician, such as in their appraisal.
- A skill or competence assessment had been carried out or consideration given to limiting the clinician's role until training was completed.

In their Action Plan the practice sent to us following our last inspection in June 2017 they said there was one clinician who would complete all the other required training by 31st January 2018.

On the day of our inspection there was no evidence that:

- There was training booked for this clinician to attend training,
- The training requirement had been formally discussed with the clinician, such as in their appraisal.
- A skill or competence assessment had been carried out or consideration given to limiting the clinician's role until training was completed.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • Not all clinical staff had received training in the Mental Capacity Act 2004. This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.