

The Mounts Medical Centre

Quality Report

Campbell Street
Northampton
Northamptonshire
NN1 3DS

Tel: 01604632117

Website: www.themountsmedicalcentre.nhs.uk

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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 at the Mounts Medical Centre on 7 October 2015. The overall rating for the practice was Good however a breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to:

- Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed.

The full comprehensive report of the inspection on 7 October 2015 can be found by selecting the 'all reports' link for The Mounts Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based focused follow up inspection carried out on 27 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 7 October 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as 'Good'.

From the inspection on 7 October 2015, the practice was told they must:

- Strengthen recruitment procedures to ensure persons employed met the conditions specified in Schedule 3 for the purposes of carrying out the regulated activities. Specifically this was because appropriate pre-employment checks such as the Disclosure and Barring checks (DBS) had not been made on some clinical staff that required this check.

We also told the practice that they should make improvements to the follows areas:

- To the way they advertised how patients could complain, the availability of translation services and the support available for people who cared (carers) for others.
- To the way they appraised staff. This was because at the time of the inspection the practice had just established the management structure and not all staff had been appraised.
- To the fire risk assessment and action plans so a map of the practice was available to identify potential exit routes in the event of a fire.

Our key findings were as follows:

- We found that on 27 March 2017 the practice had made the necessary changes to their recruitment

Summary of findings

procedures and was now compliant with the requirements of Schedule 3 of Regulation 19 Health and Social Care Act (Regulated Activities) Regulations 2014, Fit and proper persons employed.

- During this inspection the practice confirmed that wall posters together with a moving ticker tape display on the patient information screen in the waiting area now gave the required information about how patients could complain, the availability of translation services and the support available for people who cared (carers) for others.

- During this inspection the practice confirmed that their appraisal process was now fully established and all staff has had an appraisal in the past 12 months.
- During this inspection the practice confirmed that they had a practice map available and accessible, this included exit routes clearly highlighted and held in the fire safety folder.

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 our previous inspection on 7 October 2015, we rated the practice as requires improvement for providing safe services as appropriate pre-employment checks such as the Disclosure and Barring checks (DBS) had not been made on some clinical staff.

These arrangements had significantly improved when we undertook a focused follow up inspection on 27 March 2017. The practice is now rated as good for providing safe services.

Good



The Mounts Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based focused inspection was completed by a CQC Lead Inspector.

Background to The Mounts Medical Centre

The Mounts Medical Centre provides primary medical services from a two storey building, to approximately 15,000 patients in Northampton. The building also accommodates the district nurses, midwife and a counsellor.

The practice provides primary medical services under a General Medical Service (GMS) agreement. There are six GP partners and a practice nurse and a nurse practitioner, two health care assistants, and a practice management team consisting of a human resources lead (HR), Information Technology (IT) lead and finance lead, who collectively, manage the practice, directed by the GP partners. The team are supported by a number of administrative and reception staff.

The practice population has a higher than average number of patients in the 0 to 4 year and 20 to 39 year age groups and data indicates there is a moderate level of deprivation in the area.

The practice is open between 8am and 6.30pm from Monday to Friday inclusive and during the flu season opens Saturday mornings to offer flu vaccines. When the practice is closed out of hours services are provided by Intermediate Care 24 Centre via the 111 service.

Why we carried out this inspection

We undertook a desk based focused follow up inspection of The Mounts Medical Centre on 27 March 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.

How we carried out this inspection

We carried out a desk-based focused inspection of The Mounts Medical Centre on 27 March 2017. This involved reviewing evidence that:

- Relevant staff had been checked through the Disclosure and Barring Service.
- The practice had an embedded system in place to ensure routine staff appraisals.
- The practice had reviewed its process to inform patients who wanted to complain, the availability of translation services and the support available for people who cared (carers) for others.
- The practice had appropriate processes in relation to fire safety.

Are services safe?

Our findings

At our previous comprehensive inspection on 7 October 2015, we rated the practice as requires improvement for providing safe services as we identified a breach to regulations in relation to appropriate recruitment and pre-employment checks such as the Disclosure and Barring checks (DBS).

These arrangements had significantly improved when we undertook a follow up inspection on 27 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

Following the initial inspection the practice provided an action plan and evidence to show that they had completed DBS checks and a formal risk assessment on the two clinical staff that had needed this check.

They also provided a copy of the Recruitment & Selection Policy which had been amended to reflect the specific requirements for such checks prior to employment. The practice confirmed that they applied the requirements of this amended policy to all new recruitment processes.