

Magna Group Practice - Valley Health 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	
Are services well-led?		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 Magna Group Practice - Valley Health Centre on 23 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Magna Group Practice - Valley Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 23 November 2016. 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.

Our key findings were as follows:

- Systems for the management of safety alerts had been improved and this had ensured alerts were actioned in a timely manner. A record of actions taken in respect of the alerts had been developed and maintained.

- Action had been taken in respect of blinds and blind cords to minimise the risk of serious injury due to entanglement.
- Infection prevention and control (IPC) processes and monitoring systems had been improved.
- Stock control processes had been improved to ensure equipment does not exceed the expiry date.
- Improved systems for the management of blank prescription forms and security arrangements had been implemented in line with NHS guidance.
- Improved systems had been implemented to ensure the cold chain was maintained in vaccine storage fridges in line with Public Health England guidance.
- The practice recruitment policy and procedure had been implemented and required recruitment checks had been completed.
- Storage arrangements for oxygen cylinders had been improved and oxygen cylinders were safely and securely stored.

Summary of findings

- The provider had obtained copies of health and safety risk assessments undertaken by the landlord for the Wath branch site and had assured themselves that required health and safety tasks were being undertaken by the landlord.

The provider had also made the following improvements since the last inspection:

- Clinical staff had undertaken the relevant level of safeguarding training.
- Emergency equipment had been checked at least weekly.
- Systems for updating patients' medicines following changes by secondary care providers had been reviewed and improved.

- Frequency of meetings had been improved and minutes of meetings were more detailed.
- Chaperone training had been provided for all non-clinical staff.
- Up to date fire risk assessments were in place.

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

- All new employees should undergo a pre-employment health assessment, which should include a review of immunisation needs.

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?

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

- Systems for the management of safety alerts had been improved and this had ensured alerts were actioned in a timely manner. A record of actions taken in respect of the alerts had been developed and maintained.
- Action had been taken in respect of blinds and blind cords to minimise the risk of serious injury due to entanglement.
- Infection prevention and control (IPC) processes and monitoring systems had been improved.
- Stock control processes had been improved to ensure equipment does not exceed the expiry date.
- Improved systems for the management of blank prescription forms and security arrangements had been implemented in line with NHS guidance.
- Improved systems had been implemented to ensure the cold chain was maintained in vaccine storage fridges in line with Public Health England guidance.
- The practice recruitment policy and procedure had been implemented and appropriate recruitment checks had been completed prior to employment. However, there were shortfalls with regard to checking the immunisation status of staff prior to employment.
- The provider had improved health and safety processes and monitoring arrangements.
- Clinical staff had undertaken the relevant level of safeguarding training.
- Systems for updating patient's medicines following changes by secondary care providers had been reviewed and improved.
- Chaperone training had been provided for all non-clinical staff.

Good



Are services well-led?

We saw improvements had been made since the last inspection and the practice is now rated as good for providing safe services.

The management team had reviewed procedures, improved records and put management monitoring systems in place to ensure a more consistent approach across all sites. For example:

Good



Summary of findings

- Systems for the management of safety alerts had been improved and this had ensured alerts were actioned in a timely manner. A record of actions taken in respect of the alerts had been developed and maintained.
- Infection prevention and control (IPC) processes and monitoring systems had been improved. The IPC protocol had been reviewed and updated and staff roles and responsibilities had been identified. Monitoring procedures had been implemented and staff had received IPC training.
- Stock control processes had been improved to ensure equipment did not exceed the expiry date.
- Improved systems for the management of blank prescription forms and security arrangements had been implemented in line with NHS guidance.
- Improved systems had been implemented to ensure the cold chain was maintained in vaccine storage fridges in line with Public Health England guidance.
- The practice recruitment policy and procedure had been implemented and recruitment checks had been completed prior to employment.
- The provider had obtained copies of health and safety risk assessments undertaken by the landlord for the Wath branch site and assured themselves all actions were being undertaken by the landlord. The provider had ensured health and safety checks at this branch site such as gas service and fire extinguisher service were up to date.
- Systems for updating patients' medicines following changes by secondary care providers had been reviewed and improved.
- Frequency of meetings had been improved. For example, separate monthly meetings had been held for the full staff team, clinical staff, nurses and GPs. Minutes of meetings were more detailed and showed learning was shared to improve the quality of care.

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

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 23 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Magna Group Practice - Valley Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Background to Magna Group Practice - Valley Health Centre

Magna Group Practice is managed from Kilnhurst Surgery, a purpose built building in Rotherham.

The practice provides Primary Medical Services (PMS) for 11,066 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. Enhanced services are provided and include those for patients living with dementia.

Services are provided across four sites.

The sites within this registration are:

Main site

Kilnhurst Surgery

Highthorn Road

Kilnhurst

Rotherham

S64 5UP

Branches

Valley Health Centre, Saville Street, Dalton Rotherham S65 3HD.

Wath Health Centre, 35 Church Street, Wath upon Dearne, Rotherham, South Yorkshire, S63 7RF.

Thrybergh Medical Centre, 21 Park Lane, Thrybergh, Rotherham, South Yorkshire, S65 4BT.

We visited Kilnhurst Thrybergh and Wath sites during this inspection.

Car parking is provided at Kilnhurst Surgery, Valley Health Centre and Wath Health Centre.

The practice has a slightly higher than average over 50 year old patient population and lower than average 20 to 50 year old population. The practice is situated in one of the second most deprived areas nationally.

This is a teaching practice, teaching qualified doctors to be GPs.

There are three male partners and one female partner, three of whom are registered with CQC and one whose application is pending. There are four salaried GPs, two female and two male. There are also three practice nurses including a nurse practitioner, two health care assistants and an apprentice healthcare assistant. There is a practice manager and an assistant practice manager who oversee a team of administration staff at each site.

The practice is open Monday to Friday at the following times,

Wath Surgery- Monday to Friday 8am to 6pm.

Kilnhurst Surgery – Monday, Tuesday, Wednesday and Friday, 8.30am to 6pm, Thursday 8.30am to 1pm.

Thrybergh Surgery – Monday to Friday, 8.30am to 6.30pm.

Valley Health Centre - Monday to Friday, 8.30am to 6.30pm.

Detailed findings

Appointments are available to all the patients in the group at variable times across the four sites.

Patients can also access extended hours appointments at Valley Health Centre 6.30pm to 8.30pm on a Wednesday at this site. Care UK provides services 8am to 8.30am and 6pm to 6.30pm and out of hours services are accessed through NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Magna Group Practice - Valley Health Centre on 23 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Magna Group Practice - Valley Health Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Magna Group Practice - Valley Health Centre on 27 July 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

During our visit we:

- Spoke with a range of staff (GP, practice manager, deputy practice manager and reception staff).
- Visited three practice locations.
- Looked at information the practice used to manage the practice and deliver care.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 23 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of management of safety alerts, security of blank prescriptions, storage of vaccines and oxygen, staff recruitment, stock control, oversight of health and safety at a branch site and infection prevention and control (IPC) were not adequate.

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

Safe track record and learning

- Systems for the management of safety alerts had been improved and this had ensured alerts were actioned in a timely manner. A record of actions taken in respect of the alerts had been developed and maintained. We observed safety alerts had been shared with staff and had been discussed in meetings.
- Action had been taken in respect of blinds and blind cords to minimise the risk of serious injury due to entanglement. We observed blinds in consulting rooms had been made safe. However, a blind in the reception area had not been made safe. The practice manager told us this was an oversight and they would address this immediately. We received written confirmation from the practice that the work to make the blind safe would be completed on 9th August 2107. The risks related to this blind were reduced as it was situated next to, and in full sight of, the reception desk.

Overview of safety systems and process

- Infection prevention and control (IPC) processes and monitoring systems had been improved. The GP and nurses with IPC lead roles had reviewed and updated the IPC protocol. We observed IPC audits had been completed for each site and action to address identified shortfalls had been completed. Handwashing audits had also been completed and outcomes had been shared with staff. This audit had been repeated and showed some improvement. Clinical staff had received level two IPC training and non-clinical staff had received level one training. Staff roles and responsibilities for IPC

matters had been identified. A schedule of IPC tasks had been developed and implemented. For example, equipment cleaning schedules and records had been implemented for each consulting room. These tasks were the responsibility of the clinicians occupying the room on the day. Completion of the tasks had been audited twice since implementation to ensure compliance and outcomes had been shared with staff at meetings. A log of dates sharps boxes required changing had been implemented to ensure these were changed within a three month timescale. Elbow taps had been provided where required at the branch surgery. However, there remained evidence of water ingress and flaky paint on consultation room ceilings and some holes in the walls in the health care assistant's room at Wath surgery. The staff said repairs to the flat roof had been completed by NHS property services over the years and the roof continued to leak at times. The staff told us redecoration was the responsibility of NHS property services. The practice manager told us they continue to report issues to NHS property services.

- Stock control processes had been improved to ensure equipment did not exceed the expiry date. Staff responsible for stock checks had been identified and given dedicated time to complete regular checks. Records of stock checks and consulting room checks had been implemented. We completed random stock checks at each site we visited and observed the stock was within its expiry date.
- Systems for the management of blank prescription forms had been improved. A protocol had been developed and a responsible person had been identified. We observed records had been maintained to ensure the provider could track blank prescriptions through the practice. Security arrangement for the storage of the forms in printers had been improved in line with NHS guidance.
- Improved systems had been implemented to ensure the cold chain was maintained in vaccine storage fridges in line with Public Health England guidance. Staff had received training in maintaining the cold chain and those staff we spoke with understood their role in maintaining the cold chain and reporting procedures for

Are services safe?

any incidents. Additional monitoring equipment had been purchased for each fridge which recorded the temperature at frequent intervals, this data could be downloaded and checked.

- The practice recruitment policy and procedure had been implemented. We checked the recruitment records for the two staff employed since the last inspection and found recruitment checks had been completed prior to employment. However, we found there was no evidence vaccination status checks had been completed. The practice manager told us these were done for clinical staff and provided evidence of this after the inspection. However, checks were not routinely completed for non-clinical staff, the provider told us that they would implement this immediately.
- Clinical staff had undertaken the relevant level of safeguarding children training, for example GPs had completed level three training and nurses level two. Since the last inspection and in response to local safeguarding issues the practice had completed an audit of children under 16 years of age prescribed contraception and the safeguarding checks which had been completed prior to prescribing. The findings had been discussed in a clinicians meeting and action to improve assessments had been agreed. A new template had been developed to assist clinicians to assess the competency of the patient in making the decision and to prompt them to consider and record safeguarding issues during the assessment. This had been audited three months after implementation to check consistency in completion of the assessment template and outcomes had been shared in meetings.

- Chaperone training had been provided for all non-clinical staff and the policy and procedure had been reviewed.
- Systems for updating patients' medicines following changes by secondary care providers had been reviewed and improved and a protocol to support the changes had been developed.

Monitoring risks to patients

- A warning notice had been displayed where oxygen was stored and equipment had been provided to ensure oxygen cylinders were securely stored.
- The provider had obtained copies of health and safety risk assessments undertaken by the landlord for the Wath branch site and had assured themselves all actions were being undertaken by the landlord. The provider had ensured health and safety checks at this branch site such as gas boiler service and fire extinguisher service were up to date.
- Up to date fire risk assessments were in place. An action plan had been developed although completion dates were not recorded. The provider had evidence action had been taken as recommended and work to address issues had been commissioned.

Arrangements to deal with emergencies and major incidents

- Emergency equipment had been checked at least weekly. A policy and procedure for the management of emergency drugs had been developed. A nurse had the lead role for oversight of stock control and records of checks were maintained.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 23 November 2016, we rated the practice as requires improvement for providing well-led services as although the practice had a governance framework the systems in place were not always applied consistently across each site.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 27 July 2017. The practice is now rated as good for being well-led.

Governance arrangements

The management team had reviewed procedures, improved records and put management monitoring systems in place to ensure a more consistent approach across all sites. For example:

- Systems for the management of safety alerts had been improved and this had ensured alerts were actioned in a timely manner. A record of actions taken in respect of the alerts had been developed and maintained.
- Infection prevention and control (IPC) processes and monitoring systems had been improved. The IPC protocol had been reviewed and updated and staff roles and responsibilities had been identified. Monitoring procedures had been implemented and staff had received IPC training.
- Stock control processes had been improved to ensure equipment did not exceed the expiry date.
- Improved systems for the management of blank prescription forms and security arrangements had been implemented in line with NHS guidance.
- Improved systems had been implemented to ensure the cold chain was maintained in vaccine storage fridges in line with Public Health England guidance.
- The practice recruitment policy and procedure had been implemented and recruitment checks had been completed prior to employment.
- The provider had obtained copies of health and safety risk assessments undertaken by the landlord for the Wath branch site and assured themselves all actions were being undertaken by the landlord. The provider had ensured health and safety checks at this branch site such as gas service and fire extinguisher service were up to date.
- Systems for updating patients' medicines following changes by secondary care providers had been reviewed and improved.
- Frequency of meetings had been improved. For example, separate monthly meetings were held for the full staff team, clinical staff, nurses and GPs. Minutes of meetings were more detailed and showed learning was shared to improve the quality of care.
- GPs and nurses now worked across all sites to embed the changes and encourage consistency.