

The Three Shires Medical Practice - Marshfield

Inspection report

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Date of inspection visit: 03 July 2018
Date of publication: 07/09/2018

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 

Are services safe?

Good 

Overall summary

This practice is rated as Good overall.

The key questions at this inspection are rated as: Are services safe? – Good

When we visited The Three Shires Medical Practice on 21 November 2017, to carry out a comprehensive inspection, we found the practice was not compliant with the regulation relating to safe care and treatment. Overall the practice was rated as Good. They were rated as good for providing effective, caring, responsive and well-led services, and requires improvement for providing safe services. The full report on the November 2017 inspection can be found by selecting the 'all reports' link for The Three Shires Medical Practice on our website at www.cqc.org.uk.

This report covers the announced follow up focused inspection we carried out at The Three Shires Medical Practice on 3 July 2018, to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements.

At this inspection we found:

- The practice had commissioned an external consultant to carry out a fire risk assessment and had taken action to address the recommendations made in the report. For example, they had fitting new fire signage at all four sites and installed emergency lighting at the Marshfield and Colerne sites.

- Each site had a premises folder which included an up to date fire log book which evidenced that evacuation drills and fire equipment tests had been carried out at the appropriate intervals.
- The practice had reviewed their security arrangements and had taken a range of actions to improve their security. For example, key safes had been installed at all four locations, the vaccine fridges were routinely kept locked and the keys stored in the key safe, and new doors had been commissioned for the cabinets used to store the old style patients records.

The practice is now rated as good overall and for the five key questions.

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

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

Background to The Three Shires Medical Practice - Marshfield

The Three Shires Medical Practice provides GP services from four surgeries in rural areas of South Gloucestershire and Wiltshire. Although each surgery is registered as a separate location (or GP practice) with the Care Quality Commission they operate as one practice with a centralised management structure. The practice is a partnership of five GPs, who are responsible for all regulated activities across all four surgery locations. The regulated activities are delivered from surgeries at:

- Three Shires Medical Practice - Pucklechurch, 12 Becket Court, Pucklechurch, South Gloucestershire, BS16 9QG.
- The Three Shires Medical Practice - Colerne, 35 High Street, Colerne, Wiltshire, SN14 8DD.
- The Three Shires Medical Practice - Marshfield, 2 Back Lane, Marshfield, South Gloucestershire, SN14 8NQ.
- The Three Shires Medical Practice - Wick, 111 High Street, Wick, South Gloucestershire, BS30 5QQ.

We visited all four surgeries on the same day during this inspection. Details of all the surgeries can be accessed via a single practice website:

The Three Shires Medical Practice has a single patient list of approximately 9,280 patients and whilst patients can use any of the surgeries, they tend to see a GP at the surgery nearest to where they live. Each of the four surgeries is able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice has signed up to Dispensary Services Quality Scheme (DSQS) which rewards practices for providing high quality care to their dispensing patients.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the tenth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

As well as the five GP partners, there are three salaried GPs who collectively provide 5.9 whole time equivalent (WTE) GPs. The practice also employs two nurse practitioners and six other nurses along with phlebotomy, reception, administrative and managerial staff.


The Colerne practice support approximately 1,940 patients including those from a local military base. There are a higher number of patients under 10 years of age and creased demand on maternity services than at the other surgeries. The practice is open from 8.30am to 5.30pm Monday to Friday and remains open until 6.30 pm on Wednesday each week.

The Marshfield practice supports approximately 2,560 patients, with more patients aged 40 to 60 years old because of its proximity to the motorway system and suitability for patients who commute to work. Locally there is a mixture of farming and rural housing; and a mixture of affluence and deprivation. The practice is open from 8.30am to 5.30pm Monday to Friday and remains open until 6.30 pm on Tuesday each week.


The Pucklechurch practice is close to the Avon Ring Road and supports approximately 2,240 patients from Pucklechurch (which has some areas of deprivation) and the villages of Dyrham and Hinton. There are new housing developments at Emersons Green and the local patient list is growing. The surgery is open from 8.30am to 5.30pm Monday to Friday and remains open until 6.30 pm on Thursday each week.

The Wick practice supports approximately 2,500 patients and provides services mainly to those who live in local villages including Abson and Doynton. Some patients commute into nearby Bath and Bristol; and others live in a local sheltered housing complex. The practice is open from 8.30am to 5.30pm Monday to Friday and remains open until 6.30 pm on Monday each week.

The practice is a member of the South Gloucestershire Clinical Commissioning Group (CCG) and holds a personal medical services (PMS) contract. A range of other enhanced services are offered which provide



services in addition to what is required under a core PMS contract. These enhanced services include; delivering meningitis and childhood vaccinations, facilitating timely diagnosis and support for patients with dementia and offering annual health checks for patients with learning disabilities.



When the practices are closed patients who live in South Gloucestershire can access Out Of Hours services provided by Brisdoc; and those who live in Wiltshire can access services provided by Wiltshire Medical Services.

Are services safe?

What we found at our previous inspection

When we visited The Three Shires Medical Practice on 21 November 2017, to carry out a comprehensive inspection we rated them as requires improvement for the provision of safe services. We said they must make improvements to ensure care and treatment is provided in a safe way to patients, in particular in relation to arrangements for fire safety.

We also said they should:

- Review arrangements for the security of medicines at the Marshfield surgery in relation to the dispensary and vaccine fridges to reduce the risk of unauthorised access, including outside normal surgery opening hours.
- Review arrangements for non-clinical incidents to ensure they are implemented effectively and consistently at all four Locations; and when incidents happen, the practice learns from them and improves their processes.
- Review records of training to ensure all staff have an up to date record of training relevant to their role, including a consistent approach for sepsis.
- Review arrangements to provide consistency in monitoring of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, to ensure all have been received at all four locations and all actions have been completed and recorded.
- Review arrangements for the security of the patient records and tracking of blank prescription stationery.

What we found at this inspection

We rated the practice as good for providing safe services.

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

On our last inspection in November 2017 we found the practice system for recording and monitoring staff training was not effective and did not enable them to ensure all staff had received the training appropriate to their role. On this inspection we found;

- The practice had reviewed and revised their systems for monitoring staffing issues such as training and clinical registrations.
- They had introduced a new staff management system, which included clear records for monitoring issues such

as training, DBS checks and appraisals. This showed all staff had received up-to-date training appropriate to their role, such as sepsis, safeguarding and safety training.

On our last inspection the practice did not have an up to date fire risk assessment for any of the four surgery premises at Pucklechurch, Colerne, Marshfield and Wick. We saw limited evidence of records of implementation of fire safety arrangements. On this inspection we saw evidence the practice had commissioned an external consultant to carry out a fire risk assessment. The subsequent report made a number of recommendations which had been categorised as high priority, which should be done as soon as possible, and medium priority, which should be actioned within 3 months. We found;

- The practice had completed all the high priority actions recommended in the report. These actions included, installing emergency lighting at the Marshfield and Colerne locations, fitting new fire signage in all sites and removing the community library from the foyer at the Marshfield locations as it was a fire escape route.
- There were a few medium priority actions that had not yet been completed. For example, the report suggested that many of the internal doors could be replaced as they were not up to the latest recommended standards. The practice had applied to the local clinical commissioning group for a grant to help pay for this work and were currently waiting a response.
- A new system had been put in place to ensure the recommended checks were carried out and recorded.
- Each location had a premises folder which included an up to date fire log book which evidenced that evacuation drills and fire equipment tests had been carried out at the appropriate intervals.

On our last inspection we said the practice should review security arrangements to minimise the risk of access to patient records. We found the arrangements at the Wick practice did not prevent unauthorised access to paper medical records that were held in unlockable cabinets in the reception area; and arrangements at Colerne and Pucklechurch practices did not prevent unauthorised access to electronic records, where we found electronic security cards had been left in computers. On this inspection we found the practice had reviewed their security arrangements and had taken a range of actions to improve their security. These action included,

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- Training staff to make them more aware of the risks.
- Introducing automatic alerts to staff regarding smartcard security.
- Ad-hoc reminders and monitoring
- The practice had commissioned new doors for the cabinets used to store the old style patients records, which were due to be fitted in August 2018.

The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. 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.

- 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. We were told non-clinical staff did not do chaperoning.
- There was an effective system to manage infection prevention and control.
- 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. Waste was stored securely at the four locations.
- Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

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.
- 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.

Safe and appropriate use of medicines

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

On our last inspection we said the practice should review arrangements for tracking of blank handwritten prescription stationery. On this inspection we were told the practice had destroyed all their handwritten prescription forms as they were no longer used.

- 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 prescribing. There was evidence of actions taken to support good 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.

On our last inspection we said the practice should review arrangements for the security of medicines at the Marshfield surgery in relation to the dispensary and vaccine fridges, to reduce the risk of unauthorised access, including outside normal surgery opening hours. On this inspection we found;

- The practice had reviewed their security arrangements and had taken a number of steps to improve security
- The practice had introduced a new lockdown procedures for staff to follow when the surgery was closed.
- Key safes had been installed at all four locations and were in use.
- New duties had been agreed for the location managers which covered security and other risk management duties.

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- We saw that the vaccine fridges were routinely kept locked and the keys stored in the key safe.
- The security issues had been discussed with staff to make them aware of the risks and how they could be minimised.
- Arrangements for dispensing medicines at all four practice locations kept patients safe. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy. The practice had signed up to DSQS which rewards practices for providing high quality care to their dispensing patients. There was a named GP responsible each dispensary. Staff involved in dispensing medicines had received appropriate training or were supervised while they completed their training.
- Annual competency assessments were completed by the lead GP for the dispensary. The dispensary carried out regular medicines audits including one looking at dispensary staffing hours.
- Medicines were stored securely with access restricted to authorised individuals in three of the four dispensaries.
- Fridge temperature checks were completed daily at all locations to ensure medicines were kept at the appropriate temperature. Staff were aware of the process to follow if the temperatures went out of range.
- Repeat prescriptions could be ordered by patients online, in person and by fax. When medicines needed a review, a GP would need to authorise the medicine before a prescription could be issued.
- Prescriptions were signed before medicines were dispensed and handed out to patients. A bar code scanner was used to check the dispensing process in addition to a second check by a doctor and dispensary staff member. The dispensaries also offered patients weekly blister packs to support them to take their medicines.
- The standard operating procedures (SOPs are written instructions about how to safely dispense medicines) had been signed by dispensary staff and were reviewed annually.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored securely and access was restricted to appropriate individuals. Suitable arrangements were in place for the destruction of controlled drugs.
- Dispensing incidents and near-miss errors were recorded. Staff demonstrated how changes had been made to the dispensary following a review of these records to minimise the chance of similar error reoccurring.
- Emergency medicines were easily accessible to staff, held in a secure area and were checked regularly to make sure they were in date and safe to use. It was suggested that arrangements could be further improved by the use of tamper evident storage.
- Patient Group Directions (PGDs) were in place to allow nurses to administer medicines. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Authorised staff had been assessed as competent to use them and the directions were up to date to ensure patients were treated safely.

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. We saw evidence that clinical incidents were recorded, analysed, action taken and learning was identified and shared. The practice had included in the significant event and serious incident form a risk rating and grading scheme to assess the degree of significance and risk posed. On our last inspection we found there was little evidence that non-clinical incidents were being reported. On this inspection we were told the practice

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had reviewed and revised their reporting and recording system which ensured management were kept informed and that all non-clinical incidents were discussed at the monthly partners meeting in the same way as clinical incidents were. We saw evidence to confirm this. Incidents were also discussed with staff from the location where the incident occurred and learning points shared with staff working at the other locations.

- On our last inspection we said the practice should review their arrangements to provide consistency in their monitoring of Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, to ensure all

have been received at all four locations and all actions have been completed and recorded. We found different systems in place across the four sites and actions taken to deal with alerts were not always reported back to the management team. On this inspection we found the practice had introduced a centrally managed system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.