

# Moorland Medical Centre

## Quality Report

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Date of inspection visit: 10 July 2017

Date of publication: 25/07/2017

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 previously carried out an announced comprehensive inspection at Moorland Medical Centre on 28 November 2016. The overall rating for the practice was good with requires improvement in providing safe services. The full comprehensive report on the 28 November 2016 inspection can be found by selecting the 'all reports' link for Moorland Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 10 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in the regulation that we identified in our previous inspection on 28 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 rated as good.

Our key findings were as follows:

- Appropriate recruitment checks had been carried out for all staff including locum GPs.

- Non-clinical staff who chaperoned had received appropriate training and a Disclosure and Barring Service (DBS) check.
- Formal systems for reviewing patients prescribed a high risk medicine had been implemented.
- Risk assessments had been completed to identify which emergency medicines should be held at the practice.

We also saw the provider had implemented the best practice recommendation we previously made in relation to providing a well-led service:

- Policies and the business continuity plan had been dated so staff knew which version to refer to for guidance.

However, there was an area of practice where the provider needs to make improvements.

The provider should:

- Obtain recent photographic proof of identity of all members of staff.

**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?**

The practice is rated as good for providing safe services.

- Appropriate recruitment checks had been carried out for all staff including locum GPs. However, recent photographic proof of identity had not been obtained for some members of staff.
- Non-clinical staff who chaperoned had received appropriate training and a Disclosure and Barring Service (DBS) check.
- Formal systems for reviewing patients prescribed a high risk medicine had been implemented.
- Risk assessments had been completed to identify which emergency medicines should be held at the practice.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Obtain recent photographic proof of identity of all members of staff.

# Moorland Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a Care Quality Commission (CQC) lead inspector and included a member of the CQC medicines team.

## Background to Moorland Medical Centre

Moorland Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in Leek, North Staffordshire. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 8,861 patients. There is a higher proportion of older patients registered with the practice when compared with the national practice average. For example, 22% of the practice population are over 65 years old compared with the national average of 17% and 10% of the practice population are over 75 years old compared with the national average of 8%. The percentage of patients with a long-standing health condition is 69% which is higher than the local CCG average of 57% and the national average of 53%. These statistics could mean an increased demand for GP services.

The practice is open between 8am and 6pm Monday to Friday except Thursdays when it closes at 5pm. Appointments are from 8am to 12.30pm every morning and 2pm to 5.20pm daily. It provides extended opening hours

between 6.30pm and 8.45pm on Mondays. Patients can book appointments up to six weeks in advance. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice is closed.

The practice staffing comprises of:

- Five GP partners (three female and two male)
- Three female GP Registrars
- Three female advanced nurse practitioners
- Four female practice nurses
- A care home nurse practitioner
- Two female health care assistants
- A practice manager
- A team of administrative and ancillary staff working a range of hours.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for family planning, childhood immunisations, smoking cessation, travel vaccinations, antenatal and postnatal care. The practice is a training practice for GP registrars and medical students to gain experience and higher qualifications in general practice and family medicine.

## Why we carried out this inspection

We undertook a comprehensive inspection of Moorland Medical Centre on 28 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our

# Detailed findings

regulatory functions. The practice was rated as good overall but requires improvement in providing safe services. The full comprehensive report following the inspection on 28 November 2016 can be found by selecting the 'all reports' link for Moorland Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Moorland Medical Centre on 10 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

We carried out a focused inspection of Moorland Medical Centre on 10 July 2017. This involved reviewing evidence to ensure that:

- Recruitment checks were carried out for all staff including locum GPs.
- Non-clinical staff who chaperoned had received a Disclosure and Barring Service (DBS) check or risk assessment to demonstrate how patients would be protected from potential risk.
- Systems for reviewing patients prescribed a high risk medicine had been implemented.
- Risk assessments had been completed to identify which emergency medicines should be held at the practice.
- Policies and the business continuity plan had been dated so staff knew which version to refer to for guidance.

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 28 November 2016, we rated the practice as requires improvement for providing safe services. This was because:

- Appropriate recruitment checks had not been carried out for all staff including locum GPs.
- Non-clinical staff who chaperoned had not received a Disclosure and Barring Service (DBS) check or risk assessment to demonstrate how patients would be protected from potential risk.
- Formal systems for reviewing patients prescribed a high risk medicine were not in place.
- Risk assessments had not been completed to identify which emergency medicines should be held at the practice.

These arrangements had significantly improved when we undertook a follow up inspection on 10 July 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- We saw that the practice had reviewed their policy for prescribing warfarin. Systems were in place to ensure prescriptions were issued safely. Before issuing a prescription the GP checked that blood monitoring had been completed in accordance with need and results were within the specified range. The policy detailed the action to be taken if results were out of range or if results were not available.

- All permanent non-clinical staff had received a Disclosure and Barring Service (DBS) check. 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. A risk assessment had been completed for a temporary non-clinical member of staff who had not received a DBS check. Non-clinical staff who chaperoned had received appropriate training for this role.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment including checks for locum GPs. For example, references and health assessments. However, recent photographic proof of identity had not been obtained for two of the four members of staff.

### Arrangements to deal with emergencies and major incidents

- An effective risk assessment had been completed to determine the stock of emergency medicines held in the practice. We saw evidence of regular stock checks of emergency medicines to ensure the supply was maintained and that all medicines were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to refer to. The plan had been dated so that staff knew which version to refer to for guidance in the event of an emergency.