

Shifnal Medical Practice

Quality Report

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Date of inspection visit: 26 January 2017

Date of publication: 20/02/2017

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 carried out an announced comprehensive inspection at Shifnal Medical Practice on 8 June 2016. The overall rating for the practice was good, with requires improvement for providing safe services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Shifnal Medical Practice on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 26 January 2017 to confirm that the practice had carried out their improvement plan in relation to the areas identified in our previous inspection on 8 June 2016. This report covers our findings in relation to improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Information about services and how to complain was available and easy to understand. There was an open and transparent approach to safety and an effective system in place for reporting and recording events such as complaints. The practice had introduced six

monthly reviews of all complaints received in the period for trend analysis as well as an annual review. Improvements were made to the quality of care as a result of complaints and concerns.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. A training planner was in place to ensure staff were up to date with infection prevention and control training, and this was included at staff induction and staff had attended Mental Capacity Act and Deprivation of Liberty Safeguard (DoLS) training.
- The practice had improved the maintenance of recruitment documentation to ensure staff references and clinical staff verification checks with their appropriate professional body were consistently recorded.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on and the senior GP attended Patient Participation Group meetings.
- The provider was aware of and complied with the requirements of the duty of candour.

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.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. The practice had implemented a training planner that included infection prevention and control and Mental Capacity Act and Deprivation of Liberty Safeguard (DoLS) training.
- There were systems in place for the safe recruitment of staff.
- The practice had improved the systems in place for trend analysis and the learning derived from complaints.
- The senior GP partner attended the Patient Participation Group (PPG) meetings as well as the practice manager, in order that they could share their views and experiences of the service.

Good



Shifnal Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Shifnal Medical Practice

Shifnal Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider, which includes three GP partners. The provider holds a General Medical Services contract with NHS England. At the time of our inspection 9,990 patients were registered at the practice. The practice provides GP services at a main location and two branch sites. The main location is based at Shifnal Medical Practice in Shifnal. The branch locations are at Priorslee and at Weston Under Lizard. The practice has opted out of providing cover to patients outside of normal working hours. These out-of-hours services are provided by Shropdoc. The on call duty GP provides cover for Wednesday afternoons and cover at lunchtime, the contact details of which are provided on the practice telephone system.

The opening hours at the main Shifnal location are between 8am and 1pm and 2pm and 6pm Monday to Friday. The practice provides extended hours between 7am and 8am every weekday with the exception of Mondays. The Priorslee branch location is open Monday, Tuesday and Thursday between 8am and 1pm and 2pm and 6pm, on Friday between 8am and 1pm and 2pm and 5pm and on Wednesday from 8am to 1pm. The Priorslee branch location provides extended hours between 7am and 8am on a Thursday.

The branch location at Weston under Lizard is open from 11.30am to 11.45am on Friday mornings.

Shifnal Medical Practice is located in an older purpose built building. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)

Staffing at the practice includes three partner GPs and a long term female locum GP. The practice employs two locum advanced nurse practitioners who provide both telephone triage and bookable appointments covering five days a week and a locum practice nurse who works two days a week. The management team includes a practice business manager and two office managers. The nursing team includes an advanced nurse practitioner who provides seven sessions a week over four days (and is undertaking a practice-sponsored degree) a practice nurse, and two healthcare assistants and a phlebotomist. The practice support team includes 10 reception/administration staff members and a community care coordinator. The practice is currently recruiting for a chronic disease management nurse and a GP partner. The practice also hosts a general surgery clinic every month with a consultant general surgeon at New Cross Hospital, Wolverhampton.

Why we carried out this inspection

We undertook a comprehensive inspection of Shifnal Medical Practice on 8 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires

Detailed findings

improvement for providing safe services. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Shifnal Medical Practice on our website at www.cqc.org.uk.

We undertook a desk based focused inspection of Shifnal Medical Practice on 26 January 2017. This inspection was carried out to review in detail the actions taken by the practice and improvements made.

How we carried out this inspection

We carried out a desk-based focused inspection of Shifnal Medical Practice on 26 June 2017. This involved reviewing evidence without visiting the practice. We:

- Checked that staff had been trained to provide them with the skills, knowledge and experience to deliver

effective care and treatment, The practice had implemented a training planner that included staffs infection prevention and control and Mental Capacity Act and Deprivation of Liberty Safeguard (DoLS) training.

- Reviewed the system in place for the maintenance of recruitment documentation.
- Reviewed the documentation system in place of the learning derived from complaints.
- Reviewed Patient Participation Group minutes that noted the senior GP partner had attended as well as the practice manager, in order that they could share their views and experiences of the service with the GPs.

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 8 June 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed to implement a training planner to include infection prevention and control (IPC) training at induction and regular refresher training and Mental Capacity Act and Deprivation of Liberty Safeguard (DoLS) training. System documentation improvements were needed in some areas such as; the maintenance of recruitment documentation and the documentation of learning derived from complaints and for the practice to consider GP attendance at the patient participation group meetings.

These arrangements had significantly improved when we undertook a follow up inspection on 26 January 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead trained for the role and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice provided evidence, which showed that both clinical and non-clinical staff had received infection prevention and control training as well as during staff's induction training. The practice manager had implemented these changes and ensured they were added into the practice induction workbook
- The practice provided evidence of improvements made in the maintenance of recruitment documentation within the practice. A recruitment checklist was now in place for all new recruits and the practice manager held responsibility for ensuring these checks were fully documented. Clinical staff's professional registration checks and renewal dates were reviewed with reminders entered onto both the practice manager's and the diary planner on the practice's electronic system. Evidence of a recently employed staff recruitment record was reviewed and appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Complaints were actioned as they arose and discussed at the practice partnership meetings, which were minuted. In addition, the practice had introduced six monthly reviews of all complaints received in the period for trend analysis. The first of these reviews, which was carried out at the beginning of October 2016 which had improvements needed in how the practice reception and administration team approached patient queries. As a result, the practice sourced a provider to deliver more targeted training to assist staff to effectively manage potential and actual conflict situations/ conversations. The training was to be provided in February 2017. We found that a system to review complaints received from 2016/17 with a six-month review in October 2016 had taken place.
- The practice senior GP had attended the patient participation group meeting in September 2016 and in January 2017.