

# Lynton Health Centre

## Quality Report

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Lynton

Devon

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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 Lynton Health Centre on 2 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report on 2 August 2016 inspection can be found by selecting the 'all reports' link for Lynton Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 14 March 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 in August 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:

- There were effective systems to assess the risk of preventing, detecting and controlling the spread of infections, including those that are health care associated.

- There were effective recruitment procedures ensuring all necessary checks were made prior to a new member of staff commencing employment. This included obtaining satisfactory information for locum GPs.
- Effective audit and governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients had been implemented. This is in respect of monitoring risks, reviewing and updating policies and monitoring arrangements with the local NHS Trust who employed nurses to give care to the practice patients.

We looked at other areas highlighted by us for improvement and saw positive changes:

- Child safeguarding procedures had been reviewed in line with current guidelines.
- The practice was now fully utilising the electronic patient record system to ensure any concerning information about a patient was recorded and coded accordingly for ease of searches and reduction of any associated risks.

# Summary of findings

- The practice had reviewed procedures and was following current guidelines covering the safe monitoring of vaccines for patient use by recording the minimum and maximum temperatures of any refrigerators being used.

**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 inspection on 2 August 2016, we found the provider needed to make improvements. For example;

- To establish and operate effective systems to assess the risk of, preventing, detecting and controlling the spread of infections, including those that were health care associated.
- To ensure recruitment arrangements included all necessary employment checks for all staff. For example, evidence of identity, references, checks of professional registers; Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients; and obtaining and retaining evidence of insurance indemnity for all clinical staff, including locum GPs.

Improvements had been made since the previous inspection. The practice is now rated as good for providing safe services. For example;

- There were now effective recruitment procedures ensuring all necessary checks were made prior to a new member of staff commencing employment. This included obtaining satisfactory information for locum GPs.
- There were effective systems to assess the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated.
- Child safeguarding procedures had been reviewed in line with current guidelines. The practice was now fully utilising the electronic patient record system to ensure that any concerning information about a patient was recorded and coded accordingly for ease of searches and reduction of any associated risks.
- The practice had reviewed procedures and was following current guidelines covering the safe monitoring of vaccines for patient use by recording the minimum and maximum temperatures of any refrigerators being used.

Good



### Are services well-led?

At our inspection on 2 August 2016, we found that the provider needed to make improvements. For example;

- To establish and operate effective audit and governance systems to assess, monitor and mitigate the risks relating to the

Good



# Summary of findings

health, safety and welfare of patients. This is in respect of monitoring risks, reviewing and updating policies and monitoring arrangements with the local NHS Trust who employed nurses to give care to the practice patients.

Improvements had been made since the previous inspection. The practice is now rated as good for providing well led services. For example;

- Effective audit and governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients had been implemented. This is in respect of monitoring risks, reviewing and updating policies and monitoring arrangements with the local NHS Trust who employed nurses to give care to the practice patients.

# 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 2 August 2016 which applied to everyone using this practice, including this population group. The overall population group rating is now rated as good.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The overall population group rating is now rated as good.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The overall population group rating is now rated as good.

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 2 August 2016 which applied to everyone using this practice, including this population group. The overall population group rating is now rated as good.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well led identified at our inspection on 2 August 2016 which applied to everyone using this practice, including this population group. The overall population group rating is now rated as good.

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 2 August 2016 which applied to everyone using this practice, including this population group. The overall population group rating is now rated as good.

Good



# Lynton Health Centre

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector.

## Background to Lynton Health Centre

Lynton Health Centre has one registered location providing general medical services at:

Lynton Health Centre, Lyn Health, Lynton, Devon EX35 6HA

Lynton Health Centre is situated in an isolated coastal rural area. There are 2594 patients on the practice list, which during the summer months can increase with an extra 500 temporary patients who are visitors to the area. The majority of patients are of white British background. All of the patients have a named GP. There are a much higher proportion of older adults on the patient list compared with other practices in the area. Nearly half (42%) of the patient population are over 65 years, with a higher prevalence of chronic disease which the practice monitors. The total patient population falls within the mid-range of social deprivation, including rural poverty in local farming areas.

The practice is managed by two GP partners (male and female). They are supported by a salaried GP (male). If required the practice uses the same GP locums for treatment continuity where ever possible. The nursing team consists of one female practice nurse. A minor injuries unit, located in the same building, is run by the integrated team on behalf of North Devon Healthcare Trust and the integrated team. These nurses also deliver some practice nursing duties at Lynton Health Centre.

Lynton Health Centre is a training practice, with two GP partners approved as GP trainers with Health Education South West. The practice normally provides placements for trainee GPs with the next intake due to start in August 2017.

The practice at Lynton Health Centre is contracted to be open from 8am to 6.30pm Monday to Friday. Phone lines are open from 8am to 6pm, with the out of hour's service Devon Doctors responding to patient phone calls after this time. GP appointments for patients are available from 8.30am to 12pm and 2pm to 5.30pm every weekday. Extended opening hours are provided on Monday, Tuesday and Thursday mornings between 7.30am and 8am. There is a minor injuries unit attached to the practice and nurses are contracted to provide treatment room nursing services, which include phlebotomy and wound management. Patients are able to access later appointments due to the opening hours of this unit. Information about this is listed on the practice website and in the patient information leaflet.

Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provided by Devon Doctors. The practice closes for four half days a year for staff training and information about this is posted on the website.

The practice has a general medical services (GMS) contract.

## Why we carried out this inspection

We undertook a comprehensive inspection of Lynton Health Centre on 2 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

## Detailed findings

functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 2 August 2016 can be found by selecting the 'all reports' link for Lynton Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused inspection of Lynton Health Centre on 14 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.

- Spoke with a range of staff (practice manager, lead GP partner and reception staff). We did not speak with patients who used the service.
- Reviewed records at the practice.

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.

## How we carried out this inspection

During our visit we:



# Are services safe?

## Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection control, recruitment and safeguarding were not adequate.

These arrangements had improved when we undertook a follow up inspection on 14 March 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- There were now effective recruitment procedures ensuring that all necessary checks were made prior to a new member of staff commencing employment. This included obtaining satisfactory information for locum GPs. Risk assessments had been completed and assurances obtained demonstrating chaperone training had been provided.
- There were effective systems to assess the risk of, preventing, detecting and controlling the spread of infections, including those that are health care associated.

The practice had introduced a new protocol for recruiting locum staff. We saw this protocol was followed for all locum staff who had been engaged to work at the practice since August 2016. We reviewed two personnel files of recently appointed staff and found 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 performer list and Disclosure and Barring Service (DBS).

The practice demonstrated fully that appropriate standards of cleanliness and hygiene were being maintained. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We saw staff used personal protective clothing and followed appropriate procedures when handling specimens, demonstrating they understood safe hygiene practice.

Since the last inspection in August 2016, another member of staff had completed infection control leadership training and worked closely with the practice nurse to monitor and reduce risks at the practice. These staff had clearly set out

roles and responsibilities, which included reporting weekly to the GP partnership meeting any areas of potential risk. For example, minutes showed the practice had reviewed the management of clinical waste. GP partners had taken the decision to have appropriate sharps containers to safely dispose of cytotoxic waste in every clinical room. As we toured the building, we saw these were now sited in all the clinical rooms and were being used appropriately.

We saw updated infection control protocols which were in line with national guidelines. Records demonstrated all staff had received training since the last inspection. We were shown a new infection control training handbook, which staff completed and their answers assessed and discussed with them to improve their practise. There was now an effective system of regular infection control audits being completed. These included assessment of hand hygiene competency across the whole team.

Immediately following the last inspection, the practice had sent us a legionella risk assessment. This showed the premises was assessed as having a low risk but monthly water temperature checks were put in place. At this inspection, we looked at records from August 2016 up to the current time showing that water temperature checks had been completed and required no action during that period.

In August 2016, we highlighted areas which the practice could improve. At this inspection in March 2017, we reviewed the progress with these.

- Child safeguarding procedures had been reviewed in line with current guidelines. The practice was now fully utilising the electronic patient record system to ensure that any concerning information about a patient was recorded and coded accordingly for ease of searches and reduction of any associated risks. The practice had also invested in purchasing a search programme which provided additional information from which reviews and audits could be undertaken. For example, the practice carried out a search of all children and families who were vulnerable and could be at risk to determine whether the information was correct and contained sufficient detail to provide appropriate support for these patients.
- The practice had reviewed procedures and was following current guidelines covering the safe monitoring of vaccines for patient use by recording the

## Are services safe?

minimum and maximum temperatures of any refrigerators being used. Since the last inspection, a digital monitor had been purchased so that weekly audits could be undertaken in addition to daily checks completed. Records showed that where any slight

fluctuation had occurred staff had followed this up and knew that it was linked to when new stocks had been delivered causing a slight rise in the internal temperature of the fridge.

# 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 2 August 2016, we rated the practice as requires improvement for providing well led services as the governance systems were not adequate.

These arrangements had improved when we undertook a follow up inspection on 14 March 2017. The practice is now rated as good for providing well led services.

### Governance arrangements

- The monitoring, oversight and accountability for infection control measures within the practice including for legionella risks were in place. The practice submitted risk assessments for both of these areas immediately after the inspection in August 2016, demonstrating that named staff responsible for following up these areas had been put in place so that the risk of this occurring again was reduced. At this inspection, we found the practice had completely overhauled infection control processes. Records demonstrated the practice had assurance of the effectiveness of these systems promoting patient safety.
- Practice specific policies had been reviewed. For example, the safeguarding children policy had been updated so it was in line with national guidance. Examples discussed demonstrated the practice was routinely recording concerns about patients in their record summary and now making full use of codes available to clearly identify potential risks to families and children. The practice also recorded when a patient was vulnerable due to complex healthcare conditions and therefore prompted all staff to know when additional support should be offered to a the patient and their families.
- Clinical and internal audit had been extended to monitor quality and to make improvements. Since the inspection in August 2016, the practice had invested in a software risk management system, which enabled patient records to be analysed to produce risk profiles and target audit activity and health screening. For example, GP partners had reviewed the patients who were coded as being “out of area” patients to check their suitability to remain on the practice list. Complex healthcare needs were identified to increase risks for patients. Three patients as a result of this review were advised in writing that due to their increasing health needs would be better served in joining a practice nearer to where they live to improve access to services.
- Formal governance arrangements in regards of the treatment room activities, which were run on behalf of the practice by the NHS Trust, had been put in place. The practice now had a memorandum of understanding with the NHS Trust. They held a joint quality and development meeting each month with a Trust representative. The practice was now routinely obtaining assurances of these staffs competency, skills and training to deliver the treatment room nursing services to patients. For example, we saw a folder containing a training matrix and certificates, evidence of qualifications and Nursing and midwifery council (NMC) entries showing current status on the register for all staff working in the minor injuries unit.