

Madeira Medical 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 responsive to people's needs?		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 focussed follow up inspection of Madeira Medical Centre on 19 July 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 3 June 2015. This report covers our findings in relation to the requirements and should be read in conjunction with the report published on 10 September 2015 following the inspection in June 2015. This can be done by selecting the 'all reports' link for Madeira Medical centre on our website at www.cqc.org.uk

Our key findings at this inspection were as follows:

- A systematic programme of legionella testing was being performed by appropriately trained staff.
- We saw all staff who were providing chaperone duties were had received a check by the Disclosure and Barring service (DBS).

- There were suitable arrangements to keep refrigerated medicines safe. All medicines fridges were locked.
- We found that cupboards where chemical substances that were hazardous to health were stored were locked.
- Complaints were analysed for trends.
- All staff had received up to date training in the Mental Capacity Act 2005 and information governance.
- A record was kept of all meetings held.

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.

Good



At our previous inspection in June 2015 we rated the practice as requires improvement for providing safe services. We found that although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Areas of concern included, appropriate management of legionella and all staff who were undertaking chaperone duties not having had the appropriate checks made by the Disclose and Barring Service (DBS). We also found that some areas of medicines and health and safety management should be improved.

- At our focused follow-up inspection on 19 June 2016 we looked at areas that the practice needed to respond to. We found records and information which demonstrated that improvements had been made. We found a systematic programme of testing for legionella was being performed by appropriately trained staff. All staff were up to date with training, which included information governance and the Mental Capacity Act 2005. All staff that undertook chaperone duties had been trained and had received a check by the Disclosure and Barring service (DBS).
- We found that medicine fridges were secure and lockable and saw a good system in place to check the expiry dates of medicines.
- We found that cupboards that stored chemical substances that were hazardous to health were locked.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



At our previous comprehensive inspection in June 2015 the practice was rated as good for providing responsive services.

The practice had reviewed the needs of its local population and had tried to secure improvements to services where these were identified. However, we noted that there was no information available to patients to indicate how they would access care from 8am until 8.30am and from 6pm to 6.30pm in line with the contractual requirements of National Health Service England. At this inspection we saw that opening times had been extended to 8am through to 6.30pm with extended hours offered on a Monday 7am through to 7.30pm. Outside of these times patients were directed to

Summary of findings

contact the South West Ambulance Service Trust out of hour's service by using the NHS 111 number. This information was available on the practice website, in the practice itself and on the practice answering machine message.

At the last inspection in June 2015 we found that the practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. There was also information was available to help patients understand the complaints system. However, at the last inspection in June 2015 we found that complaints had not always been fully analysed to identify trends. At this inspection on 19 July 2016 we found improvements had been made.

Are services well-led?

The practice is rated as good for providing well led services.

At our previous comprehensive inspection in June 2015 we found the practice was rated as good for being well-led. It had a clear vision and strategy. There was a clear leadership structure and staff had designated lead roles and were supported to undertake these.

The practice had policies and procedures in place to govern activity and GPs held regular meetings. We found that some policies and procedures such as legionella management and the recruitment policy had not been fully implemented. The practice sought feedback from staff and patients and acted upon this feedback to improve the services that it delivered. Whole team meetings were held but there was no record of these meetings. At this inspection in July 2016 we found improvement had been made in all areas, including maintaining minutes of all meetings. We also found that policies and procedures had been fully implemented.

Good



Madeira Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was undertaken by a CQC Inspector

Background to Madeira Medical Centre

Madeira Medical centre is situated in Poole, Dorset. The practice provides treatment to 8222 patients.

The practice operates from purpose built premises. The practice has seven consultation rooms and four treatment rooms of which one is used by chiropody services. There is also another room that is used by counselling services. The practice has three separate waiting areas. The practice has four GP partners and three salaried GPs. Four GP's are female and three are male. There is a practice manager, assistant practice manager, three practice nurses, a healthcare assistant, reception and administrative staff.

The practice has a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice has a higher than average number of patients aged between 40 and 55 years and a slightly higher than average number of patients aged over 85 years. The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.30am to 6pm daily. This information is displayed on the practice website and in the practice information leaflet. When the practice is closed patients are advised to access out of hours care provided by South West Ambulance Service via the NHS 111 service.

The provider is registered to provide the regulated activities of surgical procedures, diagnostic and screening services, treatment of disease, disorder or injury, maternity and midwifery services and family planning at the location.

At our previous inspection in June 2015 we rated the practice as requires improvement for providing safe services. The provider sent us an action plan which detailed the steps they would take to meet the breaches in regulation. At this inspection in July 2016 we found the provider had made the necessary changes and the improvements made ensured the practice was providing a safe service.

We carried out our inspection at the practice's only location which is situated at 1a Madeira Road, Parkstone, Poole Dorset. BH14 9ET.

Why we carried out this inspection

We carried out this announced focused inspection at Madeira Medical Centre on 19 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an announced focussed follow up inspection of Madeira Medical Centre on 19 July 2016. This inspection was performed to check on the progress of actions taken following an inspection we made on 3 June 2015. We inspected the practice against three of the five questions we ask about services, is the service safe, responsive and well led. This is because the service had previously not met some legal requirements. At our

Detailed findings

previous inspection in June 2015 the effective and caring domains were rated as good. Therefore, these domains were not re inspected at this inspection. As all five domains were not inspected we were not able to rate the population groups at this visit.

Are services safe?

Our findings

Overview of safety systems and processes

At our last inspection in June 2015 we found that not all staff who undertook chaperone duties had received a disclosure and barring check (DBS). 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. We also found that not all staff had received training in the Mental Capacity Act 2005 and information governance.

At this inspection in July 2016 we found all staff who had opted to act as chaperones had received training and received a DBS check. Also, all staff training was up to date and recorded. Actions taken by the practice helped ensure patients were supported safely.

Monitoring risks to patients

Risks to patients were assessed and well managed.

During the last inspection in June 2015 we found that the practice had not carried out legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection in July 2016 we saw that this had been completed by an outside agency and actions had been taken as a result of the risk assessment.

During the last inspection in June 2015 we found that one of the medicine fridges did not lock and some placebo medicines were out of date. At this inspection we saw that all fridges were locked and there were good systems in place to ensure medicine expiry dates were checked.

During the last inspection in June 2015 we found that cupboards where chemical substances that were hazardous to health were stored were not locked. Improvements have now been made and the cupboard was kept locked.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There were no concerns identified at the inspection in June 2015 regarding responding to and meeting people's needs. The practice continued to review the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and appointments were available during these times, extended hours were offered on a Monday from 7am through to 7.30pm. At the last inspection in June 2015 we noted that there was no information available to patients to indicate how they would access care outside of these hours. At this inspection in July 2016 we saw that this had improved and information was available on the practice website, in the practice itself and on the practice answering machine when the practice was closed.

Routine appointments could be booked up to six weeks in advance. Appointments were available each day for urgent cases to be seen and patients could also book five minute telephone consultation in order to receive urgent on the day medical advice.

Listening and learning from concerns and complaints

At the last inspection in June 2015 we found the practice had a system in place for handling complaints and concerns and a complaints policy was in place was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. There was a log of complaints with space to record action and learning points. We saw that information was available to help patients understand about managing complaints in the reception area, waiting room and in the patient information leaflet. However, at the last inspection undertaken in June 2015 we found no evidence to show that the practice reviewed the complaints to detect themes or trends. At this inspection in July 2016 we found the practice had made improvements. There was a folder which contained any complaints received, these were discussed every two months at a practice meeting to identify any trends.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had policies and procedures in place to govern activity and GPs held regular meetings. However, at the inspection in June 2015 we found that some policies and procedures such as legionella management and the recruitment policy had not been fully implemented or

followed. Whole team meetings were held but there was no record kept of these meetings. The practice sought feedback from staff and patients and acted upon this feedback to improve the services that it delivered. At this inspection in July 2016 we found improvement had been made in all areas. All meetings were minuted, and policies and procedures had been fully implemented and were now being followed.