

Oakham Medical Practice

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 effective?

Good 

Are services responsive to people's needs?

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 Oakham Medical Practice on 17 January 2017. The overall rating for the practice was good. The full comprehensive report on the 17 January 2017 inspection can be found by selecting the 'all reports' link for Oakham Medical Practice on our website at www.cqc.org.uk.

However at that inspection we found that:

- Blank prescription pads were not being managed correctly.
- Risks to patients and others had not been properly mitigated. There had been no inspection of fixed electrical wiring.

We issued the provided with requirement notices for breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice was rated as 'requires improvement' in the safe key question.

In addition we also found that:

- The practice should address the issues highlighted in the national GP survey in order to improve patient satisfaction including access to appointments and ease of getting through to the practice by telephone.

- The practice should review risk assessments in place for non-clinical members of staff who did not have a Disclosure and Barring Service (DBS) check to ensure the rationale for not requiring a DBS check was documented.
- The practice should review processes in place in relation to clinical audits to ensure full cycle audits are carried out to improve patient outcomes.
- The practice should review the system of appraisals to ensure all members of staff receive an appraisal at least annually.

This inspection carried out on 1 June 2017 was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 17 January 2017. This report covers our findings in relation to those requirements and to other improvements they had made.

Specifically we found that:

- The practice had an effective system to manage the security of blank prescription forms.
- The buildings had been inspected to help ensure their electrical safety.

Summary of findings

- The practice had taken action to address the low satisfaction scores for telephone access.
- There was a clear and effective system in place to ensure that staff were subject to a DBS check or risk assessment where this was not the case.
- The practice had carried out and were continuing to carry out full cycle clinical audits.
- There was an effective system to ensure all staff received an annual appraisal.

Overall the practice is rated as 'Good'. It is also rated as 'Good' in the safe key question.

It was already rated as 'Good' in the effective and responsive key questions and these ratings have not changed.

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.

- Risks to patients were assessed and well managed. The surgery buildings had an up to date electrical condition report.
- The practice had implemented and embedded a process for ensuring the security of blank prescriptions.
- There was a clear policy and risk assessment process in respect of DBS checks for all practice staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice had an effective program of clinical audit.
- The practice had implemented and commenced annual appraisals for all staff.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had responded to the concerns of patients regarding telephone access and had agreed a new telephony system to be operational within two to three months.

Good



Oakham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

Background to Oakham Medical Practice

Oakham Medical Practice provides primary medical services to approximately 15,096 patients who reside in Oakham and surrounding areas. The practice also provides a Minor Injuries Service.

The practice is located in a large purpose built health centre with staff and patient car parking available and wheelchair access.

The practice has General Medical Services (GMS) contract and is commissioned by NHS East Leicestershire and Rutland Clinical Commissioning Group (CCG). It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed eight GP partners, five associate GPs, one business director, two practice managers, one nurse manager, eight practice nurses, four health care assistant, one phlebotomist, two reception team leaders, ten receptionists, six medical administrators, three secretaries, one accounts officer and two domestic staff.

The practice is open from 8am until 6.30pm Monday to Friday. The practice provided extended hours appointments on a Saturday.

The practice has a higher number of patients aged 65 years and over than the national average.

The practice provides on-line services for patients such as booking routine appointments, ordering repeat prescriptions and access to on line summary care record.

When the practice is closed patients are able to use the GP out of hours service provided by Derbyshire Health United and which can be accessed through NHS111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 June 2017.

During our visit we:

- Spoke with the business manager and reviewed records and policies

Detailed findings

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 17 January 2017 we found that:

However at that inspection we found that:

- Blank prescription pads were not being managed correctly in the Minor Injuries Unit.
- Risks to patients and others had not been properly mitigated. There had been no inspection of fixed electrical wiring within the previous five years.

In addition we found that:

- The practice did not have risk assessments in place for non-clinical members of staff who did not have a Disclosure and Barring Service (DBS) check to ensure the rationale for not requiring a DBS check was documented.

Overview of safety systems and processes

- We saw that there was an effective process for monitoring the use of blank prescription forms and ensuring their secure storage when not in use. In the Minor Injuries Unit this included removing blank prescription pads from printers and locking them away in an area that was only accessible to practice staff.

- At the time of our inspection in January 2017, two healthcare assistants (HCA) did not have a current DBS check in place. We were assured that one HCA had applied for a DBS check in November 2016 and was awaiting DBS clearance, the other HCA was in the application process.
- At this inspection we saw that all members of staff who were in direct contact with had been subject to a DBS check.
- The business manager told us that the new policy was that all staff would have a DBS check carried out at the commencement of their employment, GPs, nurses and HCAs and some other senior members of staff would have it renewed at three yearly intervals and other staff would be subject to a risk assessment which included a self-declaration at the time of their annual appraisal.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- We saw the practice had engaged an accredited outside contractor to carry out an electrical condition report of the premises. Areas for improvement had been identified, though not considered as requiring immediate attention and had been included in the practice maintenance program.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 January 2017 we found:

- The practice should review processes in place in relation to clinical audits to ensure full cycle audits were carried out to improve patient outcomes.
- Staff had not received an annual appraisal.

At this inspection we found:

- Full cycle audits had been carried out and were continuing.
- We saw that one audit was a quarterly review of patients in receipt of warfarin. The results from those audits had prompted the lead GP for this area of medicine to undergo some additional training to further improve patient outcomes.

- Another audit was concerning the appropriateness of patient attendance at the Minor Injuries Unit and this too was a quality audit. The audit highlighted that signposting to the unit by practice staff was good and provided the best outcomes for patients.

The practice had implemented an effective system of annual appraisal for all staff groups that was due to be completed by the end of July. We looked at some of the already completed appraisals and found them to be well written and considered, included input from the subject of the appraisal and identified strengths, weaknesses and further training required or requested

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 January 2017 we found:

- 40% of patients who had responded to the GP Patient Survey had said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

The practice was aware of its low satisfaction score in relation to telephone access and had held a public meeting in January 2017 to give patients the opportunity to ask questions in relation to this.

At this inspection on 1 June 2017 we found:

- The practice had looked into various ways of upgrading their telephony system, including Cloud based systems.
- They had settled on a voice over internet protocol system (VOIP) which was due to become operational in the next two or three months. It was being delivered by Leicestershire Health Informatics Systems. This system would enable peaks in demand to be spread across all staff in the surgery at the time, enabling faster answering times and better outcomes for patients. The system included real time and historical call management data enabling demand and staffing levels to be analysed and adjusted.