

St Lukes Medical Centre

Quality Report

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Date of inspection visit: 7 September 2016
Date of publication: 30/09/2016

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 caring?		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 inspection of St Lukes Medical Centre on the 7 September 2016. This review was performed to check on the progress of actions taken following an inspection we made in April 2016. Following that inspection the provider sent us an action plan which detailed the steps they would take to meet their breaches of regulation. During our latest inspection on 7 September 2016 we found the provider had made the necessary improvements.

This report covers our findings in relation to the requirements and should be read in conjunction with the report published in August 2016. This can be done by selecting the 'all reports' link for St Lukes Medical Centre on our website at www.cqc.org.uk

Our key findings at this inspection were as follows:

The practice ensured the health and safety for patients by improving the arrangements for managing medicines (vaccines). This included the introduction of:

- Secure systems for the storage and distribution of prescription stationary.
- A system where patient group directions (PGDs) were kept under review.

- A process to frequently conduct Medicines and Healthcare product Regulatory Agency (MHRA) searches to check for any medicine alerts.
- Further processes to monitor rises and drops in fridge temperatures.

The practice had sought feedback from patients following lower than national average scores in January 2016. The national survey results from July 2016 remained lower than average for GP interactions but internal survey findings in March 2016 had been positive.

The practice had improved the governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This included the introduction of:

- Written care plans for all patients with the long term conditions including chronic obstructive pulmonary disease and diabetes.
- Written records for palliative care meetings.
- Clearly displayed chaperone signs in every treatment room and waiting areas.

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 had improved the health and safety for patients by improving the arrangements for managing medicines (vaccines). This included the introduction of:

- Secure systems for the storage and distribution of prescription stationary.
- A system where patient group directions (PGDs) were kept under review.
- A process to frequently conduct Medicines and Healthcare product Regulatory Agency (MHRA) searches to check for any medicine alerts.
- Further processes to monitor rises and drops in fridge temperatures.
- The practice had also improved the systems which reduced the risk of unsafe care and treatment.

Good



Are services effective?

This domain was not inspected on this visit.

Good



Are services caring?

The practice had sought feedback from patients in March 2016 following lower than national average scores in January 2016. The practice based survey findings had been positive. National survey results from July 2016 remained the same. For example, lower than average scores for consultations with GPs. The practice manager explained that there had been a change of staffing since this survey and additional staff recruited.

Good



Are services responsive to people's needs?

This domain was not inspected on this visit.

Good



Are services well-led?

The practice had improved the governance systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This included the introduction of:

- Written care plans for all patients with the long term conditions including chronic obstructive pulmonary disease and diabetes.
- Written records for palliative care meetings.
- Clearly displayed chaperone signs in every treatment room and waiting areas.

Good



Summary of findings

- Governance procedures had improved in medicines management.

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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Summary of findings

What people who use the service say

We did not speak with patients on this visit.

St Lukes Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our review was undertaken by a CQC Inspector.

Background to St Lukes Medical Centre

We inspected the practice in April 2016 and found improvements were needed in the area of safe patient care and good governance. The provider sent us an action plan which detailed the steps they would take to meet the breaches in regulation. During our latest inspection on 7 September 2016 we found the provider had made the required improvements.

The practice is situated in the coastal town of Brixham, Devon. The area is ranked fifth in the level of deprivation decile, with one being least deprived and ten being the most deprived. 96.7% of the local population identified their ethnicity as being white English in the 2011 census.

The practice provides a primary medical service to 10,100 patients of a predominantly older age group. The practice is a training practice for GP registrars (doctors who are training to become GPs). There was one registrar working at the practice.

There is a team of one GPs partners and five salaried GPs. The whole time equivalent is 5.6 GPs. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, two nurse practitioners, five practice nurses, two health care assistants, three phlebotomists and additional administration staff.

Patients using the practice also have access to midwife clinics and depression and anxiety counsellors at the practice. Other health care professionals such as community nurses, mental health teams and health visitors attended the practice on a regular basis.

The practice is open between the NHS contracted opening hours of 8am - 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hour's surgeries are offered at the following times; Monday, Tuesday, Thursday mornings from 7.30am and on Tuesday evening until 7.30pm.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. The practice has a Personal Medical Services (PMS) contract with NHS England.

St Lukes Medical Centre is comprised of two locations both of which carry out regulated activities. The main site is located at 17 New Road, Brixham TQ5 8NA and the branch site is located at 1 Greenswood Road, Brixham TQ5 9HN.

During our inspection we visited the New Road location on 7 September 2016. We did not visit the Greenswood Road location as evidence was seen at the St Lukes branch. The

Greenswood branch inspection is covered in a separate report.

Why we carried out this inspection

We carried out this inspection at St Lukes Medical practice on Wednesday 7 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Detailed findings

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 visited the practice and reviewed documentation to check on the progress of actions taken following the comprehensive inspection we completed on 5 April 2016.

We inspected the practice, in part, against three of the five questions we ask about services, is the service safe, caring and well led. This is because the service had previously not met some regulatory requirements. At our previous inspection in April 2016 the effective and responsive 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

At our inspection in April we found that the registered person had not protected people against the risk of unsafe care and treatment. For example,

- Blank prescription forms for use in printers, and also pre-printed forms, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.
- Patient group directions (PGDs) had not been reviewed on a regular basis.
- The practice did not have a robust system in place to frequently conduct Medicines and Healthcare products Regulatory Agency (MHRA) searches to check for any medicine alerts.
- Fridge temperatures were not regularly monitored.

At this inspection we found;

- The provider had introduced a policy and procedure for the safe handling of prescription stationary. Three members of staff were designated key holders and a clear record was being maintained to record the receipt and distribution of these prescription pads.
- The nursing team had introduced a systematic process to review and sign all PGDs each month. Records were kept to show that all staff had read and signed the updated documents.
- The role of managing MHRA had been allocated to two members of staff. One member of staff was the practice pharmacist who provided evidence of immediate action taken following alerts being communicated. The staff performed a search of patients on the medicine and organised replacement and alternative medicines. The process was working well and had extended to include all alerts. For example, equipment and practice management alerts.

- The nursing team were using data loggers to record fridge temperatures in addition to the daily thermometer checks. These included monitoring and responding to any sudden increase or decrease in temperature.

At the inspection in April 2016 we found that:

- Written care plans for all patients with the long term condition of chronic obstructive pulmonary disease (COPD) and diabetes had not been provided to patients.
- Written records for palliative care meetings were not maintained.
- Chaperone signs were not clearly displayed in every treatment room.

At this inspection in September 2016 we found the practice had improved the systems which reduced the risk of unsafe care and treatment.

- Written care plans had been provided for all patients with the long term conditions including COPD and diabetes. For example, the diabetes lead had produced a practice diabetic care plan which was based on national and local diabetes guidelines and target information. The plan included health information, space to record test results, management plans and space to record individual care needs. We saw written care plans for COPD were also issued to patients. This included pre-printed literature and management plans.
- Written records were maintained for palliative care meetings. These were based on templates used by the palliative care team. Staff explained this had provided continuity for the multidisciplinary team. A named member of the medical secretary team had the responsibility to keep these updated with support from the palliative care GP lead.
- Clearly displayed chaperone signs were displayed in poster format in every treatment room and waiting area and on the patient information TV screen.

Are services effective?

(for example, treatment is effective)

Our findings

This domain was not inspected on this visit.

Are services caring?

Our findings

At our inspection in April we found that the January 2016 results from the national GP patient survey for St Lukes Medical Centre were mixed. The practice survey satisfaction scores were below average for consultations with GPs and comparable for nurses. For example, 90% of patients said they had confidence and trust in the last GP they saw (Clinical commissioning group (CCG) average 96%, national average 95%). 10% of patients responded that they had no confidence at all in the last GP they saw, which was worse than the local CCG average of 4% and the national average of 5%.

At this inspection we found July 2016 national patient survey results had remained the same. For example 90% of patients at St Lukes said they had confidence and trust in the last GP they saw (Clinical commissioning group (CCG) average 96%, national average 95%).

The provider, in response to the January 2016 survey results, had performed an internal survey of St Lukes medical practice and St Lukes (Greenswood branch) in March 2016. The survey responses were collected by the practice patient participation group and from the practice social media site. The results showed that 96.1% of respondents were satisfied overall with the care provided and appointment access. 96.1% of the respondents were satisfied with the GP appointments and 97.5% for nurse appointments. The helpfulness of reception staff was rated positively at 93%. The survey had requested feedback about the clinician patients saw. 91% of respondents found the clinician listened effectively and 93% made patients feel at ease. There were plans to continue to monitor these survey results.

The practice manager explained that they hoped survey results would improve following the recent change and recruitment of additional staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect this domain.

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

At our inspection in April 2016 we found the provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example: audit trails for prescription forms, regular reviews of patient group directions, regular fridge temperature recording, processes to manage alerts, written care plans for patients with long term conditions and ensuring patients had information about chaperoning services.

At this inspection in September 2016 we saw that improvements had been made in a prompt and timely manner. Systems had been implemented, staff had been identified to lead on these processes and contingencies were in place to continue the processes in the absence of these named staff. The practice manager had a process to review and monitor that these systems were being recorded.