The Gables Medicentre

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Gables Medicentre on 19 October 2016. As a result of our inspection the practice was rated as good overall but required improvement for providing safe services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for The Gables Medicentre on our website at www.cqc.org.uk.

This inspection was a follow up focused inspection carried out on 5 July 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 on 19 October 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:

- The arrangements to ensure that risks to patients and staff were assessed and well managed met nationally recognised guidelines. For example, a defibrillator had been installed following the last inspection.
- The monitoring of patients taking high risk medicines had been strengthened.
- A log of risks identified was maintained, which included Visual Display Unit screening.
- Risk assessments included Legionella. We were told that a fire risk assessment was scheduled to be carried out on 7 July 2017, and we subsequently received a copy of this risk assessment.
- Improvements had been made to the telephone system, so that it was easier for patients to contact the practice by telephone, especially when trying to make an appointment. For example, calls were answered by staff in an office on the first floor, which meant that they were answered more quickly, because staff were not dealing with patients at the reception desk. GPs returned triage calls using their mobile phones instead of the landline, which freed up the telephone lines and patients had been encouraged to use the online system for booking routine appointments (51% of patients had signed up to use this service). Despite

Summary of findings

these changes, results from the the National GP Patient Survey results published on 7 July 2017 showed that only 48% of respondents found it easy to get through to the surgery by telephone.

- A system had been introduced to check that current evidence based clinical guidance was adopted. We saw that local and national guidance was circulated to all clinical staff and discussed at weekly clinical meetings. We viewed several examples, including the new pre-diabetes guidelines, which had prompted the practice to arrange a meeting with a consultant to discuss best practice.
- The management of waste had improved.
- A system had been introduced to monitor the use of prescriptions in the practice.
- The pilot project intended to improve the care of patients diagnosed with dementia had improved identification and treatment of patients with dementia at the practice. Unpublished results from the Quality and Outcomes Framework 2016/17 showed that the number of dementia patients whose care plans had been reviewed in the last 12 months had increased from 56% in 2015/16 to 70% in 2016/17. One of the GPs had received specific training in dementia and could prescribe appropriate medicine. This meant that patients could be seen at an extended one hour appointment in-house instead of having to attend a memory clinic at the local hospital.
- More information for patients had been uploaded to the practice website, including details of the complaints system. A new practice website was in the development phase at the time of our July inspection and was due to go live in August 2017. The draft website was viewed.

However, there was also an area of practice where the provider should make improvements:

- Continue to monitor the telephone access for patients, so that patient experience improves in relation to the ease of getting through to the surgery by telephone.

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?

Good

During our comprehensive inspection on 19 October 2016, we identified a breach of legal requirement. The practice did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. For example, with regard to completing and reviewing risk assessments (including legionella and fire) and ensuring that results from ongoing monitoring checks were reviewed before prescribing high risk medicines. During our follow up focused inspection on 5 July 2017 we found that the practice had taken action to address the areas identified in the October 2016 inspection. The practice is now rated as good for providing safe services.

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
Following our comprehensive inspection on 19 October 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our follow up focused inspection to alter this rating.

Good

People with long term conditions
Following our comprehensive inspection on 19 October 2016 we rated the practice as good for the population group of people with long term conditions. We did not review any evidence during our follow up focused inspection to alter this rating.

Good

Families, children and young people
Following our comprehensive inspection on 19 October 2016 we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our follow up focused inspection to alter this rating.

Good

Working age people (including those recently retired and students)
Following our comprehensive inspection on 19 October 2016 we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our follow up focused inspection to alter this rating.

Good

People whose circumstances may make them vulnerable
Following our comprehensive inspection on 19 October 2016 we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our follow up focused inspection to alter this rating.

Good

People experiencing poor mental health (including people with dementia)
Following our comprehensive inspection on 19 October 2016 we rated the practice as good for the population group of people experiencing poor mental health. We did not review any evidence during our follow up focused inspection to alter this rating.

Good

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor the telephone access for patients, so that patient experience improves in relation to the ease of getting through to the surgery by telephone.

The Gables Medicentre

Detailed findings

Our inspection team

Our inspection team was led by:

The follow up focused inspection was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to The Gables Medicentre

The Gables Medicentre is registered with the Care Quality Commission (CQC) as a partnership of three GPs. The practice has a main surgery in Coventry and a branch site in Bedworth, a market town close to Coventry. We did not visit the branch site as part of our inspection. The practice holds a General Medical Services contract with NHS England. The GMS contract is a contract between general practices and NHS England for delivering primary care services to local communities. It provides Direct Enhanced Services (DES), such as the childhood immunisations, extended hours and asthma and diabetic reviews. The Local Enhanced Services (LES) offered included support to care homes and care plans for vulnerable adults. At the time of the inspection in July 2017, The Gables Medicentre was providing care to 10,143 patients.

The practice has good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. Both premises are owned by the partners. The main site has two floors with treatment and consultation rooms on the ground floor. The branch practice is situated in a single storey building. All patient areas within both premises are accessible by patients who use a wheelchair or parents with a pushchair.

The practice team consists of three full time partners, two male GPs and one female GP. The partners are supported by a salaried GP. The clinical team consists of two practice nurses and two healthcare assistants. Clinical staff are supported by a full time practice manager, an assistant practice manager, three administration staff, a medical secretary, reception staff and cleaning staff. The practice is accredited to train GPs.

The Gables Medicentre is open at the following times:

Mondays: 7.30am – 7pm

Tuesdays: 7.30am – 7.30pm

Wednesdays: 7.30am – 1pm

Thursdays: 7.30am – 7.30pm

Fridays: 7.30am – 6.30pm

The branch site is open at the following times:

Mondays: 8am – 1pm; 3pm – 6pm

Tuesdays: 8am – 1pm; 2.30pm – 6.30pm

Wednesdays: 8am – 6.30pm

Thursdays: 8am – 1pm

Fridays: 8am – 1pm; 2.30pm – 5pm

Appointments are available during these hours. All telephone calls are answered at the main site, including on Wednesday and Thursday afternoons and during the lunch times on Mondays, Tuesdays and Fridays when the branch site is closed. Both sites are closed at weekends. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service via the NHS 111 service. The nearest hospital with an A&E unit and a walk in service is Walsgrave Hospital, Coventry. The nearest walk in centre is Coventry Walk In Centre (two miles away).

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of The Gables Medicentre on 19 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the provision of safe services. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for The Gables Medicentre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Gables Medicentre on 5 July 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.

How we carried out this inspection

We carried out a follow up focused inspection of The Gables Medicentre on 5 July 2017. This involved reviewing evidence that:

- The provider had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. For example, with regard to completing and reviewing risk assessments (including legionella) and ensuring that results from ongoing monitoring checks were reviewed before prescribing high risk medicines. We were told that a fire risk assessment was scheduled to be carried out by an independent contractor on 7 July 2017, and we subsequently received a copy of this risk assessment.

During our visit we spoke with a range of staff, including a GP and the practice manager.

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.

Good

Are services safe?

Our findings

At our previous inspection on 19 October 2016, we rated the practice as requires improvement for providing safe services because the arrangements in respect of assessing, monitoring, managing and mitigating risks were not satisfactory.

These arrangements had improved when we undertook a follow up focused inspection on 5 July 2017, and the practice is now rated as good for providing safe services.

Overview of safety systems and process

- The management of waste had improved.
- The management of patients taking high risk medicines had been strengthened and shared care arrangements were effective. We viewed a sample of patients prescribed methotrexate (used to treat rheumatoid arthritis) and saw that prescriptions were only issued by a GP when the blood tests had been checked and were satisfactory. Methotrexate could only be authorised and issued by a GP after review; it was not possible to order it as a standard repeat prescription (where a medicine can be issued at agreed intervals without the prescribing GP reviewing the patient each time).
- A system had been introduced to track the use of prescriptions in the practice. This included checking uncollected prescriptions before destruction. Uncollected prescriptions were checked on a monthly basis and discussed with a GP where necessary before destruction. In addition, we were informed that the practice had purchased a software tool that worked within the clinical computer system to provide on-going search and intervention safety warnings, in particular relating to medicines.

Monitoring risks to patients

- There was a log of identified risks.
- A legionella risk assessment was carried out in October 2016 at the main site and November 2016 at the branch site. (Legionella is a term for a particular bacterium which can contaminate water systems in building).

Arrangements to deal with emergencies and major incidents

- A defibrillator was installed following the last inspection. We saw that it was checked regularly to ensure that it was in working order and that a log of checks was maintained.
- A fire evacuation drill was carried out in July 2017.
- We saw that the outstanding actions from the previous fire risk assessment, dated 2008, had been carried out, with one exception. For example, we saw that a break glass point had been installed by the rear fire exit door. One action was still outstanding from the 2008 fire risk assessment and that was the provision of means of evacuation from the first floor for people with mobility problems. The practice carried out a risk assessment and had decided that an evacuation chair was not currently needed, because all consulting rooms were on the ground floor, so patients did not use the first floor and none of the staff had mobility problems. The practice said that this situation would be kept under review, in case circumstances changed.
- We were told that a fire risk assessment was scheduled to be carried out on 7 July 2017, and we subsequently received a copy of this risk assessment.