

Viran Medical Centre

Inspection report


Mark Square
Gorse Lane, Tarleton
Preston
Lancashire
PR4 6UJ

Date of inspection visit: 11/09/2018
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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 location

Good 

Are services safe?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating 14/03/2018 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services well-led? – Good

We carried out a comprehensive inspection of Viran Medical Centre on 14 March 2018. The overall rating for the practice was requires improvement with both key questions safe and well led rated as requires improvement. The full comprehensive report on the 14 March 2018 inspection can be found by selecting the 'all reports' link for Viran Medical Centre on our website at www.cqc.org.uk.

This focussed inspection was carried out on 11 September 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach identified in the requirement notice.

Our key findings were as follows:

The practice had clear systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

We saw one area of outstanding practice:

The practice had developed new protocols to manage all patients judged to be at risk which included a tool to identify vulnerable children, a policy to follow up children who had not attended appointments and a holistic assessment for patients with sensory impairment or who were carers for others. These protocols triggered alerts on patient records and multiagency discussion to ensure all staff who had contact with them could take appropriate action. All patients with any safeguarding risk had been reviewed since the last inspection and the practice monitored a spreadsheet of their status. The practice had regular contact with health visitors and school nurses and had been invited into a school to discuss the health and welfare of a pupil. Safeguarding was discussed at each monthly staff study day. The patient electronic health record coding team had reviewed the coding of vulnerable patients and the coding protocol had been audited to ensure it was accurate.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and an Advanced Nurse Practitioner specialist adviser shadowing the process.

Background to Viran Medical Centre

Viran Medical Centre is situated in a one storey porta cabin on the car park of the Tarleton Group Practice, St Mark's Square, Gorse Lane, in the village of Tarleton, Lancashire.

Beacon Primary Care has been caretaking this practice since July 2017 and it is part of the West Lancashire Clinical Commissioning Group (CCG). Services are provided under an Alternative Provider Medical Services (APMS) contract with NHS England which will expire in January 2019.

The link to the practice website is www.viranmedical.org.uk.

There are 2200 patients on the practice list. The majority of patients are white British with a higher than average number of people over the age of 65, and a lower than average number of patients under the age of 18 years. The practice is in the second least deprived decile, level 9. Level one represents the highest levels of deprivation and level ten the lowest.

Patients requiring a GP outside of normal working hours are advised to contact the out of hour's service provider for West Lancashire.

The practice is staffed by Beacon Primary Care consisting of two GP partners, one female and one male. There are also four female and one male salaried GPs, six female practice nurses, five nurse practitioners, four health care assistants, four phlebotomists, a practice manager, two deputy practice managers and a team of reception and administration staff. These staff work across the five sites run by Beacon Primary Care to provide comprehensive cover at all times, however a lead receptionist is based at Viran Medical Centre to provide continuity. Additionally, 0.5 working time equivalent (wte) locum GP's provide regular clinical sessions. The practice offers placements to student nurses.

The regulated activities delivered are diagnostic and screening procedures, family planning services, maternity and midwifery services and treatment of disease, disorder or injury.

Are services safe?

At our previous inspection on 14 March 2018, we rated the practice as requires improvement for providing safe services as there were not sufficient systems or processes 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. These arrangements had significantly improved when we undertook a follow up inspection on 11 September 2018. The practice is now rated as good for providing safe services.

Safe systems and Processes

At the inspection on 14 March 2018 it was identified that people who were safeguarded were not monitored regularly and systems did not reflect the status of patients or trigger follow up of children who did not attend appointments. On 11 September 2018 we were able to evidence that the system had been updated and was being regularly monitored. Correspondence dealt with by administrative staff was audited to ensure GPs had all of the relevant information.

Infection Control

At the inspection on 14 March we saw that infection control audits were not undertaken regularly; this was resolved within two days of the inspection. On 11 September we saw that monthly infection control audits had been done since March 2018 and any issues identified had been rectified.

Information to deliver safe care and treatment

At the inspection on March 14 patient records did not indicate when a Do Not Attempt to Resuscitate (DNAR) form had been completed and there was no system to share this information with other agencies. People who were at the end of life were not discussed with the multidisciplinary team.

On 11 September we saw that DNAR agreements were being shared with appropriate agencies such as North West Ambulance Service and multidisciplinary discussions were taking place to discuss the care of patients at the end of life.

Medicines Management

At the inspection on March 14 we saw there were delays in responding to blood test results and there were no logs to monitor the maintenance of emergency equipment. On 11 September a new system ensured that pathology results were all up to date. The staff showed us logs which evidenced emergency equipment was regularly checked and maintained.

Please refer to the evidence tables for further information

Are services well-led?

At our previous inspection on 14 March 2018, we rated the practice as requires improvement for providing well led services as the arrangements in respect of managing risks and issues needed to be improved. These arrangements had significantly improved when we undertook a follow up inspection on 11 September 2018. The practice is now rated as good for providing well led services.

Managing risks, issues and performance

At the inspection 14 March 2018 it was identified that many systems were not fully embedded to ensure safety. There were some clear and effective processes for managing risks, issues and performance however we saw no evidence that emergency equipment was routinely checked. On the day of inspection some pathology test results were outstanding, some for over two weeks. At the inspection conducted on 11 September 2018 we noted that systems

were now in place to ensure that all emergency equipment was maintained and checks were logged. The system to manage pathology results had been reviewed and all results were now up to date.

At the inspection on 14 March 2018 we saw the practice had developed a safeguarding system with a lead GP including regular clinical meetings with practice and community staff. However, review of correspondence, including that relating to patients at risk of safeguarding was inconsistent and a spreadsheet to capture information about vulnerable patients had not been updated. At the inspection conducted on 11 September 2018 we noted that further comprehensive safeguarding systems were now in place which included updated safeguarding policies and procedures to ensure all requisite information was recorded and retained and patients protected. The records of vulnerable patients had been reviewed and coding updated on the spreadsheet.

Please refer to the evidence tables for further information