St Melor House Surgery

Quality Report

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Date of inspection visit: This inspection was carried out without visiting the practice on 19 June 2017
Date of publication: 25/07/2017

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?	Requires improvement
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

When we visited St Melor House Surgery on 29 November 2016 to carry out a comprehensive inspection we rated them as requires improvement overall. We found breaches in the regulations relating to safe, effective and well-led services, and we told the practice they must:

- Ensure all staff receive essential training such as safeguarding training and infection control training to a level appropriate to their role.
- Ensure staff and patients are protected by conducting regular fire drills.
- Ensure the practice has a policy and procedure on safeguarding which includes details of the safeguarding lead.
- Ensure all appropriate recruitment checks are carried out and recorded prior to employing new staff.

We also said they should;

- Ensure all policies are kept up to date
- Ensure the practices policies on safeguarding and significant events are embedded in the practice routine operations.
- Ensure the practice process and procedure for managing complaints is used consistently.
- Ensure that the practice develops effective strategies for encouraging patient participation in their patient participation group, and listening and responding to patient feedback.
- Ensure all sharp bins are appropriately labelled when placed into service.

This inspection was an announced focused inspection carried out on 6 June 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 at our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. This report should be read in conjunction with the full report of our inspection on 29 November 2016, which can be found on our website at www.cqc.org.uk.

The practice is now rated as good for the provision of safe and well-led services and requires improvement for the provision of effective services. Overall the practice is now rated as good.

Our key findings were as follows:

Summary of findings

- The practice had a safeguarding policy which included details of the safeguarding lead.
- The practice had reviewed their fire safety policy and had conducted a fire evacuation drill.
- Some staff had received training since our previous inspection. However, there were still staff who had not received the training essential to their role.
- The practice had reviewed their clinical governance arrangements, which included dealing with complaints, to ensure their systems, policies and procedures were understood by all staff and embedded in routine operations.

However, there remain areas where the provider must make improvement. The practice must:

- Ensure staff receive the essential training appropriate to their role.

There was one area where the provider should make improvement.

- The practice should continue to work to encourage patients to join and participate in the patient participation group.

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

What we found at our previous inspection

When we visited the practice in November 2016 we found the practice required improvement for the provision of safe services because they did not have a safeguarding policy which included details of the safeguarding lead and they had not carried out regular fire drills.

What we found at this inspection

On this inspection we saw evidence that the practice had taken action to address all the issues we had previously identified;

- The practice had a safeguarding policy which included details of the safeguarding lead.
- The practice had reviewed their fire safety policy and had conducted a fire evacuation drill.
- Seven staff had received fire awareness training and four staff members had received additional fire marshal training. Training for the remaining staff had been scheduled for June and July 2017.

The practice is now rated as good for the provision of safe services.

Are services effective?

Requires improvement

What we found at our previous inspection

When we visited the practice in November 2016 we found the practice required improvement for the provision of effective services because not all staff had received all the essential training appropriate to their role or carried out all appropriate recruitment checks prior to employing new staff.

What we found at this inspection

On this inspection we found the provider had taken steps to address the regulatory breaches previously identified. However, the action taken had not adequately addressed all the issues.

- Some staff had received training since our previous inspection. However, there were still staff who had not received all the essential training appropriate to their role. For example, only one member of the clinical staff had received training in the Mental Capacity Act 200.

Summary of findings

- None of the three GPs had been trained to level three in child safeguarding as recommended by the Royal College for GPs. These GPs had been trained to level two and the practice said level three training had been scheduled for October 2017.
- The practice told us they had reviewed their recruitment policy and procedures.

The practice continues to be rated as requires improvement for the provision of effective services.

Are services well-led?

Good

What we found at our previous inspection

When we visited the practice in November 2016 we found the practice required improvement for the provision of well-led services because not all their policies and procedures were up to date or used consistently and effectively, and they did not have a strategy to ensure they had an effective patient participation group.

What we found at this inspection

On this inspection we saw the practice had taken action to address the issues raised on our previous inspection, although in some areas this work had not yet been completed.

- The practice had reviewed their clinical governance arrangements, which included dealing with complaints, to ensure their systems, policies and procedures were understood by all staff and embedded in routine operations.
- The policies we saw, including the safeguarding policy, had been reviewed and were up to date.
- The practice had reviewed how it worked to encourage patients to join the patient participation group (PPG). The practice could not yet demonstrate their new strategy was effective and they were scheduled to review the new strategy in August 2017.

The practice is now rated as good for the provision of 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

We did not inspect the population groups as part of this inspection. The provider had resolved the concerns for safe and well-led services identified at our inspection on 29 November 2016 which are now rated as good. The practice rating for proving effective services remains as requires improvement. These findings applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions

We did not inspect the population groups as part of this inspection. The provider had resolved the concerns for safe and well-led services identified at our inspection on 29 November 2016 which are now rated as good. The practice rating for proving effective services remains as requires improvement. These findings applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people

We did not inspect the population groups as part of this inspection. The provider had resolved the concerns for safe and well-led services identified at our inspection on 29 November 2016 which are now rated as good. The practice rating for proving effective services remains as requires improvement. These findings applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. The provider had resolved the concerns for safe and well-led services identified at our inspection on 29 November 2016 which are now rated as good. The practice rating for proving effective services remains as requires improvement. These findings applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. The provider had resolved the concerns for safe and well-led services identified at our inspection on 29 November 2016 which are

Good

Summary of findings

now rated as good. The practice rating for proving effective services remains as requires improvement. These findings applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.	
People experiencing poor mental health (including people with dementia) We did not inspect the population groups as part of this inspection. The provider had resolved the concerns for safe and well-led services identified at our inspection on 29 November 2016 which are now rated as good. The practice rating for proving effective services remains as requires improvement. These findings applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.	Good

St Melor House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based focused inspection was undertaken by a CQC inspector.

Background to St Melor House Surgery

St Melor House Surgery is a GP practice located in the Wiltshire town of Amesbury. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 5,300 patients. The practice building is purpose built with patient services located on the ground and first floors which include four consulting rooms and two treatment rooms. The main entrance is not wheel chair accessible but there is a side door with a door bell that rings in reception for those requiring assistance . There is a lift to the first floor and a toilet with access suitable for patients with disabilities.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally. The practice has a slightly higher than average patient population who are over 40 years old. Average male and female life expectancy for the area is 79 and 83 years respectively, which is the same as the national averages. The practice is close to a number of military bases and has a higher than average patient turnover.

The practice provides a number of services and clinics for its patients including; childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

There are two GP partners. One full-time and one part time. They are supported by a part time salaried GP, a full time advanced nurse practitioner, a senior practice sister, four practice nurses, two health care assistants and an administrative and dispensing team of seven led by the practice manager.

The practice is open from 8am to 6pm each weekday, but telephone access remains until 6.30 pm. The telephone lines are closed from 12.30 to 1.30pm and during this period the answer machines directs patients to phone the practice emergency number if required. GP appointments are available between 8.30am and 12.00pm every morning and 2pm to 3pm and 4pm to 6pm every weekday. Extended hours appointments are offered from 7.30am to 8.30am on Mondays and Wednesdays, and 6.30pm to 7.30pm on Tuesdays. Appointments can be booked up to six weeks in advance over the telephone, online, or in person at the practice.

The practice has an “on the day” appointment system where anyone who requests it, is offered an on the day appointment. If all the appointment slots are used then the patient’s request is triaged by the GP who will phone the patients back, to discuss their request and agree on an appropriate course of action which may include an appointment that day with a nurse or GP.

When the practice is closed, patients are advised via the practice’s website to either call the out of hours service or go to the local walk in centre in Salisbury. Out of hours services are provided by Medvivo and can be accessed by calling NHS 111.

Detailed findings

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following sites:

- St Melor House Surgery, Edwards Road, Amesbury, Wiltshire, SP4 7LT.

Why we carried out this inspection

We undertook a comprehensive inspection of St Melor House Surgery on 29 November 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. The full comprehensive report following the inspection on 29 November 2016 can be found by selecting the 'all reports' link for St Melor House Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of St Melor House Surgery on 6 June 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 have not revisited St Melor House Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit. We carried out a focused review based on the evidence the practice provided to us.

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

What we found at our previous inspection in November 2016

At our previous inspection we rated the practice as requires improvement for providing safe services. We told them they must:

- Ensure staff and patients are protected by conducting regular fire drills.
- Ensure the practice has a policy and procedure on safeguarding which includes details of the safeguarding lead.

We also told them they should;

- Ensure all sharp bins are appropriately labelled when placed into service.

What we found at this inspection in June 2017

On this inspection we saw evidence that the practice had taken action to address all the issues we had previously identified and the practice is now rated as good for providing safe services.

Overview of safety systems and process

- We saw evidence that the practice had reviewed their fire safety policy and had conducted a fire evacuation drill in May 2017.
- Seven staff had received fire awareness training since our previous inspection and four staff members had received additional fire marshal training. Training for the remaining staff had been scheduled for June and July 2017.
- The practice had introduced a policy for the use and safe disposal of needles and other sharps.
- The practice had reviewed their safeguarding policy which now included details of the safeguarding lead. They had developed a flow chart setting out the decision making process for staff to follow if they had a child safeguarding concern.
- We saw evidence the practice had reviewed their procedure to ensure sharp bins were appropriately labelled when placed into service.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in November 2016

At our previous inspection we rated the practice as requires improvement for providing effective services. We told them they must:

- Ensure all staff receive essential training such as safeguarding training and infection control training to a level appropriate to their role.
- Ensure all appropriate recruitment checks are carried out and recorded prior to employing new staff.

What we found at this inspection in June 2017

On this inspection we found the provider had taken steps to address the regulatory breaches previously identified. However, the action taken had not adequately addressed all of the issues identified and the provider continues to be rated as requires improvement for providing effective services.

Effective staffing

The practice sent us details of training completed by staff which showed that staff had received training since of previous inspection. However, there were still staff who had not received the essential training appropriate to their role. For example;

- One of the three GPs had not been trained to level three in child safeguarding as recommended by the Royal College for GPs. This GPs had been trained to level two and the practice said level three training had been scheduled for October 2017.
- The evidence we saw showed only one member of the clinical staff had received training in the Mental Capacity Act 2004.
- One clinician had not received any training in child or adult safeguarding, basic life support, infection control, mental capacity, health and safety or equality and diversity.
- The practice told us they had reviewed their recruitment policy and procedures. However, they had not recruited any new staff since our last inspection.

Are services well-led?

Good

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

Our findings

What we found at our previous inspection in November 2016

At our previous inspection we rated the practice as requires improvement for providing well-led services. We told them they should:

- Ensure all policies such as those relating to safeguarding are kept up to date.
- Ensure the practices policies on safeguarding and significant events are embedded in the practice routine operations.
- Ensure the practice process and procedure for managing complaints is used consistently.
- Ensure that the practice develops effective strategies for encouraging patient participation in their patient participation group (PPG), and listening and responding to patient feedback.

What we found at this inspection in June 2017

On this inspection we saw the practice had taken action to address the issues raised on our previous inspection. In some areas this work had not yet been completed, however, they are now rated as good for providing well-led services.

Governance arrangements

- The practice had reviewed their clinical governance arrangements, which included dealing with complaints, to ensure their systems, policies and procedures were understood by all staff and embedded in routine operations.
- The policies we saw, including the safeguarding policy, had been reviewed and were up to date.

Seeking and acting on feedback from patients, the public and staff

We saw evidence the practice had reviewed how it worked with its PPG to encourage patients to join the PPG. There was a lead staff member and the aim was to meet every three months. However, the practice did not yet have evidence their new strategy was effective in prompting patient's participation or that they were listening and responding to feedback. The practice was scheduled to review the new strategy in August 2017.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • None of the three GPs had been trained to level three in child safeguarding Mental Capacity Act 2004 training. • Only one member of the clinical staff had received training in the Mental Capacity Act 2004. • One clinician had not received training in child or adult safeguarding, basic life support, infection control, mental capacity, health and safety or equality and diversity. • Not all staff had received fire awareness training. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.