

Launceston Medical Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Launceston Medical Centre on 26 May 2016. The overall rating for the practice was good. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Launceston Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 February 2017 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous inspection on 26 May 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 in all domains.

Our key findings were as follows:

- There were effective recruitment procedures ensuring all necessary checks were made prior to a new member of staff commencing employment. This included obtaining satisfactory information for locum GPs.

- Training was managed effectively to promote patient safety and any risks that could affect the quality of care were reduced. In particular, Mental Capacity Act 2005 and safeguarding training was completed for all clinical staff and chaperone training had been provided for staff undertaking this role.

We looked at other areas highlighted by us for improvement and saw positive changes:

- There was a whole team approach to learning from significant events, which ensure all staff were involved in analysing such events to create a team based learning environment.
- Systems for establishing and monitoring what training staff were required to complete according to their roles and responsibilities had been reviewed and made clear.
- Systems for capturing any verbal complaints made by patients had been implemented, analysis of these were being used for shared learning to improve the patient experience at the practice.
- Information displayed about out of hours services had been updated making it clearer for patients with the contact numbers and times to call this service.

Summary of findings

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?

At our inspection on 26 May 2016, we found that the provider needed to make improvements. For example;

- Ensuring recruitment arrangements included all necessary employment checks for all staff.
- Ensuring that training was managed effectively so that patient safety was promoted and any risks that could affect the quality of care are reduced.

Improvements had been made since the previous inspection. The practice is now rated as good for providing safe services. For example;

- There were effective recruitment procedures ensuring all necessary checks were made prior to a new member of staff commencing employment. This included obtaining satisfactory information for locum GPs.
- Training was managed effectively to promote patient safety and any risks that could affect the quality of care were reduced. In particular, Mental Capacity Act 2005 and safeguarding training was completed for all clinical staff and chaperone training had been provided for staff undertaking this role.
- There was now a whole team approach to learning from significant events, which ensure all staff were involved in analysing such events to create a team based learning environment.
- Systems for establishing and monitoring what training staff were required to complete according to their roles and responsibilities had been reviewed and made clear.
- Systems for capturing any verbal complaints made by patients had been implemented so analysis of these were being used for shared learning to improve the patient experience at the practice.
- Information displayed about out of hours services had been updated making it clearer for patients with the contact numbers and times to call this service.

Good



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

The provider had resolved the concerns for safety identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. However, the overall population group ratings remain unchanged as good.

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. However, the overall population group ratings remain unchanged as good.

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. However, the overall population group ratings remain unchanged as good.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. However, the overall population group ratings remain unchanged as good.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. However, the overall population group ratings remain unchanged as good.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. However, the overall population group ratings remain unchanged as good.

Good



Launceston Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Launceston Medical Centre

Launceston Medical Centre is situated in the town of Launceston, Cornwall. The practice provides general medical services covering an area of 300 square miles and has a dispensary, which approximately 7,100 patients are able to use. The area covered has a population of rural and town, attracting temporary residents on holiday during the Summer months. There is high social deprivation in the area as well as pockets of affluence. This is mainly associated with rural poverty. At the time of the inspection, there were 17637 patients on the practice list and the majority of patients are of white British background. Launceston Medical Centre patient population has a higher percentage of working age and older people above the national averages. There is a higher prevalence of chronic disease and life limiting illness for patients, with associated risks of isolation and vulnerability in old age. All of the patients have a named GP.

At the time of the inspection, there were eight GP partners (three male and five female). There are also two salaried GPs (male and female). The practice uses the same GP locums for continuity of care and treatment where ever possible. The nursing team consists of eight registered nurses, of which three are nurse practitioners with prescribing qualifications. The practice also has two qualified emergency care practitioners who see patients in the practice and carry out some home visits. The nurses

specialise in certain areas of minor illness, chronic disease and long term conditions management. There are three health care assistants and two phlebotomists who support the nurses with this. The dispensary has two pharmacists, nine dispensers and a dispensary manager. The practice is managed by a strategic business manager supported by an assistant practice manager, administrative and reception staff.

The practice is open 8.25am to 6.30pm Monday to Friday. Urgent appointments are available each day and between 5.30 and 6.30pm. The dispensary is open during these times, closing every Thursday for an hour between 1.15pm and 2.15pm for training. Phone lines are open from 8am to 6.30pm, with the out of hour's service picking up phone calls after this time as agreed in the locality. Patients are able to book routine appointments on line up to eight weeks in advance.

On line appointments are available one week in advance and the remaining appointments are from 6pm onwards for the following day. Appointments are available for working patients by appointment to suit the needs of the patient. Extended opening hours are on alternate Saturdays by appointment from 8am to 12.30pm. Telephone advice is available for patients from 8am to 6.30pm. Information about this is listed on the practice website and patient information leaflet.

Opening hours of the practice are in line with local agreements with the clinical commissioning group.

Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by Kernow. The practice closes during the year for staff training, in line with other practices in the area. Information about this is posted on their website.

Detailed findings

The practice has a General Medical Service (GMS) contract. The following regulated activities are carried out at the practice: Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services. These are carried out from the practices only location at; Landlake Road, Launceston, Cornwall. PL15 9HH.

Why we carried out this inspection

We undertook a comprehensive inspection of Launceston Medical Centre on 26 May 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 May 2016 can be found by selecting the 'all reports' link for Launceston Medical Centre on our website at www.cqc.org.uk.

We undertook a focused inspection of Launceston Medical Centre on 15 February 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

During our visit we:

- Spoke with a range of staff (practice manager and IT manager). We did not speak with patients who used the service.
- Reviewed records at the practice.

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 26 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment and safeguarding were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 15 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- There were effective recruitment procedures ensuring all necessary checks were made prior to a new member of staff commencing employment. This included obtaining satisfactory information for locum GPs.
- Training was managed effectively to promote patient safety and any risks that could affect the quality of care were reduced. In particular, Mental Capacity Act 2005 and safeguarding training was completed for all clinical staff and chaperone training had been provided for staff undertaking this role.

The practice had introduced a new protocol for recruiting locum staff. We saw evidence that all of this protocol was followed for all locum staff who had been engaged to work at the practice since May 2016. We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the performer list and Disclosure and Barring Service (DBS). This meant patients were cared for by appropriate clinical staff.

The IT manager showed us the training matrix and explained that it was a live document and was up to date with training dates. All clinical staff who previously had gaps in their training were up to date having completed Mental Capacity Act, safeguarding and chaperone training for staff undertaking this role.

In May 2016, we highlighted areas which the practice could improve. At this inspection in February 2017, we reviewed the progress with these.

- There was now a whole team approach to learning from significant events, which ensured all staff were involved in analysing such events to create a team based learning environment. For example, staff had reported an error that led to an ambulance being requested for the wrong patient. The practice changed forms used for making ambulance referrals with additional prompts for staff to double check with the GP requesting the referral and patient records. Minutes of meetings and emails demonstrated this learning and changes to processes had been shared across the team.
- Systems for establishing and monitoring what training staff were required to complete according to their roles and responsibilities had been reviewed and made clear. There was a named member of staff responsible for managing training for the whole practice. This person showed us a training matrix that had been implemented since the last inspection. They told us the matrix updated automatically to red whenever training was due to expire. For example, some entries were red denoting that basic life support training was now due. We saw posters advertising three basic life support sessions arranged in March 2017. The practice had set out mandatory training required for every staff role. Staff had been made aware of these requirements through emails and meetings, including appraisals.
- Systems for capturing any verbal complaints made by patients had been implemented so analysis of these were being used for shared learning to improve the patient experience at the practice. A suggestions box had been set up in the waiting room, although it was reported that few patients had used this since the last inspection. The practice manager and IT manager said they were looking at other ways to capture patient feedback and report action taken so that patients were aware that their comments were taken seriously and acted upon.
- Information displayed about out of hours services had been updated making it clearer for patients with the contact numbers and times to call this service.