

Princess 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 well-led?

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 Princess Medical Centre on 22 August 2017. The overall rating for the practice was good with requires improvement for being well-led. The full comprehensive report from August 2016 inspection can be found by selecting the 'all reports' link for Princess Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk top review carried out on 7 March 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 22 August 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 provider had reviewed their arrangements to monitor and improve quality and identify risk. For example, a legionella risk assessment had been completed. Actions identified as part of the infection prevention and control audit were contained within an action plan and reviewed regularly. Prescriptions were now tracked through the practice.
- The provider was in the process of drafting a service level agreement for the maintenance and upkeep of the premises with the landlord.

However there was an area of practice where the provider should make improvement:

- Mangers should conduct appraisals with staff within the specified time frame.

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 well-led?

The practice is now rated as good for being well-led.

- The provider had reviewed their arrangements to monitor and improve quality and identify risk. For example, a legionella risk assessment had been completed. Actions identified as part of the infection prevention and control audit were contained within an action plan and reviewed regularly. Prescriptions were now tracked through the practice.
- The provider was in the process of drafting a service level agreement for the maintenance and upkeep of the premises with the landlord.

Good



Princess Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector.

Background to Princess Medical Centre

Princess Medical Centre is located on the outskirts of Doncaster. The practice provides services for 6,305 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the second more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has two male GP partners, three salaried GPs, two female and one male. They are supported by a two practice nurses, a healthcare assistant, a practice manager and a team of reception and administrative staff. The practice is open between 8am to 6pm Monday to Friday. The doors to the practice are closed between 12 noon and 1pm each day and telephone calls to the practice are answered during this time. Appointments are available with GPs between 8.30am to 11am and 3pm to 5.30pm daily and from 8.30am to 5.30pm with practice nurses and the healthcare assistant. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are also available for people that needed them.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

The practice is located in a purpose built building with accessible parking to the front of the premises.

Following our last inspection as part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 the GP partners had registered with the Care Quality Commission and the partnership had been updated.

Why we carried out this inspection

We undertook a comprehensive inspection of Princess Medical Centre on 22 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for being well-led. The full comprehensive report following the inspection from August 2016 can be found by selecting the 'all reports' link for Princess Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up a desk top inspection of Princess Medical Centre on 7 March 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 desk-based focused inspection of Princess Medical Centre on 7 March 2017. This involved reviewing evidence that:

- A legionella risk assessment had been completed on 12 October 2016.

Detailed findings

- An infection prevention and control audit had been completed on 12 September 2016 and actions identified for improvement.
- Prescriptions were now tracked through the practice and the significant event form had been updated.

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 well-led?

Good 

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

Our findings

At our previous inspection on 22 August 2016 we rated the practice as requires improvement for providing well-led services as there were shortfalls in the governance of the practice as some risk assessments were missing or incomplete. For example, a recent legionella risk assessment had not been completed, the actions within the infection prevention and control audit were not monitored or reviewed regularly and prescriptions were not tracked through the practice.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 7 March 2017. The practice is now rated as good for being well-led.

Governance arrangements

The provider had reviewed the overarching governance framework to support the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that there were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

A risk assessments to monitor safety of the premises for legionella had been completed on 12 October 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Recommendations had been identified and were in the process of being addressed. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. An annual IPC audit had been undertaken in September 2016 and the action plan documented activities undertaken to address any improvements identified as a result.

Staff had reviewed the process for tracking blank prescription forms. The practice submitted evidence to demonstrate systems were in place to monitor their use.

The provider was in the process of drafting a service level agreement for the maintenance and upkeep of the premises with the landlord. The practice manager had an appraisal scheduled for April 2017.