

Mundesley Medical Centre

Inspection report

Munhaven Close
Mundesley
Norwich
Norfolk
NR11 8AR

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at Mundesley Medical Centre on 11 December 2018 as part of our inspection programme. The practice was previously inspected in April 2016 and rated as good.

Our inspection team was led by a CQC inspector and included a GP specialist advisor and a second CQC inspector.

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information from the provider, patients, the public and other organisations.

We have rated this practice as good overall.

This means that:

- People were protected from avoidable harm and abuse and that legal requirements were met.
- The provider had a detailed action plan in place to address shortfalls within the practice, such as upskilling staff to address issues with recruiting GPs.
- Patients had good outcomes because they received effective care and treatment that met their needs.
- The practice was fully engaged with reviewing and monitoring the clinical service they offered and used this information to make changes and drive care. For example, the practice had an effective system to monitor patients on a range of medicines, including high risk medicines. This included monthly searches and recalls for patients due a blood test.
- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- People's needs were met by the way in which services were organised and delivered. For example, the practice had introduced a new appointment system to ensure patients were seen by the appropriate clinician.
- The leadership, governance and culture of the practice promoted the delivery of high quality person-centred care.
- The practice encouraged continuous improvement and innovation. For example, they were supporting a nurse to gain a prescribing qualification including study time and mentorship.
- Many staff had won awards for the care they provided and the work that had been completed. This included awards for a GP, nurse and administration staff.

- Staff reported they were happy to work in the practice and proud of the changes that had been made.

We rated the practice as **requires improvement** for providing safe services because:

- The practice had not completed a fire risk assessment since November 2015. After the inspection, the practice sent us an updated fire risk assessment.
- The practice had not completed a full infection prevention and control audit. After the inspection, the provider informed us they would allocate time every month for further audits to be completed.
- Staff logged prescription stationary and they were stored securely, however they did not monitor their use. After the inspection, the practice informed us they had contacted the Clinical Commissioning Group to ask for advice on how to appropriately monitor prescription pads.
- Patient Group Directions (PGDs) had not been authorised. The practice acted on this immediately and signed them on the day of inspection.
- Staff were knowledgeable about the dispensing processes, however not all staff had signed the Standard Operating Procedures.
- The practice did not have full oversight of all safety alerts, however the alerts we checked had been actioned. On the day of inspection, the practice set up a log to monitor alerts and actions taken.

We found the provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We found the provider **should**:

- Review Standard Operating Procedures to ensure staff have read and signed these.
- Embed the new system for monitoring patient safety alerts.
- Review and improve the system for the logging of prescription stationary to ensure this is in line with recognised guidance.

Details of our findings and the evidence supporting our ratings are set out in the evidence table.

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

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Mundesley Medical Centre

- The name of the registered provider is Mundesley Medical Centre.
- The address of the location is Munhaven Close, Mundesley, Norwich, Norfolk, NR11 8AR.
- There is a branch surgery in a nearby village of Bacton which is open alternate Wednesdays from 11.15am.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- Mundesley Medical Centre provides services to approximately 5,700 patients in a semi-rural area in north Norfolk.
- The practice has three GP partners (one female and two male). There is a management team including a practice manager, who is also a registered partner, an operations manager, a manager's assistant, and a reception team leader. The practice employs two senior nurse practitioners, two healthcare assistants and a phlebotomist. Other staff includes a team of administration and reception staff, a dispensary manager, four dispensers and two cleaners.
- The practice holds a General Medical Services contract with NHS England. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. We visited the dispensary as part of this inspection.
- The practice is open between 8am and 6pm Monday to Friday. Appointments can be booked in advance and the practice was part of a local scheme to offer appointments in the evening and on weekend mornings. Urgent appointments are available for people that need them. Online appointments are available to book in advance.
- When the practice is closed patients are automatically diverted to the GP out of hours service provided by Integrated Care 24. Patients can also access advice via the NHS 111 service.
- We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 0 to 49 years old compared with the national average. It has a larger number of patients aged 60 and over compared to the national average.
- Income deprivation affecting children is 17%, which is higher than the CCG average of 13% and lower than the national average of 20%. Income deprivation affecting older people is 13%, which is higher than the CCG average of 12% and lower than the national

average of 20%. Life expectancy for patients at the practice is 80 years for males and 84 years for females; this is comparable to the England expectancy which is 80 years and 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: • The practice did not have an effective system to ensure fire risk assessments were completed in a timely manner. • The practice had not completed a full infection prevention and control audit. • The practice did not have an effective system to ensure Patient Group Directions were authorised.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	