

Vine Medical Centre

Quality Report

Vine Medical Centre
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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 responsive to people's needs?

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 Vine Medical Centre on 15 December 2015. The practice was rated as required improvement overall. We completed a second comprehensive inspection on 13 June 2016 to ensure that the provider had improved. During this inspection the provider was still rated as requires improvement overall. During this inspection we found breaches of legal requirements. The provider continued to be rated as requires improvement for responsive services and the well led domain was rated as inadequate. The full comprehensive reports for both the 15 December 2015 and 13 June 2016 inspection can be found by selecting the 'all reports' link for Vine Medical Centre on our website at www.cqc.org.uk.

Following the 13 June 2016 inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that electrical appliances are safety checked on a regular basis.

- Ensuring that complaints are managed in line with the practice policy and that reviews of complaints are held with clear records of identified trends, lessons learned and actions taken as a result to improve patient experience.
- Ensuring there is a comprehensive system for the ratification, adoption and update of practice policies and that all staff are aware of this process.
- Ensuring that minutes of meetings are being appropriately recorded with clear decisions and action points

This inspection was an announced focused inspection carried out on 28 March 2017. This was 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 13 June 2016. This focused inspection has determined that the provider is now meeting all requirements and is now rated as good under the responsive and well led domains. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- An external company had conducted an electrical installation condition report in August 2016.

Summary of findings

- All portable appliances had been checked in June 2016 by an external company and we saw evidence of the report indicating that all equipment was safe to use.
- Patients could get information about how to complain in a format they could understand. The process for reviewing complaints clearly identified learning, trends or positive action taken to improve patient experience.
- Policies and procedures had been reviewed, clearly indicating their last review date and held relevant information for the practice. The practice manager held a spreadsheet of all policies and procedures which included dates for review. The practice manager also held this information on their computer calendar so that automatic reminders were in place.
- The practice held regular meetings including partner meetings, clinical and staff meetings. Minutes had a set agenda items and minutes included attendance. Minutes to meetings were sent to all staff so those who did not attend were kept aware of discussions had. Clear actions and key responsibilities were recorded in the minutes.

In addition we saw evidence of:

- The practice had installed a new phone system into the practice. This had increased the number of lines into the practice. The practice had plans in April 2017 to have a queuing waiting system added so that when patients called they would hear a recorded message of how many calls were in front of them.
- The practice originally had a virtual patient participation group (PPG) but had established a PPG which met face to face October 2016. The practice planned for the PPG to become involved in several aspects of the practice including discussing appointment availability, helping to update the practice website and ensure that current information is displayed in the waiting area.

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 responsive to people's needs?

At our previous inspection in June 2016 the practice had been rated as requires improvement for providing responsive services. Concerns related to the management of complaints in line with practice policy.

At this focussed inspection in March 2017, we found the provider had addressed the concerns and is now rated as good.

- Patients could get information about how to complain in a format they could understand. The process for reviewing complaints clearly identified learning, trends or positive action taken to improve patient experience.

Good



Are services well-led?

At our previous inspection in June 2016 the practice had been rated as requires improvement for providing well led services. Concerns related to the checking of electrical appliances, the update of policies and minutes of meetings not being appropriately recorded with clear decisions and action points included.

At this focussed inspection in March 2017, we found the provider had addressed the concerns and is now rated as good.

- The practice had a clear vision for delivering quality services and was in the process of developing their strategy.
- We saw evidence that an external company had conducted an electrical installation condition report in August 2016.
- All portable appliances had been checked in June 2016 by an external company and we saw evidence of the report indicating that all equipment was safe to use. The practice had plans to have appliances checked every two years by an external company but was also completing weekly visual checks.
- During this inspection we found the practice had a number of policies and procedures to govern activity. The practice manager held a spread sheet of all policies and procedures which included dates for review. The practice manager also held this information on their computer calendar so that automatic reminders to update policies were in place. Policies we reviewed held relevant information for the practice and had been recently reviewed, clearly indicating their last review date.
- The practice held regular meetings including partner meetings, clinical and staff meetings. Minutes had a set agenda items and included attendance. Minutes to meetings were sent to all staff so those who did not attend were kept aware of discussions had. Clear actions and key responsibilities were recorded in the minutes.
- The practice had proactively sought feedback from staff and patients. The practice originally had a virtual patient participation group (PPG) but had recently established a PPG which met face to face. The practice planned for the PPG to become involved in several aspects of the practice including discussing appointment availability, helping to update the practice website and ensure that current information is displayed in the waiting area.

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 responsive and well-led identified at our inspection on 13 June 2016 which 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

The provider had resolved the concerns for responsive and well-led identified at our inspection on 13 June 2016 which 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

The provider had resolved the concerns for responsive and well-led identified at our inspection on 13 June 2016 which 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)

The provider had resolved the concerns for responsive and well-led identified at our inspection on 13 June 2016 which 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

The provider had resolved the concerns for responsive and well-led identified at our inspection on 13 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for responsive and well-led identified at our inspection on 13 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Vine 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 Vine Medical Centre

Vine Medical Centre offers general medical services to approximately 6,450 registered patients. The practice provides services to a slightly higher number of patients under the age of 18 years when compared with the national average, particularly those under the age of four. The proportion of patients over the age of 65 is 3.5% lower than the national average and there are 7% less than the average number of patients living with a long-standing health condition. There are a greater proportion of patients in paid employment or full-time education and also higher levels of unemployment.

Care and treatment is delivered by four GP partners (three male and one female) and one salaried GP. There are two practice nurses in post and a phlebotomist. There is a practice manager, office manager and a team of administration and reception staff.

The practice was inspected on 15 December 2015 where they were found to be requires improvement overall and in the safe, effective, responsive and well led domains. The practice then received a second comprehensive inspection on 13 June 2016 where the practice was rated as requires improvement overall and require improvement in the responsive domain and inadequate in the well led domain.

Services are provided from:

Vine Medical Centre

69 Pemberton Road, East Molesey, Surrey, KT8 9LJ

The practice is open between 8.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am calls are directed to Care UK as part of the practice contract with the Clinical Commissioning Group. Extended hours appointments are available on Tuesday, Wednesday and Thursday evening until 7.30pm.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hour's provider, 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Vine Medical Centre on 15 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall. We completed a second comprehensive inspection on 13 June 2016 where the practice was rated as requires improvement overall and requires improvement for responsive and well led was then rated as inadequate. The full comprehensive reports following the inspections on 15 December 2015 and 13 June 2016 can be found by selecting the 'all reports' link for Vine Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection for Vine Medical Centre on 28 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.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Vine Medical Centre on 28 March 2017. During our visit we:

- Spoke with the practice manager and registered manager and two receptionists.
- Reviewed certificates for the electrical testing of portable equipment
- Reviewed the Electrical Installation report for the electrical hard wiring of the practice
- Reviewed policies and procedures
- Reviewed minutes to various meetings
- Reviewed the recording of complaints and how learning is shared within the practice
- Reviewed the recording of significant events and how learning is shared within the practice

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 June 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 28 March 2017. The practice is now rated as good for providing responsive services.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a summary leaflet which was available within the practice.

We looked at two new complaints received since the practice's previous inspection in June 2016. We found these had both been investigated and there was evidence of prompt responses and communication with complainants.

Complaints were a standing agenda item at partner meetings, monthly clinical meetings and monthly staff meetings. We reviewed minutes of meetings that evidenced complaints were discussed.

There was a complaints procedure in place within the practice. The practice completed an annual review of complaints. This incorporated a review of all complaints received and any learning or changes to procedures that had arisen. We reviewed the annual review report and found that complaints had been colour coded to look for trends and included details of learning or changes made as a result of discussions and investigations.

We reviewed a complaint from a patient in relation to a recommendation from reception staff to visit the local pharmacist. We saw this was fully investigated, with letters being sent to the complainant to keep them updated with the investigation. The resulting action was the patient was apologised to and reception staff were required to complete their customer services training. We saw minutes to meeting where this was discussed and saw the complaint summary had been colour coded to ensure any trends could be easily identified.

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 13 June 2016, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure.

We issued an enforcement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 March 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had made improvements to their overarching governance framework since the previous comprehensive inspection in June 2016.

- We saw evidence that an external company had conducted an electrical installation condition report in August 2016.
- All portable appliances had been checked in June 2016 by an external company and we saw evidence of the report indicating that all equipment was safe to use. The practice had plans to have appliances checked every two years by an external company but was also completing weekly visual checks.
- Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken to as a result of complaints to improve the quality of care.
- Practice specific policies were implemented and were available to all staff. During the December 2015 inspection and June 2016 inspections it was found that some policies had not been reviewed in the required timeframe as indicated by the practice. We reviewed a sample of 15 policies and saw these held relevant

information for the practice and had been recently reviewed. This included the clinical waste management protocol, emergency incident procedure and a Mental Capacity Act 2005 policy which had all been updated in August 2016. The hand hygiene policy had been updated in September 2016 and sharps management policies which had been reviewed in October 2016.

- At our previous inspection we had found the nurses were working to their own policy for cold chain procedures. We saw this had been adopted by the practice and all staff were informed that all policies needed to be approved by the practice manager and the senior partner before being adopted by the practice.
- Staff we spoke with were aware of where policies were stored on the practice computer system. Staff were required to review updated policies and sign to say they had read and understood them. Staff we spoke with told us they were involved in updating policies and gave us an example of where they had asked for a policy to be changed after it had been reviewed to ensure a more efficient way of working. The practice had made the changes requested.
- In December 2015 it had been identified that there was a lack of arrangements in place to ensure that GPs and nurses had the opportunity for joint learning. The practice manager informed us that monthly clinical meetings with GPs and nurses now took place and we viewed minutes of meetings. We also viewed the minutes to the partner meetings and monthly staff meetings. Meeting minutes had standing agenda items including complaints and significant events and included any decisions made. Minutes to meetings were sent to all staff so those who did not attend were kept aware of discussions had. Clear actions and key responsibilities were recorded in the minutes.