St Mary's Medical Centre

Quality Report

Wharf Road
Stamford
Lincs
PE9 2DH
Tel: 01780 764121
Website: www.stmarysmedicalcentre.org.uk

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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	Requires improvement
Are services safe?	**Requires improvement**
Are services well-led?	**Requires improvement**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 12 April 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12 and 17.

We undertook a focussed inspection on 22 November 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from March 2016 by selecting the 'all reports' link for St Mary's Medical Centre on our website at www.cqc.co.uk

Overall the practice is now rated as Requires improvement. Safe remains as requires improvement and due to further improvements that are required well-led has dropped to requires improvement.

- Lessons learnt from significant events and complaints were shared with all staff within the practice.
- Risks to patients were assessed and managed, with the exception of those relating to premises, fire and legionella.
- The practice had a plan in place to ensure all staff had received Safeguarding training by the end of December 2016.
- The Disaster and Business Continuity Plan had been reviewed and mitigating risks and actions were documented.
- Refrigerator temperatures in all treatment rooms and corridors were checked and reset daily in line with practice policy.
- A system for the monitoring of staff training had been put in place but it required further work to ensure the training needs of staff had been met.

The areas where the provider must make improvement are:

- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff in relation to the completion of actions for premises, fire, legionella and prescription stationary. For example, emergency lighting and monthly monitoring of legionella water testing.
- Ensure the system for recording, investigating and monitoring of dispensary near-miss errors is effective and lessons are learnt.
- Embed the new system for the monitoring of staff training requirements.

Summary of findings

The areas where the provider should make improvement are:

- Continue with the programme to have all staff up to date with safeguarding training by end of December 2016.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Significant events and complaints were shared with all staff within the practice.
- The system for recording dispensary near misses had been reviewed but further work was required to ensure they were documented, investigated and actions put in place to ensure lessons were learnt
- Safeguarding training for all staff had been planned and 97.43% of staff had completed the training and all staff were due to have completed the training by the middle of January 2017.
- We reviewed the records for vaccine refrigerator temperature checks and found they had been completed daily.
- At this inspection we found that blank prescriptions were still not tracked on distribution to printers within the surgery in accordance with national guidance. Since the inspection the practice had undertaken a further review and put a system in place.
- Although the practice had some arrangements in place for identifying, recording and managing risk we found at this inspection, for legionella and fire, that the system was still not effective. Since this inspection the practice have made further improvements and have employed a new external contractor to visit the practice on 25 November 2016 to review legionella management and undertake any remedial work identified.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- Since our inspection in April 2016 we found that the practice had made some improvements but further work was required to meet legal requirements.
- The practice were still required to improve the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks. For example, legionella and fire safety.
- A system had been put in place for the monitoring of training but on the day of the inspection it was not effective as it did not ensure that mandatory training requirements had been met by all staff. The provider assured us following our visit that they would address these issues and put immediate procedures in

Summary of findings

place to manage the risks. We have since been sent evidence that the practice have redeveloped the training matrix and introduced a RAG rating system which will enable the management team to view when training is overdue. A policy has been put in place to provide guidance to staff. An audit will be undertaken each month to ensure that training is completed in a timely manner. These actions had not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had awareness of the need for change. We have noted the information and it will be reflected once we carry out a follow up inspection at the practice.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff in relation to the completion of actions for premises, fire, legionella and prescription stationary. For example, emergency lighting and monthly monitoring of legionella water testing.
- Ensure the system for recording, investigating and monitoring of dispensary near-miss errors is effective and lessons are learnt.
- Embed the new system for the monitoring of staff training requirements.

Action the service SHOULD take to improve

- Continue with the programme to have all staff up to date with safeguarding training by end of December 2016.

St Mary's Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a Lead CQC inspector.

Why we carried out this inspection

We undertook an announced focussed inspection of St Mary's Medical Centre on 22 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 12 April 2016 had been made. We inspected against two of the five questions we asked about the service:

- Is the service Safe and Well-led?

This is because the service was not meeting some legal requirements.

At the inspection on 22 November 2016 we found that the practice had made improvements but still needed to improve some of the systems in place

The Care Quality Commission have recognised the improvements already made and that is why no additional enforcement action is going to be taken. We have given the practice further requirement notices for Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment and Good Governance. We will carry out a further follow up inspection at the practice to check that further improvements have been made.

How we carried out this inspection

We spoke with the Registered Manager, practice manager, lead nurse, two dispensers and a health care assistant.

We reviewed policies and procedures relating to the clinical and general governance of the service.

Requires improvement

Are services safe?

Our findings

At the inspection in April 2016 we found that system in place for reporting and recording significant events. However we found when talking to staff and looking at the error log that dispensing near-miss errors were not being recorded which meant that trends could not be identified and monitored.

At this inspection we found that the system for recording, investigating and monitoring of dispensary near-miss errors had been reviewed but it was still not effective. We found that the log completed by dispensary staff did not provide enough detail to ensure that investigations had been thorough, actions taken and lessons learnt. Since this inspection the practice have sent us evidence which included a new protocol and dispensing Near Miss Tracker Form. The information will be collated on a dispensary summary tracker form and discussed at the monthly dispensary team meetings. This will then be reviewed by the GP lead.

At the inspection in April 2016 we found that the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we found that a number of staff were not up to date with their safeguarding training. Following this inspection the practice sent us an action plan which advised us that all staff would be up to date with safeguarding training by the end of December 2016.

At this most recent inspection we that the practice was on plan to complete all the training by end of December. 97.43% of staff had completed by Adult and Child Safeguarding.

At the inspection in April 2016 we found that there were omissions in the records of vaccine refrigerator temperature checks This meant that the practice could not demonstrate that the integrity and quality of the medicines were not compromised.

At this most recent inspection we found the practice had a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records we reviewed showed that daily temperature checks were carried out.

At the inspection in April 2016 we found that blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. However blank prescriptions were not tracked on distribution to printers within the surgery in accordance with national guidance

At this inspection we found that the system in place for security of printer stationary had been reviewed but they still did not track them out to the clinical room's printers. We brought this to the attention of the management team who dealt with this immediately and since this inspection have sent us information which demonstrated they had reviewed and improved the system to ensure that all prescriptions are tracked.

At the inspection in April 2016 we found that risks to patients were assessed and managed, with the exception of those relating to fire and legionella.

At the inspection in April 2016 we found the practice had fire risk assessment dated 12 March 2015. Not all the actions identified in this risk assessment had been completed, for example, emergency lighting.

At this inspection we found that the practice had obtained a quote in May 2016 from an external company to install emergency lighting. However the management team had made the decision not to install emergency lighting due to future plans to move to another building within the next two years. As a result of this concern we referred the practice to the Lincolnshire Fire and Rescue service who told us they would visit the practice and review the fire safety arrangements.

Lincolnshire Fire and Rescue visited the practice on 24 November 2016. They instructed the management team that emergency lighting needed to be installed in the next two months. They also advised that rechargeable torches be purchased and used in the event of a fire or power failure. The practice have purchased 27 rechargeable torches as a short term measure and management have informed us that all staff have been updated.

At the inspection in April 2016 we found the practice had carried out yearly fire drills. Notes of the last fire drill on 17 March 2016 had actions to complete. A further fire drill was planned for later in 2016. At this inspection we were told that the no further fire drills had taken place.

At the inspection in April 2016 we found the practice had a legionella risk assessment completed on 18 August 2015. A number of recommendations had been made following the

Requires improvement

Are services safe?

risk assessment. There was no action plan to identify how many had been implemented at the time of our inspection. One of actions was the requirement for the implementation of monthly water temperature checks. This had not been started at the time of our inspection.

At this most recent inspection we saw that the practice had a legionella policy which provided guidance to staff. It had been reviewed and updated. We reviewed records of legionella water temperature testing carried out by an external contractor. The records we reviewed were in relation to high water temperature testing. We found that over an 8 month period a number of the areas monitored had temperatures that fell below the recommended national guidance. The company had not informed the practice and the management team had not reviewed the results so were not aware that the building had potential sources of risk. Low water temperature monitoring had only commenced in the week prior to this inspection.

Since this most recent inspection the practice have contacted another external contractor who will undertake a full risk assessment on 25 November 2016 and complete any necessary remedial work. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At the inspection in April 2016 we found the practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However each risk was not rated and mitigating actions recorded to reduce and manage the risk.

At this inspection we found that the disaster handling and business continuity plan had been reviewed, risks had been mitigated and recorded to reduce and manage the risks.

Are services well-led?

Requires improvement

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

Our findings

At the inspection in April 2016 we were told the practice were due to merge with Lakeside Healthcare along with two other Stamford practices in July 2016. We were told that the practice will merge the business unit but the patient list would remain the responsibility of the practice. The GP partners felt it would enable them to deliver a greater range of patient service, partner with local hospitals and expand the teaching and training provision currently done at the practice. At this inspection we found that the merger took place on 1 July 2016.

Governance arrangements

At our inspection in April 2016 we found that the practice did not have robust governance systems in place for:-

- Significant events and complaints were not shared with all staff within the practice.
- Dispensary near misses were not recorded to ensure lessons were learnt
- Most GPs were trained to Safeguarding level 3 but not all nurses were trained to safeguarding level 2. Some staff had not undertaken any training, for example, reception team and some dispensers.
- We found that no recruitment or DBS checks had taken place for volunteer drivers who delivered medicines to patients
- We found omissions in the records of vaccine refrigerator temperature checks.
- Blank prescriptions were not tracked on distribution to printers within the surgery in accordance with national guidance
- Risks were assessed but not well managed. For example, legionella and fire.
- Business Continuity Plan did not have risks mitigated and mitigating actions recorded to reduce and manage the risk.
- The practice did not have a system in place to monitor training or evidence that the training needs of staff had been met.
- Staff we spoke with did not have an awareness of Mental Capacity Act 2005.

At this most recent inspection we saw that the practice had governance systems in place and had made some improvements. However some systems were still not effective.

We found:

- Significant events and complaints were shared with all staff within the practice.
- The system for recording dispensary near misses had been reviewed but further work was required to ensure they were documented, investigated and actions put in place to ensure lessons were learnt
- Safeguarding training for all staff had been planned and 97.43% of staff had completed the training and all staff were due to have completed the training by the middle of January 2017.
- The practice had completed a risk assessment for volunteer drivers who delivered medicines to patients but had made the decision not to carry out DBS checks as they planned to change the service provided since they had merged with Lakeside Healthcare. We also found that the volunteer drivers were delivering controlled medicines. We sought advice on this but the practice made the decision to stop this part of the service immediately after the inspection.
- We reviewed the records for vaccine refrigerator temperature checks and found they had been completed daily.
- At this inspection we found that blank prescriptions were still not tracked on distribution to printers within the surgery in accordance with national guidance. Since the inspection the practice had undertaken a further review and put a system in place to ensure prescription security.
- Although the practice had some arrangements in place for identifying, recording and managing risk we found at this inspection, for legionella and fire, that the system was still not effective. Since this inspection the practice have made further improvements and have employed a new external contractor to visit the practice on 25 November 2016 to review legionella management and undertake any remedial work identified. The
- Lincolnshire Fire and Rescue visited the practice on 24 November 2016 and have given them two months to install emergency lighting in the building. A temporary measure has been put in place to ensure that the staff and patients are kept safe in the event of a fire or power failure. No further fire drills have taken place since the last inspection.
- Disaster Handling and Business Continuity Plan had been reviewed and updated to include the mitigation of risks to reduce and manage the risk.

Are services well-led?

Requires improvement

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

- A system had been put in place to monitor training. However it was not up to date on the day of the inspection and some non-clinical staff had not completed any mandatory training since 2014 and the practice did not have a plan in place for when it would be completed by. Since this inspection the practice have redeveloped the training matrix and introduced a RAG rating system which will enable the management team to view when training is overdue. A policy has been put in place to provide guidance to staff. An audit will be undertaken each month to ensure that training is completed in a timely manner.

Since our inspection the practice had identified a number of areas where they felt there was room for improvement and had put in place an action plan to address this as part of their strategy going forward. These actions have not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had awareness of the need for change.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment 12 (1) - Care and treatment must be provided in a safe way for service users. 12 (2) (a) – assessing the risks to the health and safety of service users of receiving the care and treatment 12 (2) (b) – doing all that is reasonable practicable to mitigate any such risks 12 (2) (c) - ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely 12 (2) (d) – ensuring that the premises used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. This was in breach of Regulation 12 (1) (2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (1) - Systems and processes must be established and operated effectively to enable you to: (2) -(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. (d) – maintain securely such other records as are necessary to be kept in relation to :- (i) persons employed in the carrying on of the regulated activity.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17 (1)(2) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).