

Carrfield 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	
Are services effective?		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 of this practice on 16 December 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014; Regulation 12 Safe Care and Treatment; Regulation 16 Receiving and Acting on Complaints; Regulation 17 Good Governance and Regulation 19 Fit and Proper Persons employed.

We carried out a focused inspection on 27 November 2016 to check that the practice had followed their action plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carrfield Medical Practice on our website at www.cqc.org.uk.

Overall the practice is rated as good. Specifically, following the focused inspection we found the practice to be good for providing safe, effective, responsive and well-led services.

Our key findings across all the areas we inspected were as follows:

- Systems and processes were in place to keep people safe. For example, a Legionella risk assessment had been carried out in June 2016, and a new refridgerator for the storage of vaccinations had been purchased and was not over stocked with products.
- Disclosure and barring service (DBS) checks had been completed for all staff.
- An action arising from the annual infection prevention and control audit had been carried out i.e. new chairs were seen in the waiting room.
- There was a system in place for reporting and recording significant events. We saw evidence that these significant events had been reviewed, discussed at practice meetings and learning had taken place as a result.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw evidence that a system was in place to ensure that clinicians were kept up to date with national guidance and MHRA alerts.
- We saw evidence that the management of prescriptions complied with NHS Protect Guidance.
- The practice had established a programme of internal audit to monitor quality and to make improvements.
- We saw that improvements were made to the quality of care as a result of complaints and we saw a complaints process and register of actions.

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?

The practice is rated as good for providing safe services.

- Systems and processes were in place to keep people safe. For example, a Legionella risk assessment had been carried out in June 2016, and a new reffridgerator had been purchased which was not over stocked with products.
- Disclosure and barring service (DBS) checks had been completed for all staff.
- An action arising from the annual infection prevention and control audit had been carried out i.e. new chairs were seen in the waiting room
- We saw evidence that the management of prescriptions complied with NHS Protect Guidance.
- We saw evidence that a fire alarm drill had been carried out in October 2016.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice had established a programme of internal audit to monitor quality and to make improvements.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw that a system was in place to ensure that clinicians were kept up to date with national guidance and MHRA alerts.
- There was an effective system in place for reporting and recording significant events. We saw evidence that these significant events had been reviewed, discussed at practice meetings and learning had taken place as a result.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- We saw that improvements were made to the quality of care as a result of complaints and we saw a complaints process and register of actions.
- There was an effective system in place for reporting and recording significant events. We saw evidence that these significant events had been reviewed, discussed at practice meetings and learning had taken place as a result.

Good



Are services well-led?

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

Good



Summary of findings

- Disclosure and barring service (DBS) checks had been completed for all staff.
- An action arising from the annual infection prevention and control audit had been completed i.e. new chairs were seen in the waiting room.
- There was an effective system in place for reporting and recording significant events. We saw evidence that these significant events had been reviewed, discussed at practice meetings and learning had taken place as a result.
- The practice had established a programme of internal audit to monitor quality and to make improvements.
- We saw that improvements were made to the quality of care as a result of complaints and we saw a complaints process and register of actions.

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

Good



- The practice is rated as good for the care of older people as they are rated as good for safe, responsive, effective and well-led.

People with long term conditions

Good



- The practice is rated as good for the care of people with long term conditions as they are rated as good for safe, responsive, effective and well-led.

Families, children and young people

Good



- The practice is rated as good for the care of families, children and young people as they are rated as good for safe, responsive, effective and well-led.

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working age people (including those recently retired and students) as they are rated as good for safe, responsive, effective and well-led.

People whose circumstances may make them vulnerable

Good



- The practice is rated as good for the care of people whose circumstances may make them vulnerable as they are rated as good for safe, responsive, effective and well-led.

People experiencing poor mental health (including people with dementia)

Good



- The practice is rated as good for the care of people experiencing poor mental health (including people living with dementia) as they are rated as good for safe, responsive, effective and well-led.

Carrfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Why we carried out this inspection

We carried out an announced focused inspection of Carrfield Medical Practice on 27 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 16 December 2015 had been made. We inspected the practice against four of the questions we ask about services: is the service safe, is the service effective, is the service responsive and is the service well-led and against all of the population groups. This is because during our comprehensive inspection in December 2015 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Re Regulation 12, Safe Care and Treatment; Regulation 16, Receiving and Acting on Complaints; Regulation 17, Good Governance and Regulation 19, Fit and Proper Persons employed.

During the December 2015 comprehensive inspection we noted that patients were not protected from the risk of harm as we found that Legionella testing had not been completed in the last 12 months; an action had not been carried out from the most recent infection prevention and control audit (old chairs had not been replaced in the waiting room); safety incidents had not been investigated thoroughly; the refrigerator's used to store medication were overstocked with products; robust processes for

reporting, recording, acting upon and monitoring significant events, incidents and near misses were not in place and there was no shared learning in place; there were no systems in place to keep clinicians up to date with national guidance for example MHRA alerts and the management of prescriptions did not comply with NHS Protect guidance. The premises and equipment were not adequately maintained as fire evacuation drills were not performed. Audits were not used routinely to monitor the quality of the service and practice. One member of clinical staff had not received a disclosure and barring service (DBS) check. We were shown DBS certificates which related to staff's previous employment with other organisations. The DBS status had not been checked with the DBS service prior to their employment with the practice.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 16 December 2015 had been made. We inspected the practice against four of the five questions we ask about services: is the service safe, is the service effective, is the service responsive and is the service well-led.

We inspected the practice against all six of the population groups: older people; people with long term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people living with dementia). This was because any changes in the rating for safe, effective, responsive and well-led would affect the rating for all the population groups we inspected against.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and the action report submitted to us in January 2016. We also asked other organisations to share what they knew. We carried out an announced visit on 27 October 2016. During our visit we:

- Spoke with the business manager, a member of administrative staff and the GP Partner.

To get to the heart of patients' experiences of care and treatment, we asked the following four questions:

- Is it safe?
- Is it effective?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Safe track record and learning

The practice had reviewed their system for reporting and recording significant events. We saw evidence that this was thorough.

- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and a written apology.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- An annual infection control audit had been carried out and we saw evidence that action had been taken to address any improvements identified as a result. For example, new chairs had been installed in the waiting room.
- The arrangements for managing medicines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- 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 Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- A Legionella risk assessment had been carried out in June 2016.
- A new refrigerator for the storage of vaccinations had been purchased and we observed that this was not over stocked with products.

Arrangements to deal with emergencies and major incidents

- We saw evidence that a fire alarm drill had been carried out in October 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw evidence that system was in place to ensure that clinicians were kept up to date with national guidance and MHRA alerts.

Management, monitoring and improving outcomes for people

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Listening and learning from concerns and complaints

The practice had a 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. For example a summary leaflet was available.

The practice told us that they received a low number of complaints. We looked at the complaints policy and those received previously and found that these were satisfactorily handled, dealt with in a timely way, using openness and transparency when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a programme of clinical and internal audit in place to monitor quality and make improvements.
- The practice had a number of policies and procedures to govern activity.
- The practice were holding regular team meetings.

Leadership and culture

The practice had a leadership structure in place.

The practice manager had developed an overarching governance framework and there were a number of policies and procedures to govern activity.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.