The Wycliffe Medical Practice

Quality Report

Lutterworth Medical Centre
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Lutterworth, Leics
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Website: www.wycliffemedicalpractice.nhs.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	Good
Are services safe?	Requires improvement
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 the practice on 15 March 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 19.

We undertook a focussed inspection on 3 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 The Wycliffe Medical Practice on our website at www.cqc.co.uk

Overall the practice is rated as Good. Safe remains as requires improvement and well-led has improved from requires improvement to good. The overall rating for all the population groups is good.

- We found that a new significant event system had been put in place. The policy and reporting form had been updated. Some further improvement was required to ensure that the investigations were detailed and actions were identified and implemented and meetings minutes represented the discussion that took place.
- The practice had implemented an effective system for dealing with patient safety alerts.
- Risks to patients were now assessed and well managed. For example, administration staff carrying out urine testing, printer prescription stationery, blue prescription pads used for substance misuse.
- Action had been taken to address identified concerns with infection prevention and control practice.
- Two further fire drills had taken place since the last inspection and actions had been identified and completed.
- Monitoring of staff training now took place.
- Recruitment arrangements for staff were now in line with national guidance.
- A new complaints system had been put in place.

Summary of findings

- The practice now had an effective governance system in place.
- The practice had commenced a more formalised process for the recording of minutes of meetings but the minutes still required more detail.

The areas where the provider must make improvements are:

- Continue to embed the new system for significant events to ensure investigations are detailed, actions are identified and implemented and meetings minutes represent the discussion that takes place.

The areas the provider should make improvements are:

- Continue to embed the process for the documentation of risks on the new practice risk register.

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.

- There was an improved system for reporting and recording significant events. We found that the system in place for significant events had been updated. However, the system still required further improvement to ensure that the investigations were detailed and actions were identified and implemented. Lessons were shared to make sure action was taken to improve safety in the practice but these needed to be evidenced more clearly.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were now assessed and well managed.
- The practice had improved the system for security of prescription pads, blue scripts and printer stationery.

Are services well-led?

Good

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

- Since our inspection in March 2016 we found that the practice had made significant improvements.
- The practice had improved the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks and the quality of the service provision.
- Recruitment arrangements include all necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008.
- A system had been put in place for the monitoring of training and we found that it was easy to identify when training and updates were due.
- We saw minutes which demonstrated that regular practice meetings had taken place. There was a clear format with more detail of discussion and responsibility for actions being documented.
- The practice had evidence of a range of meeting minutes. We found that the minutes still required more detail, responsible person identified and actions to be taken.

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

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Following this most recent inspection we found that overall the practice was now rated as good. Significant improvements had been made however safe remains as requires improvement and well-led has improved from requires improvement to good. These rating applied to everyone using the practice, including this population group.

The practice is now rated as good for the care of older people.

People with long term conditions

Good

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The practice is now rated as good for the care of people with long-term conditions.

Summary of findings

Families, children and young people

Good

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The practice is now rated as good for the care of families, children and young people.

Working age people (including those recently retired and students)

Good

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The practice is now rated as good for the care of working-age people (including those recently retired and students).

Summary of findings

People whose circumstances may make them vulnerable

Good

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The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

People experiencing poor mental health (including people with dementia)

Good

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The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Continue to embed the new system for significant events to ensure investigations are detailed, actions are identified and implemented and meetings minutes represent the discussion that takes place.

Action the service SHOULD take to improve

- Continue to embed the process for the documentation of risks on the new practice risk register.

The Wycliffe Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Why we carried out this inspection

We undertook an announced focussed inspection of The Wycliffe Medical Practice on 3 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 March 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 3 November 2016 we found that the practice had made significant improvements but still needed to improve the system in place for significant events.

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 a further requirement notice for Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment. 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 GP partners and the practice manager.

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

Requires improvement

Are services safe?

Our findings

At the inspection in March 2016 we found the system in place for Significant events was not consistent or robust. Significant events varied in terms of documentation, investigations, actions and learning. We found evidence that the practice had not learnt from some of these and findings were not shared with all relevant staff.

At this recent inspection we found there was an improved system in place for reporting of significant events. We looked at five significant events the practice had had since the last inspection. We found that most had been reviewed in a timely manner but the system still required some improvement. Significant events still varied in terms of documentation, investigations, actions and learning. We were able to review minutes of meetings where these were discussed but they were not detailed or easy to follow. Lessons were shared to make sure actions were taken to improve safety to patients but these needed to be evidenced more clearly. Significant events were a standing item on meeting minutes we reviewed.

We have since been sent further evidence to show that more improvements to the significant event system are being made. These actions had not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had increased awareness of the need for change. We have noted the information and it will be reflected once we carry out a further follow up inspection at the practice.

At the inspection in March 2016 we there was no system in place to log safety alerts received or how they had been actioned. The practice was unable to evidence that all staff were aware of any relevant alerts to the practice and where they needed to take action.

At this inspection we found an effective system in place receiving, disseminating or actioning national patient safety alerts. Safety alerts were received and disseminated by the practice manager. A safety alert log was in place and we saw that actions from any safety alerts were undertaken and this included a search of patient records to ascertain if any patients needed a review of their medicines. We were told and we could see that safety alerts were discussed at meetings. For example, implanted cardiac devices and medicines used for the treatment of diabetes. The practice manager also worked closely with the local pharmacies in the area to ensure that they also had the safety alerts to ensure patient safety.

At the inspection in March 2016 a practice nurse was the infection control clinical lead. She had not undertaken further training relating to this role. They carried out carried out minor surgery. There was no schedule or record of cleaning specifically relating to minor surgery. There were no formal records that the management team carried out any spot checks of the cleaning within the practice.

At this inspection we found that the infection control lead had been on infection prevention and control update training and had disseminated information to the practice team. The practice had implemented a record of cleaning specific to minor surgery. Formal records of spot checks for cleaning were now in place.

At the inspection in March 2016 we found one of the three fridges in use in the practice for the storage of medicines did not have a secondary independent thermometer in order to cross check the aaccuracy of the temperature. We could not find evidence that the fridges had been serviced on a regular basis.

At this 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.

All the fridges in the practice had been serviced and calibrated and the practice had a plan in place to have a maintenance contract to ensure they are serviced each year. Each of the three fridges had a secondary independent thermometer in place. The practice now had the NHS England Maintaining the Vaccine Cold Chain Policy for staff to refer to for guidance in the event of a break in the cold chain.

At the inspection in March 2016 we that a monthly stock balance check of controlled drugs had not taken place.

At this inspection we found the practice had carried out regular stock checks and did a review of how often the drugs were used. The decision was made to discontinue having controlled drugs in the practice and in July 2016 they were destroyed by the East Leicestershire and Rutland ELRCCG accountable drugs

Requires improvement

Are services safe?

At the inspection in March 2016 we found they had some measures in place for the safety and security of prescription pads and printer stationery. However blue prescriptions, used for substance misuse were kept securely during the practice opening hours but were not tracked through the practice so that if stolen or lost so that they could promptly be identified and investigated.

At this inspection we found that the practice had an effective system in place for security of prescription pads and blue prescriptions used by the substance misuse team. However we found that printer stationery was not tracked into the practice or out to the clinical rooms printers. We brought this to the attention of the management team who dealt with this immediately and put a process in place. Staff were immediately informed of the changes.

At the inspection in March 2016 we reviewed personnel files and found that there were inconsistencies and gaps in the recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

At this inspection we found that the practice had put an effective system in place for recruitment checks and documentation prior to employment. They had also reviewed the induction process and we saw evidence of the new process that had been used for three new members of staff.

At the inspection in March 2016 we found the practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice. The practice did not have a risk log but there were some procedures in place for monitoring and managing risks to patient and staff safety.

At this inspection we found that the practice had started a risk log but it was in its infancy and had only six risks identified. It did not contain general risks such slips trips and falls, manual handling, infection control, legionella and fire safety.

At the inspection in March 2016 we found that the practice had had an up to date fire risk assessment undertaken on 25 February 2016 and yearly fire drills were carried out on behalf of Lutterworth Medical Centre. We saw the notes of the last fire drill on 13 November 2015. Actions had been identified for future fire drills but no action plan had been put in place, persons responsible or timeframe for completion of actions.

At this inspection we saw that the practice had carried out two further fire drills in June and September 2016. Fire drill reports identified actions and the measures put in place.

At the inspection in March 2016 we saw that electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However there was no evidence available to show that the vaccine fridges had been serviced on an annual basis.

At this inspection we saw evidence that the vaccine refrigerators had been serviced and calibrated. The practice were in the process of booking a regular yearly service going forward.

At the inspection in March 2016 staff we spoke with told us that they had been given the task of testing patient's urine without any training. They had not been given the opportunity to have a Hepatitis B test and no risk assessment had been undertaken. We saw that this had been discussed at a business meeting in October 2015 and a protocol had been written which said that training would be given by the nursing team.

At this inspection we found that the practice had been proactive and had completed a risk assessment. They had arranged further training for staff on patient urine testing and staff had also had the opportunity to have the Hepatitis B test if they so wished. They now had a list of staff who had been trained to perform this task.

Are services well-led?

Good

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

Our findings

We carried out an announced comprehensive inspection of the practice on 15 March 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 19.

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

- Reporting, recording and monitoring of significant events
- No system in place to log safety alerts received or how they had been actioned.
- The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice.
- The practice did not ensure that all recruitment arrangements which include all necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008.
- QOF exception reporting was discussed at partner meetings but we did not see any evidence to suggest that a robust system was in place to explore and improve the uptake of reviews for long term conditions.
- Chaperone information for patients was not easily visible.
- The system for complaints was not effective.
- No system for the monitoring of training for all staff
- Meeting minutes had limited recording of discussions about performance, quality and risk

At this most recent inspection we saw that the practice had governance systems in place and had made significant improvements. We found:

- We found that a new significant event system had been put in place. The report form and SEA policy had been updated. However, the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented.
- The practice had an effective system in place for dealing with patient safety alerts.
- The process for coding for vulnerable adults on the patient record system had been reviewed and was now effective.
- Information in regard to Chaperones had been displayed in waiting area, in each clinical room. The practice had put an article in their autumn newsletter which explained more about the chaperone service.
- Risks were now assessed and well managed. For example, administration staff carrying out urine testing, printer prescription stationery, blue prescription pads used for substance misuse.
- Regular fire drills had taken place. Fire drills had been minuted with persons responsible and timeframe for completion of actions.
- Recruitment arrangements included all necessary employment checks for all staff and were in line with Section 3 of the Health and Social Care Act 2008.
- We saw there was now a formal system in place for dissemination of NICE clinical guidance to all staff.Presentations were planned for clinical staff each month on NICE guidance that had been updated.
- We reviewed the system in place to monitor QOF in relation to exception reporting where actions were taken where required. We found that the lead GP had good oversight and had identified areas for improvement.
- An effective system had been put in place to monitor staff training and most staff were up to date with mandatory training.
- We saw minutes which demonstrated that regular practice meetings had taken place. However the meeting minutes needed a clearer format with more detail of discussion and responsibility for actions being documented

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 **The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.** **This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**