

# Greengate Medical Centre

## Inspection 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 location

Good



Are services safe?

Good



Are services well-led?

Good



# Overall summary

**This practice is rated as Good overall.** (Previous inspection March 2018 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced focused inspection at Greengate Medical Centre on 6 November 2018. The inspection was carried out to follow up on a breach of

regulations identified at our inspection in March 2018. At that inspection the rating for the key question of well led was requires improvement. During this inspection we looked at the key questions of safe and well led.

At this inspection we found:

- The system and processes in place to maintain the cold chain had been fully reviewed and were now operating effectively.
- The storage of equipment and medicines had been reviewed and rationalised and medicines and equipment were readily accessible if required in an emergency.
- Recruitment information was now readily available in staff files and assurance gained that all necessary employment checks had taken place, including in respect of locum GPs.
- The system for maintaining oversight of staff training had been improved and all training was now up to date.
- Practice policies had been reviewed and the practice acted in accordance with their policies.
- Information about the complaints process was readily available to patients.
- The mitigating actions identified by means of risk assessment were being followed.
- Systems and processes within the practice were operated effectively. Governance arrangements maintained oversight of all areas.

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

## Our inspection team

The inspection team consisted of a CQC inspector.

## Background to Greengate Medical Centre

Greengate Medical Centre is a GP practice providing primary medical services under a General Medical Services (GMS) contract to around 11,600 patients with an increasing list size.

The registered provider of services is Greengate Medical Centre and they are registered to deliver the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The provider is registered with CQC to deliver these services from one location; Greengate Medical Centre at 1, Greengate Lane in Birstall, Leicester which we visited as part of our inspection.

Birstall is a suburb three miles north of Leicester City centre. The practice is housed in a large residential property which has been converted and extended. There is disabled access to the ground floor, disabled parking and short stay parking on site. There is an independent pharmacy adjacent to the surgery. The practice's services are commissioned by West Leicestershire Clinical Commissioning Group (WLCCG).

The practice is in an area of low deprivation. The practice population has a higher than local and national average of patients over the age of 75. The practice has around 70 patients in a local care home. There is a permanent site for travelling families close to the practice.

The practice has six GP partners. Four GPs work full-time and two are part-time. There is one female GP and five male GPs. There are two practice nurses, two health care assistants and a phlebotomist (who also works on reception). They are supported by a practice manager, an assistant practice manager and a team of administrative and reception staff.

Greengate Medical Centre is open between 8am and 6pm Monday to Friday. A duty doctor is available until 6.30pm and appointments are available each day from 8.05am to 10.45am and from 2.30pm until 5.40pm. Extended hours appointments are also available to patients at additional locations within the area. This service is commissioned by West Leicestershire CCG. Primecare provide services between 6pm and 6.30pm Monday to Friday. From 6.30pm to 8am and at weekends, out of hours services are accessed by calling the NHS 111 service. Patients are directed to the correct numbers if they phone the surgery or via the practice website when it is closed.

# Are services safe?

At our inspection in March 2018 we found that:

- The system to maintain the cold chain was not operating effectively.
- The storage of equipment and medicines would benefit from being rationalised.
- Not all recruitment information was available in staff files and therefore there was no assurance that all necessary employment checks had taken place.
- The mitigating actions identified by means of risk assessment had not always been fully embedded or followed, for example relating to legionella.

**At this inspection we found that improvements had been made in all identified areas and the practice is still rated as good for providing safe services.**

## Safety systems and processes

- At our inspection in March 2018 evidence was not available that the practice had carried out all necessary staff checks on recruitment and on an ongoing basis. One clinical staff member contained a DBS certificate from a previous employer dated 2015 and a check had not been undertaken prior to employment with the practice, which was not in line with the practice recruitment policy. Some staff files we sampled did not contain all required documentation. Following that inspection, the practice told us they had undertaken a DBS check for the new clinical staff member and had also restructured personnel files to ensure they included all information set out in their recruitment policy.

We saw that these actions had been completed at this inspection. The practice had produced a checklist which would be used going forward and we saw that this was present in the files of all staff recruited since our last inspection. This ensured that all required documentation was filed appropriately and easily accessible in staff recruitment files.

- The practice had developed a locum policy, which stated the documentation required prior to them working for the practice. We saw a spreadsheet was now in use which recorded that required documentation had been checked and was in place for locums currently used by the practice.

## Safe and appropriate use of medicines

At our inspection in March 2018 we reviewed the cold chain arrangements and found that the system for maintaining the cold chain had not been followed correctly. Refrigerators used to store vaccines did not have a secondary thermometer. There had also been issues with temperature recording and the refrigerators had not been serviced annually. We found that both refrigerators were full, with some vaccines being stored too close to the sides of the refrigerator. Following our inspection, the practice provided a copy of the significant event record relating to the refrigerator temperature being out of range and associated evidence to confirm this. They also provided evidence that they had purchased a third vaccine refrigerator to avoid overstocking the refrigerators.

At this inspection we found that the refrigerators were serviced in March 2018 and was now part of the annual equipment service schedule. Data loggers had been installed following our March 2018 inspection and we saw that the data was downloaded on a weekly basis unless the alarm was activated, in which case the data was downloaded at the time.

External refrigerator temperatures were checked manually twice a day.

Cold chain training had been delivered to the nursing team by Public Health England.

## Track record on safety

At our inspection in March 2018 we found that arrangements were in place for the management of legionella (a bacterium which can contaminate water systems in buildings) but water temperatures had been out of range on a number of occasions.

At this inspection we were told that the temperature had been out of range due to an issue with the hot water boiler which has since been rectified. The temperatures have been in range since then.

# Are services well-led?

At our previous comprehensive inspection in March 2018, we rated the service as requires improvement for providing a well led service. This was because;

Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. For example, in respect of the systems for recruitment, including locum staff, training and monitoring of vaccine refrigerators.

**At this inspection we found that improvements had been made in all identified areas and the practice is now rated as good for providing a well led service.**

## Governance arrangements

During our inspection in March 2018 we found that governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. For example, in respect of the systems for recruitment, including locum staff, training and monitoring of vaccine refrigerators.

The practice had provided assurances and evidence during or following our visit that issues had either been or would be addressed and procedures put in place to manage the risks. We were provided with a comprehensive action plan identifying where improvements were planned or had been implemented.

At this inspection we saw supporting documentation and gained assurance that the improvements had started to become embedded and all areas had been addressed.

We found:

- The practice policies in respect of recruitment, chaperones, the cold chain and locums had been reviewed and were operating as intended.
- There was now a system in place to effectively monitor and maintain an overview of update training for nurses and HCAs and training was now up to date.
- The cold chain process was now being operated effectively.
- The processes in the recruitment system had been strengthened which meant that with newly recruited staff evidence was available that all necessary checks had been undertaken prior to employment and there was a process in place to ensure that necessary checks and information were in place relating to locums.
- **Managing risks, issues and performance**
- At our inspection in March 2018 we found that although there were arrangements for identifying, recording and managing risks evidence was not always available that mitigating actions had been implemented. We also found that the storage of emergency medicines and equipment would benefit from being rationalised. At this inspection we found that mitigating actions were being followed and the storage of emergency medicines had been reviewed and posters displayed in the practice advising where emergency medicines were stored. This had been discussed with all practice staff.