

Meltham Group Practice

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



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 the surgery of Meltham Group Practice on 10 August 2016. Overall the practice was rated as good; however a breach of the legal requirements was found which resulted in the practice being as rated as requires improvement for providing safe services.

Following on from the inspection the practice provided us with an action plan detailing evidence of the actions they had taken to meet the standards relating to providing safe services.

We undertook a desk based review on 13 April 2017 and visited the practice on 19 April 2017. This was to review in detail the information the practice had sent to us and to confirm that the practice were now meeting the relevant standards of care.

A full comprehensive report which followed the inspection on 10 August 2016 can be found by selecting 'all reports' link for Meltham Group Practice on our website at www.cqc.org.uk.

The practice is now rated as good for providing safe services.

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

- Patients Specific Directions (PSDs) had been developed and were in use for a range of immunisations and specific treatments
- The Health Care Assistant had attended the required vaccination competency update since the last inspection
- The cleaning regime and recording of completion of tasks had been reviewed and implemented.
- The risk assessments for the control of substances hazardous to health (COSHH) had been undertaken and documented.
- The practice had reviewed the cleaning of curtains and now were using disposable curtains, which were changed every six months.
- The serial numbers of blank prescriptions were logged and tracked in line with best practice guidance.
- The recruitment of staff had been reviewed and there was evidence that since the previous inspection two references and proof of identity had been taken prior to commencing employment.

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?

This inspection was conducted to review issues that were found at the comprehensive inspection carried out on 10 August 2016. The issues at the previous inspection included:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to health and safety of service users.

They had failed to ensure that patient specific directions were in place to enable Health Care Assistants to safely administer vaccinations to patients. The registered person did not ensure that the person administering the vaccinations had attended a necessary update on their competency to carry out this task.

At this inspection in April 2017 we found;

- Patients Specific Directions (PSDs) had been developed and were in use for a range of immunisations and specific treatments
- The Health Care Assistant had attended the required vaccination competency update since the last inspection
- The cleaning regime and recording of completion of tasks had been reviewed and implemented.
- The risk assessments for the control of substances hazardous to health (COSHH) had been undertaken and documented.
- The practice had reviewed the cleaning of curtains and now were using disposable curtains, which were changed every six months.
- The serial numbers of blank prescriptions were logged and tracked in line with best practice guidance.
- The recruitment of staff had been reviewed and there was evidence that since the previous inspection two references and proof of identity had been taken prior to commencing employment.

Good



Meltham Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC Lead Inspector.

Background to Meltham Group Practice

Meltham Group Practice provides services for 6,270 patients and is situated at 1 The Cobbles, Meltham, Holmfirth West Yorkshire.

Meltham Group Practice is situated within the Greater Huddersfield City Clinical Commissioning Group (CCG) area and is registered with the Care Quality Commission to provide primary medical services.

The practice is based in a purpose built single storey property with cars parking. It has level disabled access and has disabled facilities including a hearing loop.

They offer a range of enhanced services such as childhood immunisations and extended hours opening.

The practice is situated in an area in the 30% least deprived in the country. The practice has a population predominantly white British, with only 2% population from a south east Asian background.

There are three GP partners one of who is male and two female. There are also two salaried GPs at the practice. The practice employs two practice nurses and two Health Care Assistants (HCA's) The clinical team are supported by a practice manager and a team of administrative staff.

The practice is open between 8.15am and 6.00pm Monday to Fridays. Appointments are available between these times. Extended hours appointments are offered 6.30pm to 9.15pm on Tuesdays.

Out of hours services are provided by Local Care Direct and can be accessed either by using the practice telephone number or through NHS111.

When we returned for this inspection we checked and saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Greater Huddersfield City CCG, to share what they knew about the practice. We reviewed the latest 2015/16 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

Detailed findings

We carried out an announced inspection on 19 April 2017. During our visit we:

- Spoke with the practice manager
- Observed in the reception area how patients/carers/family members were treated

- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

This inspection was conducted to review issues that were found in the comprehensive inspection carried out on 10 August 2016. The issues at the previous inspection included:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to health and safety of service users.

They had failed to ensure that patient specific directions were in place to enable Health Care Assistants to safely administer vaccinations to patients. The registered person did not ensure that the person administering the vaccinations had attended a necessary update on their competency to carry out this task.

At the inspection carried out on 19 April 2017 we found:

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Patient Specific directions (PSDs) had been developed and were in use for a range of immunisations and specific treatments, for example vitamin B12 injections.

- All staff working to PSDs had received relevant update training and had been assessed as competent to undertake these tasks.
- The cleaning regime and the recording of completed tasks had been reviewed since the last inspection and changes implemented.
- The practice had a systematic process for the changing of privacy curtains in examination areas. All curtains had been changed within the Health protection Agency recommended six month period.
- The recruitment of staff had been reviewed within the last nine months and there was evidence that since the previous inspection two references and proof of identity had been taken prior to new employees taking up employment in the practice.
- The serial numbers of blank prescriptions were logged and tracked in line with best practice guidance.

Monitoring risks to patients

- The risk assessments for the control of substances hazardous to health (COSHH) had been undertaken and document. All COSHH were stored appropriately and locked out of patient areas.