

Hope Farm 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



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 Hope Farm Medical Centre on 4 May 2016. The overall rating for the practice was Good. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Hope Farm Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 1 March 2017 to confirm that the practice had carried out the improvements that we identified as should be made in our previous inspection on 4 May 2016.

Overall the practice is rated as Good.

Our key findings were as follows:

The following improvements to the service had been made:

- The repeat prescribing protocol had been reviewed.
- The system for ensuring that learning was taken from significant events had been reviewed.

- A system had been introduced to record the receipt and allocation of printable prescriptions and to ensure all clinical equipment in GPs bags is regularly calibrated.
- A system had been put in place to ensure the regular replacement of all sharps boxes.
- The system in place for recording alerts to identify adults and children who are vulnerable and/or subject to safeguarding concerns, such as the deprivation of liberty safeguards (DoLS) had been reviewed.

The following improvement should be made:-

- The repeat prescribing protocol should include the action to be taken when a change is made to a patients repeat medication by another service such as the mental health team. The frequency of reviews of controlled drugs that are repeatedly prescribed and the checks GPs undertake prior to issuing and signing repeat prescriptions for controlled drugs.

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. The repeat prescribing protocol and the system for ensuring significant events were learned from had been reviewed. A system had been introduced to record the receipt and allocation of printable prescriptions and to ensure all clinical equipment in GPs bags is regularly calibrated. A system had been put in place to ensure the regular replacement of all sharps boxes. The system in place for recording alerts to identify adults and children who are vulnerable and/or subject to safeguarding concerns, such as the deprivation of liberty safeguards (DoLS) had been reviewed.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

The repeat prescribing protocol should include the action to be taken when a change is made to a patients repeat medication by another service such as the mental health

team. The frequency of reviews of controlled drugs that are repeatedly prescribed and the checks GPs undertake prior to issuing and signing repeat prescriptions for controlled drugs.

Hope Farm Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

Background to Hope Farm Medical Centre

Hope Farm Medical Centre is responsible for providing primary care services to approximately 12,200 patients. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition is about average when compared to other practices nationally.

The staff team includes five partner GPs, two salaried GPs, two advanced nurse practitioners, two practice nurses, two health care assistants, a practice manager and administration and reception staff.

The practice is open 8:00am to 6.30pm Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services such as spirometry, anticoagulation therapy and minor surgery.

Why we carried out this inspection

We undertook a comprehensive inspection of Hope Farm Medical Centre on 4 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection on 4 May 2016 can be found by selecting the 'all reports' link for Hope Farm Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Hope Farm Medical Centre 01 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Hope Farm Medical Centre 1 March 2017. This involved reviewing:

- Records and an action plan developed by the service indicating how improvements had been made to safety.

Are services safe?

Our findings

At our previous inspection on 4 May 2016 we rated the practice as requires improvement for providing safe services. There were systems in place to reduce risks to patient safety, for example, staff recruitment, the management of staffing levels and safety checks of the premises. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse. We identified some areas where improvements should be made to improve the safety of the service. When we undertook a follow up inspection on 01 March 2017 we found that improvements had been made and the practice is now rated as good for providing safe services.

The repeat prescribing protocol had been reviewed to reduce the likelihood of errors occurring. However, the protocol did not refer to the action to be taken when a change is made to a patients repeat medication by another service such as the mental health team. To the frequency of reviews of controlled drugs that are repeatedly prescribed or to the checks GPs undertake prior to issuing and signing repeat prescriptions for controlled drugs.

The provider sent us a detailed action plan indicating the improvements made. Improvements had been made to

ensure equipment in GPs bags was regularly calibrated and sharps boxes for clinical waste were replaced on a three monthly basis. A log was now kept of all equipment to be calibrated and a check had taken place on 3 June 2016. The provider's action plan indicated that an audit of all treatment and consulting rooms had been undertaken following the last inspection and sharp boxes removed from any room that did not require one. The infection control lead nurses now checked every room with a sharps box to ensure that they were all within a three month window, and replaced any that required replacement.

The provider told us that the receipt and allocation of printable prescriptions was now recorded and they provided a sample of records to demonstrate this.

The provider told us how the practice ensured significant events were learned from to reduce the risks of safety concerns being repeated. This included systems to identify, report and investigate these events, systems to ensure learning from these events is cascaded to all team members and a system to review and audit these events to ensure all necessary action had been taken. The provider also told us how they ensured alerts to identify adults and children who were vulnerable and/ or subject to safeguarding concerns, such as the deprivation of liberty safeguards were recorded to ensure a consistent approach was applied.