

# St Mary's Medical Centre

## Quality Report

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Stamford

Lincs

PE9 2DH

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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 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 at St Mary's Medical Centre on 12 April 2016 followed by a focussed follow-up inspection on 22 November 2016.

The overall ratings for the practice was requires improvement. The full comprehensive report from April 2016 and focussed follow-up inspection from November 2016 can be found by selecting the 'all reports' link for St Marys Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection on 15 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspections of 12 April and 22 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good. The overall rating for all the population groups are rated as good.

Our key findings were as follows:

- We found the practice now had an effective systems and processes in place for significant events, near misses and incidents.
- Risks to patients were now assessed and well managed.
- An effective system had been put in place for the monitoring of staff training.
- The practice had an effective overarching governance framework in place which supported the delivery of their strategy and good quality care.

The provider should:

- Ensure translation and interpreter services are reviewed and updated.

**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.

Good



- There was a much improved system in place for reporting and recording significant events, incidents and dispensary near misses. The policy and reporting form had been updated. Recording and investigations were more detailed and actions were identified and implemented. Meeting minutes represented the discussion that took place. Themes and trends had been identified. We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice and quarterly audits were undertaken to ensure that all actions had been completed.
- Risks to patients were now assessed and well managed. For example, Fire safety, legionella, dispensary home delivery service, monitoring of cold chain and blank prescription stationery.
- Safeguarding training had taken place for all staff.

### Are services well-led?

The practice is rated as good for providing a well-led service.

Good



- Since our comprehensive inspection on 12 April 2016 and our follow-up inspection on 22 November 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.
- Risks to patient were now assessed and well-managed. For example, fire safety and legionella management.
- 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 of meetings which demonstrated that regular practice meetings had taken place and included discussions on significant events and dispensary near misses. There was a clear format with more detail of discussion and an action log with a named person responsibility for actions that needed 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

The provider had resolved the concerns for safety and well-led identified at our inspections on 12 April and 22 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspections on 12 April and 22 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspections on 12 April and 22 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspections on 12 April and 22 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspections on 12 April and 22 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspections on 12 April and 22 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure translation and interpreter services are reviewed and updated.

# St Mary's Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector carried out this follow-up inspection .

## Background to St Mary's Medical Centre

St Marys Medical Centre primary medical services to 13,490 patients.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

St Marys Medical Centre is based on Wharf Road, close to the centre of the historic market town of Stamford, Lincolnshire. The Practice offers on-site parking with designated disabled parking. Additional parking is available further along Wharf Road.

The majority of consulting rooms are on the ground floor. Patients who would find it difficult to access the first floor will be seen on the ground floor. The Practice has dedicated GP and Nursing Team consulting rooms.

The Reception Desk is easily accessible on arrival and the Practice has a self-check-in system and offers online appointment booking.

St Mary's Medical Centre is a Dispensing Practice. The Practice is open to all patients living within the PE9 postcode and the area immediately surrounding Stamford. Dispenses to approximately 4,000 patients.

At the time of our inspection the practice employed eight GP partners (five female and three male), two salaried GPs

(two female) and two GP registrars. The surgery also employed a practice manager, assistant practice manager, dispensary manager, one nurse practitioner, six practice nurses, two health care assistants and 22 dispensary, reception and administration staff.

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

We inspected the following location where regulated activities are provided:-

St Marys Medical Centre, Wharf Road, Stamford, Lincs. PE9 2DH

The practice was open between 8am and 6.30pm Monday to Friday. Dispensary was open 8.45 am to 6pm. Appointments were available from Monday to Friday 8am to 11am and 4pm to 6pm. Tuesday, Wednesday and Thursday 7am to 11am and 4pm to 6pm.

Extended hours surgeries were offered on a Tuesday, Wednesday and Thursday mornings from 7am and Saturday morning 8am to 10.30am.

Telephone triage takes place every day from 8.30am to 6.30pm and is run by a GP and a Nurse. Patients will receive a call back within one hour. Triage appointments are available Monday to Friday 8.30am to 12 noon and 2pm to 6.30pm.

Some GP telephone appointments are also available on a daily basis.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

# Detailed findings

The practice have an average of 855 GP appointments a week.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

St Marys Medical Centre had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

## Why we carried out this inspection

We undertook an announced focussed inspection of St Mary's Medical Centre on 22 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The comprehensive report for 12 April 2016 and focussed follow-up report for the inspection on 22 November 2016 can be found by selecting the 'all reports' link for St Mary's Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further focussed inspection of St Mary's Medical Centre on 15 June 2017 to check that improvements to meet legal requirements planned by the practice after our inspection on 22 November 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.

## How we carried out this inspection

During our visit we:

We spoke with the Registered Manager, practice manager and members of the dispensary team.

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

# Are services safe?

## Our findings

At our previous inspection on 22 November 2016 we rated the practice as requires improvement for providing safe services as the arrangements in place for managing risk such as dispensary near misses, premises, fire, legionella, staff training and prescription stationary were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 15 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- We found the practice had revised their significant event, incident and dispensary near miss process and policy. There was now a comprehensive system in place. A log was kept of significant events, actions, when to be completed by and where and when learning outcomes had been discussed. Significant events were discussed at practice meetings and minutes of these were shared with all staff in order that those not able to attend the meeting were included in the learning. A quarterly review of events was carried out by a GP partner and we saw evidence that these were also discussed and shared with staff. The practice had 39 on the log since November 2016 to current date. We reviewed five in detail and found they were recorded, investigated and reviewed in a consistent manner. However one significant event in regard to translation and interpretation services required a further review to ensure that the practice had a process in place for all patients whose first language was not English. Following the inspection the practice completed a DATIX (a web-based incident reporting and risk management system for healthcare and social care organisation's), contacted the clinical commissioning group and put interim measures in place whilst a protocol is written to provide further guidance for staff.
- We reviewed near misses and significant events in relation to the dispensary. We found that the practice had a system where serious medication incidents could be raised as significant events and near-miss dispensing errors were recorded. We saw evidence of significant

events that occurred in the dispensary being discussed and reviewed in clinical meetings within the practice. Review of dispensary significant events was consistent and documented outcomes were evident with changes to dispensary processes where appropriate. Dispensary significant events were now a standing item on their clinical meeting agenda.

- At the inspections in April and November 2016 we found that the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we found that a number of staff were not up to date with their safeguarding training. 2016. At this inspection we found that the practice that 97.67% of staff had completed both Adult and Child Safeguarding. New staff had been recruited and dates for this training were planned in the coming months.
- We found that blank prescription printer forms and pads were handled in accordance with national guidance, stored securely and tracked through the practice.

### Monitoring risks to patients

Risks to patients were now assessed and well managed.

- At the inspection in April and November 2016 we found that the practice did not have an effective systems and processes in place in regard to fire safety and management of legionella. At this inspection we found that fire safety had been reviewed and the practice had installed emergency lighting throughout the building and monthly test were carried out. The practice had carried out a further fire drill actions had been identified, for example, further smoke detectors and the practice were waiting for these to be installed by an external company.
- We saw that the practice had employed an external company to undertake a full legionella risk assessment. This was completed in December 2016. Water Temperature monitoring had been completed on a monthly basis and the external company were contracted to visit the practice every month to continue to provide support to the practice and carry out regular checks in regard to legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).



# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 22 November 2016, we rated the practice as requires improvement for providing well-led services as some of the governance systems and processes in place were not effective.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 15 June 2017. The practice is now rated as good for being well-led.

Following our inspections in April and November 2016, the practice had reviewed and reflected on some of the governance systems they had in place and how to involve the whole practice in the delivery of it. It was evident at this inspection that all staff were involved and committed in delivering this.

### Governance arrangements

At our most recent inspection we found that systems and processes had been fully reviewed and the practice now had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- We found that the system for significant events, incidents and dispensary near misses had been reviewed along with the policy and reporting form. Recording and investigations were detailed and actions were identified and implemented. Meeting minutes represented the discussion that took place. Themes and trends had been identified.
- Risks to patients were now assessed well managed.
- The process for temperature monitoring of the pharmaceutical fridges had been reviewed and updated to ensure that vaccines were stored safely.
- A new system had been introduced to monitor staff training. Most staff had now completed safeguarding training for both adults and children.
- Effective systems were now in place for the blank prescription forms for use in printers.
- We found that dispensary home delivery service had been suspended since May 2017 and Lakeside Healthcare were discussions about dispensary home delivery services across the county.