

# Sovereign Medical Centre

## Inspection report

Sovereign Drive  
Pennyland  
Milton Keynes  
Buckinghamshire  
MK15 8AJ  
Tel: 01908209420  
[www.sovereignmedicalcentre.co.uk](http://www.sovereignmedicalcentre.co.uk)

Date of inspection visit: 1 May 2018  
Date of publication: 30/05/2018

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



# Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sovereign Medical Centre on 1 August 2017. The overall rating for the practice was good with the practice rated as requires improvement for being safe.

From the inspection on 1 August 2017, the practice were told they must:

- Ensure care and treatment was provided in a safe way to patients. In particular, newly developed systems for managing safety alerts must be implemented effectively and recruitment checks must be completed for all staff.

In addition the practice were told they should:

- Monitor newly developed systems to manage patients taking high risk medicines to ensure they were working effectively.
- Ensure that staff completed all mandatory training in a timely manner and have adequate protected time within which to do so.
- Develop systems to identify and support more carers in their patient population.

The full comprehensive report on the inspection carried out in August 2017 can be found by selecting the 'all reports' link for Sovereign Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 1 May 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 1 August 2017. This report covers our findings in relation to those requirements and improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Systems had been improved to ensure that appropriate action was taken in response to safety alerts to reduce risks to patient safety. Records of alerts received and action taken were kept securely.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- The arrangements for managing high risk medicines in the practice minimised risks to patient safety. In particular, there were adequate processes in place to reduce risks to patients taking high risk medicines.
- The majority of staff had completed all mandatory training and this was coherently recorded by the practice manager. We saw evidence that protected time was available to staff to ensure training was undertaken. Where staff had missed training events timescales were established to ensure completion of all training. We were informed that the outstanding update training for one member of staff was scheduled for completion by the end of May 2018.
- The practice had made considerable efforts to identify and support more carers in its population. At the time of our inspection the practice had identified 97 patients as carers (less than 1%). This was a marked improvement on the 52 patients identified as carers in August 2017. We saw evidence that the practice had engaged with MK Carers (a local organisation providing support and advice to carers) to further develop the support they could offer to carers and to devise an action plan for the future.

The areas where the provider should make improvements are as follows:

- Continue with efforts to identify more carers in order to offer them support.

**Professor Steve Field** CBE FRCP FFPF FRCGP

Chief Inspector of General Practice

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

## Our inspection team

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

## Background to Sovereign Medical Centre

Sovereign Medical centre provides a range of primary medical services from a purpose built premises at Pennyland in the city of Milton Keynes. The practice has approximately 11,000 patients from a diverse socio-economic and racial background; although the practice population is predominantly white British. There are larger than average populations of patients aged 30 to 39 years and lower than average populations aged from 20 to 24 years and from 70 to 84 years. National data indicates the area served is less deprived in comparison to England as a whole.

The clinical staff team consists of two male and one female GP partners, six practice nurses, two health care

Why we carried out this inspection

assistants, one paramedic and a phlebotomist. The team is supported by a practice manager and a team of administrative support staff. The practice holds a GMS contract for providing services; a nationally agreed contract between GP Practices and NHS England.

The practice is open from 8am to 6.30pm Monday to Friday. In addition to these times, the practice operates extended hours on Tuesdays and Thursdays from 6.30pm to 8pm and from 9am to 11.45am on Saturdays.

Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

We undertook a comprehensive inspection of Sovereign Medical Centre on 1 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, with a rating of requires improvement for providing safe services. The full comprehensive report from the inspection in August 2017 can be found by selecting the 'all reports' link for Sovereign Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused follow up inspection of Sovereign Medical Centre on 1 May 2018. 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.

# Are services safe?

**At our previous inspection on 1 August 2017, we rated the practice as requires improvement for providing safe services as the practice did not have an effective system for managing safety alerts and were unable to demonstrate that all alerts were received and acted upon appropriately.**

**These arrangements had significantly improved when we undertook a focused follow up inspection on 1 May 2018. The practice is now rated as good for providing safe services.**

## Safety systems and processes

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- DBS checks had been undertaken for all relevant staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The practice manager had established a rolling programme for DBS checks to ensure they were maintained appropriately.

## Safe and appropriate use of medicines

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. For example patients on long term or high risk medicines were reviewed at appropriate intervals by a clinician.

## Track record on safety

- Systems had been improved to ensure that appropriate action was taken in response to safety alerts to reduce risks to patient safety. Alerts were received by a named member of staff and appropriate action was taken as a matter of priority. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that when an alert was received regarding a specific contraceptive device checks were undertaken as required. We also saw that the practice updated its computer notifications following receipt of alerts to ensure that prescribing errors were avoided in the future. The practice maintained paper records of alerts received and action taken in response to them. Records of alerts received and action taken were kept securely.

## Lessons learned and improvements made

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.