

# Magnolia House

## Inspection report

Station Road

Ascot

Berkshire

SL5 0QJ

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[www.magnoliahouse.nhs.uk](http://www.magnoliahouse.nhs.uk)

Date of inspection visit: 08 August 2018

Date of publication: 28/09/2018

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

Are services safe?

**Good**



# Overall summary

This practice is rated as Good for providing safe services. (Previous rating December 2017 – Good overall and requires improvement for safe).

The key question at this inspection is rated as:

Are services safe? – Good

We carried out an announced focused inspection at Magnolia House on 8 August 2018. We undertook this inspection to follow up on breaches of regulations following the previous inspection in November 2017. We inspected areas of the safe domain as part of this inspection.

At this inspection we found:

- The provider had initiated a comprehensive log of patient safety and medicines alerts received into the practice and ensured action was taken.
- A risk assessment for one of the smaller clinical rooms had been carried out and a list of suitable procedures and assessments that could take place in the room was available to all staff.
- The practice had reviewed the prescribing guidance and had reviewed their protocols for patient group directions and patient specific directions.
- The practice had commenced formal recording of the health status of employees to ensure they could offer reasonable adjustments where appropriate.

As part of this inspection we also followed up on previous concerns relating to practice compliance with the accessible information standard (AIS). We found the practice had not considered the communication needs of patients at the last inspection. During this inspection we found the practice had implemented an AIS policy in January 2018 and adopted an AIS toolkit. Staff were offered training and the reception team had printed AIS reminders for use at the reception desk. The patient new registration form included questions to identify any communication needs of patients.

## **Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

## Our inspection team

This follow up inspection was undertaken by a CQC inspector.

## Background to Magnolia House

Magnolia House was established in 1911 and moved to its current premises in 1963.

The practice serves Sunningdale, Sunninghill, Windlesham and some areas of Ascot and Virginia Water. The registered provider is Magnolia House.

The practice is one of the practices in East Berkshire Clinical Commissioning Group (CCG) and provides general medical services to approximately 9,200 registered patients.

According to data from the Office for National Statistics, this part of Berkshire has high levels of affluence and low levels of deprivation. The practice population has a predominantly higher proportion of patients over 75 and under 14 years of age compared to national averages. In addition, there are fewer working age patients (45 to 60 years) and lower levels of unemployment compared to the national average. The ethnic mix of patients is predominantly white with approximately 10% of registered patients belonging to black or minority ethnic groups.

The practice provides the following regulated activities:

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

All services and regulated activities are provided from:

Magnolia House, Station Road, Ascot, Berkshire, SL5 0QJ

Online services can be accessed from the practice website: [www.magnoliahouse.nhs.uk](http://www.magnoliahouse.nhs.uk)

## Are services safe?

During our previous inspection in November 2018 we found concerns relating to prescribing of medicines under patient group directions and patient specific directions, unsuitable monitoring and recording of patient safety and medicines alerts and incomplete risk assessment of a clinical room. In addition, we found the provider had limited systems in place to assess staff health and wellbeing so reasonable adjustments could be made.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

The practice had initiated a health questionnaire form for new employees to complete which enabled a review of any reasonable adjustments to be considered. We viewed three examples of recruitment files for staff who had been recruited since the previous inspection and found all had completed a health status questionnaire. The practice had access to an Occupational Health Unit for any staff identified as requiring additional support or a review of any health conditions.

Staff had been asked to retrospectively fill in a health questionnaire so the practice could establish if they needed to support any of their staff. They had also used the questionnaire to assist in sickness absence reviews and had supported staff with identified concerns to offer reasonable adjustments.

### Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

During this inspection we reviewed the patient group directions (PGDs) and patient specific directions (PSDs) to determine if they were in line with prescribing guidance. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

The practice had reviewed the prescribing guidance for PGDs and PSDs and updated the practice policies accordingly.

We found all the PGDs had been appropriately signed and authorised. One PGD had expired in January 2018 as the extension cover sheet (sent by the Clinical Commissioning Group in January 2018) had not been added to the PGD folder. The practice immediately escalated the concern using their reporting procedure and added the update to the folder.

We were shown the practice process for using PSDs which met the requirement of prescribing legislation. The practice had completed an audit of PSDs issued between May 2018 and August 2018 and found 80% had followed the practice protocol. Learning outcomes were identified and shared with staff.

### Track record on safety

The practice had a good track record on safety.

The practice had reviewed a risk assessment for one of the clinical rooms to determine its use for patient care and consider safety. We found the practice had considered the risks associated with the size and location of the room and determined the procedures and treatments that were safe to undertake in the room. A list of suitable treatments and procedures was available to staff.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

The practice had reviewed their process for receiving and acting on alerts received from the Medicines and Healthcare Regulatory Agency and other patient safety incidents. We saw examples of recent alerts that had been acted upon. In addition, the practice had initiated a comprehensive log of patient safety and medicines alerts to ensure all alerts had been appropriately disseminated, reviewed and action taken.