

# Long Clawson Medical 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 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
Areas for improvement	8

### Detailed findings from this inspection

Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	10

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 4 May 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 17 and 19.

We undertook a focussed inspection on 14 December 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from May 2016 by selecting the 'all reports' link for 'Long Clawson Medical Practice on our website at [www.cqc.co.uk](http://www.cqc.co.uk)

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

- We found that a new significant event system had been put in place. The policy and reporting form had been updated. Recording and investigations were detailed and actions were identified and implemented. Meeting minutes represented the discussion that took place.

- The practice had implemented an effective system for dealing with patient safety alerts.
- The Safeguarding register had been reviewed and updated.
- Risks to patients were now assessed and well managed. For example, Legionella, COSHH, medicine collection sites, hearing loop, blank prescription stationery.
- Monitoring of staff training and appraisals now took place.
- Recruitment arrangements for staff were now in line with national guidance.
- The practice now had an effective governance system in place.
- Appropriate policies and guidance are in place to enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

The provider should:

- Review significant events to ensure any statutory notifications to CQC have been completed.

# Summary of findings

**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. We found that the system in place for significant events had been updated. Recording and investigations were detailed and actions were identified and implemented. We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had undertaken SEA training with all staff to ensure they understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had plans to have further training in January 2017.
- Risks to patients were now assessed and well managed.
- The practice had improved the system for blank prescription stationery.

### Are services well-led?

Good



- Since our inspection in May 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.
- Recruitment arrangements included all the necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008.
- 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.
- A system was now in place to ensure all staff had a yearly appraisal.
- We saw minutes which demonstrated that regular practice meetings had taken place. There was a clear format with more detail of discussion and responsibility for actions being documented.
- The practice now had a system in place where policies and procedures to govern activity, were reviewed on a yearly basis to provide guidance to staff.

# 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

We carried out an announced comprehensive inspection of the practice on 4 May 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 17 and 19.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of older people.

Good



### People with long term conditions

We carried out an announced comprehensive inspection of the practice on 4 May 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 17 and 19.

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The practice is now rated as good for the care of people with long-term conditions.

Good



# Summary of findings

## Families, children and young people

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The practice is now rated as good for the care of families, children and young people.

Good



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

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of working-age people (including those recently retired and students).

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Good



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

We carried out an announced comprehensive inspection of the practice on 4 May 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 17 and 19.

We undertook a focussed inspection on 14 December 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from May 2016 by selecting the 'all reports' link for 'Long Clawson Medical Practice on our website at [www.cqc.co.uk](http://www.cqc.co.uk)

Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



# Summary of findings

## Areas for improvement

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

- Review significant events to ensure any statutory notifications to CQC have been completed.

# Long Clawson Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a member of the CQC medicines team.

### Why we carried out this inspection

We undertook an announced focussed inspection of Long Clawson Medical Practice on 14 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 4 May 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

We spoke with GP partners, practice manager and members of the management, dispensary and administration team.

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

# Are services safe?

## Our findings

### Safe track record and learning

- At the last inspection the practice had carried out a significant event review to ensure themes and trends were identified from the significant events within the practice but had not included the significant events from the dispensary. We spoke with the practice manager and we were told that the process for discussing all significant events to include the dispensary would be reviewed and updated. Significant events would also be discussed at meetings and included in the yearly review. Since the inspection we have received from the practice an updated significant event template and policy.
- At our most recent inspection we found the practice had revised their significant event process and policy. There was now a comprehensive system in place. A log was kept of significant events, with each incident numbered, risk rated and details kept of review date, 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.
- At the last inspection we found that the practice had a system in the dispensary where serious medication incidents could be raised as significant events and near-miss dispensing errors were recorded. This meant that themes and trends could be identified and monitored.
- At this inspection we saw evidence of significant events that occurred in the dispensary being discussed and reviewed in clinical meetings within the surgery. Review of dispensary significant events was thorough and documented outcomes had translated into changes to dispensary processes. Dispensary significant events were now a standing item on their clinical meeting agenda. Appraisals of staff involved in the dispensing of medicines were completed annually with the superintendent pharmacist.
- At the last inspection we saw that most arrangements were in place to safeguard children and vulnerable adults from abuse. We saw that the safeguarding register needed updating to ensure that it only included current safeguarding and not historical concerns that had now been resolved.
- At this inspection we found a clear and effective system in place to keep people safe and safeguarded from abuse. The safeguarding register had been reviewed and updated.
- At the last inspection we saw that blank prescription forms were handled by dispensary staff in accordance with national guidance and that serial numbers were recorded on receipt into the practice. However, serial numbers of blank forms given to GPs for use in their consulting rooms were not recorded. We also observed that blank prescription forms were kept in unlocked printers in the GP consulting rooms.
- At this most recent inspection we found that blank prescription printer forms and pads were handled in accordance with national guidance, stored securely and tracked through the practice.
- At the last inspection we reviewed seven personnel files and found that there were inconsistencies and gaps in the recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.
- At this inspection we reviewed five personnel files and found that the system for staff files had been reviewed. We found that appropriate recruitment checks were carried out and documentation held in accordance with guidelines. The process for Disclosure and Barring Service (DBS) check had been reviewed and the practice had carried out the checks in line with their policy. (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). Staff who did not require a DBS check had a risk assessment in place to address this.
- At this inspection we reviewed the process for ensuring patients medicines were reviewed in accordance with clinical need. We saw that the process worked well. GPs were alerted by nominated staff when reviews were due and patients recalled to the most appropriate clinician. In accordance with the practice policy spot checks were conducted monthly to ensure this was working effectively and an audit was planned for January 2017.

### Monitoring risks to patients

Risks to patients were now assessed and well managed.

## Are services safe?

- At the last inspection we saw that the surgery had arranged a medicines delivery service to three collection sites in surrounding villages. We saw no evidence that the practice had a Standard Operating Procedure (SOP) or had risk-assessed this service to ensure that medicines were correctly and securely stored at these remote sites and of the arrangements to ensure that medicines were collected by the correct patients or their carers. Since the inspection the practice have commenced a risk assessment in relation to the medicine collection point.
- At this most recent inspection we were told and we saw that the practice no longer delivered medicines to remote collection sites as it had not been possible to ensure ongoing suitability of those sites. The surgery had arranged for medicines to be delivered directly to the homes of housebound patients which improved their service to these patients. The delivery service was offered by the on-site hybrid pharmacy/dispensary and was provided by pharmacy staff. The surgery had assured itself that delivery drivers had DBS checks in place
- At the last inspection we saw that the practice had two areas to store Control of substances hazardous to health (COSHH) substances. One of these areas was in a boiler room. We spoke with the management team in regard to the safety and efficacy of these substances in this room.
- At this inspection we found that the practice had been proactive and immediately removed the storage of COSHH substances to another area which was safe and secure.
- At the last inspection we found that the practice had undertaken their own legionella risk assessment. The risk assessment did not include a responsible person, name of competent person carrying out the risk assessment, description of the practice system, potential sources of risk, any controls in place to control risks, monitoring, inspection and maintenance procedures, records of the monitoring results, inspections and checks carried out and arrangements to review the risk assessment regularly. The policy was not robust and did not provide sufficient guidance for staff in relation to legionella. After that inspection the practice had contacted a contractor who would undertake a full risk assessment on 9 May 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- At this most recent inspection we were told and we saw that the practice had employed an external company to undertake a full legionella risk assessment. Remedial actions had been recommended and these had been completed in October 2016. Water Temperature monitoring had been completed on a monthly basis since the last inspection and the external company were contracted to visit the practice every six months to continue to provide support to the practice and carry out regular checks in regard to legionella.

# Are services well-led?

Good 

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

## Our findings

Long Clawson Medical Practice is one of three locations in Vale Medical Group. The group were committed to preserve and enhance its good reputation for being a tradition of caring and innovative practices.

Following our inspection in May 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, enthusiastic and committed in delivering this.

We saw that the practice continued to engage with the wider community. They had held a Patient Participation Group (PPG) Health fair in October 2016 in conjunction with the other practice surgeries at Stackyard and Woolthorpe by Belvoir. It focused on health promotion and external exhibitors attended to provide advice and guidance in the prevention of illness and promotion of healthy lifestyles. Patient feedback was extremely positive.

### Governance arrangements

At our inspection in May 2016 we found that the practice did not have effective governance systems in place for:-

- Reporting, recording and monitoring of significant events particularly in the dispensary.
- Safeguarding register needed updating to ensure that it only included current safeguarding and not historical concerns that had now been resolved.
- Not all staff had received safeguarding training.
- The practice did not have an effective system in place to manage and monitor risks to patients, staff and visitors to the practice. For example, legionella, COSHH and medicine collection points.
- The practice did not ensure that all recruitment arrangements which include all necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008.
- Not all staff had received an annual appraisal
- The practice needed to monitor the system they had in place in relation to QOF exception reporting to ensure there was enough nurse appointments for the review of long term conditions.

- The hearing loop situated in the reception area was dusty and staff was unsure how it worked.
- There was not an effective system in place for the blank prescription forms used in printers and hand written prescriptions pads to be tracked through the practice.
- Practice specific policies were implemented and were available to all staff but some were overdue for an update and review. For example, learning disabilities, home visits to include the recent safety alert information and Safeguarding policies – GPs to be level three, clinical staff level 2 and non-clinical staff level one.

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:

- There was a new system for reporting and learning from significant events and complaints, supported by the change in culture which had resulted in an increase in the number of incidents being reported by staff.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A new system had been introduced to monitor staff training and appraisals.
- Staff had been trained on how to use the hearing loop.
- The system for recruitment had been reviewed and updated to ensure they were in line with Section 3 of the Health and Social Care Act 2008.
- There was an effective system in place to ensure practice policies and procedures were updated and reviewed on a regular basis.
- Robust systems were now in place for the blank prescription forms for use in printers and hand written prescriptions pads to be tracked through the practice.

# Are services well-led?

Good 

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

- We looked at a complaint received by the Care Quality Commission since the last inspection in regard to a patient at the practice. We looked at the concerns raised by a patient and found detailed records had been completed on the electronic patient record system.