

Castlefields Surgery

Inspection report

The Mannoek Medical Centre
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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

Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Castlefields surgery on 20 March 2018. The overall rating for the practice was good with requires improvement for providing well led services. The full comprehensive report on the March 2018 inspection can be found by selecting the 'all reports' link for Castlefields Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 19 October 2018 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 inspection on 20 March 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- There were gaps in record keeping to support regular cleaning of the practice.
- There was no oversight of complaints or significant events, with no analysis of trends or learning taken.
- Meeting minutes lacked detail and were not a full account of what had taken place.
- There was ineffective systems to review policies and procedures.
- A legionella risk assessment had not been completed. (Legionella is a term for a bacterium which can contaminate water systems in buildings).

- The practice was not actively encouraging patient to participate in the national cervical screening programme.
- Annual reviews for patients in vulnerable groups, such as with learning disabilities, were not completed regularly.
- An infection control audit had been carried out with ongoing actions being completed.
- Risk assessments were in place for emergency medications that were not held on site.
- There was a secure system in place for prescription safety.
- Staff in lead roles had received appropriate training.

At our previous inspection on 20 March 2018, we rated the practice as requires improvement for providing well led services due to the above governance issues. At this inspection we found that some of the concerns had been rectified however there were still some issues that had not been resolved. Consequently, the practice is still rated as requires improvement for providing well led services.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a practice manager specialist adviser.

Background to Castlefields Surgery

Castlefields Surgery provides a range of primary medical services, from its location at The Mannock Medical Centre, Irthlingborough Road, Wellingborough, Northamptonshire, NN8 1LT. It is part of the NHS Northamptonshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 3,900 patients with a slightly lower than national average population of patients aged over 65 years. The practice population is 72% white British and 12% Asian.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of a sole provider who is the lead GP (male). There are also three regular locum GP's (female). The practice also employs two female practice nurses and one female health care assistant. The team is supported by a practice manager and a team of non-clinical, administrative staff.

Members of the community midwife team operate regular clinics from the practice.

The practice operates from the ground floor of a purpose built modern two-storey building, with disabled access throughout. The building also accommodates a pharmacy, another GP practice and other healthcare services that were not inspected as part of this inspection. There is a large car park outside the surgery, with disabled parking available.

Castlefields surgery is open from 8am to 6.30pm on Monday to Friday with extended opening until 8.30pm on alternate Thursdays. The practice is closed once a month for staff training. When the practice is closed, out of hours services can be accessed via the NHS 111 service.

Information about this is available in the practice and on the practice website.

The practice provides surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services well-led?

At our previous inspection on 20 March 2018, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found some arrangements had improved when we undertook a follow up inspection of the service on 18 October 2018. However not all systems had improved and the practice remains rated as requires improvement for being well-led.

Governance arrangements

- We saw that there was a system in place for receiving, actioning and sharing incidents and complaints. However, there was limited oversight with no system in place for analysis of complaints and incidents in order to identify themes, trends and further learning.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- An infection control audit had been completed and actions taken as appropriate. Cleaning of the practice was carried out by an external cleaning agency. The practice could not provide assurance that there was an effective system in place to record that cleaning had been completed
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. Multi-disciplinary team meetings, including child protection meetings, were held however the minutes were brief and lacked detail.
- Practice leaders had policies and procedures to ensure safety however these had not been individually reviewed. There was no evidence of key policies such as safeguarding or significant events.
- A legionella risk assessment had not been completed and the practice could not provide assurance that the risks associated with legionella had been managed. (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The practice held a range of emergency medicines. There were arrangements in place with the onsite pharmacy for the availability of medicines not held by the practice. A risk assessment had been completed and a required list was held by the practice.
- A system has been introduced to ensure that prescriptions were stored securely and monitored. Completed prescriptions were locked in reception and blank prescriptions were locked in treatment rooms. There was a monitoring system to record when prescriptions were collected.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">i) There was no systems in place to conduct legionella testing.ii) There was no oversight of complaints or significant events with unclear learning or improvement.iii) There was a lack of cleaning records for the premises.iv) Key policies were not in place such as safeguarding and significant incidents. There was not an effective system for review of policies.v) Meeting Minutes were brief and lacked detail.vi) Patients in vulnerable groups were not receiving an annual review.