

Crown Medical Centre

Quality Report

Crown Medical Centre
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Date of inspection visit: 7 April 2016

Date of publication: 23/06/2016

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 17 December 2015. During this inspection an overall rating of good was made, with the effective, caring, responsive and well led areas all being rating as good. However, a breach of Regulation 12 of The Health and Social Care Act (Regulated Activities) Act 2014 was found. This related to the safe delivery of services.

The practice required improvement for the provision of safe services to ensure all Patient Group Directions and Patient Specific Directions are appropriately authorised before vaccines were administered to patients. In addition we also recommended the practice should consider improvements in some other areas to improve the safe delivery of services.

After the comprehensive inspection, the practice sent us their action plan and recorded within this what they would do to meet legal requirements in relation to the Regulation 12 breach.

We undertook a desk-based focused inspection on 07 April 2016 to check that the practice had followed their action plan and to confirm that they now met legal requirements. We did not visit the practice.

We found the practice was meeting the regulation that had previously been breached in relation to safe care and

treatment. The practice provided evidence to us that Patient Group Directions and Patient Specific Directions were authorised and signed by the authorising clinicians before vaccines were administered to patients.

During our previous inspection we recommended the practice should consider additional improvement and these had been improved as follows:

- The recruitment policy had been reviewed so relevant checks are now carried out and this was now recorded in staff records.
- The contract arrangements with the cleaning contractor had been reviewed and action taken, including increasing cleaning hours and more thorough cleaning.
- The complaint procedure had been amended so all patients received a satisfactory response, to both verbal and written concerns, in line with good practice.
- Governance arrangements had been reviewed and lead roles confirmed to ensure all checks, audits, complaints, significant events, policies and day to day management of the practice were carried out, reviewed and the information from these informed improvements in service quality and staff development.

Summary of findings

- The clinical leadership of the nursing team had been reviewed and a GP confirmed to the staff as clinical lead. Their role was to provide support and guidance on clinical issues.

We have amended the rating for this practice to reflect these changes. The practice is now rated as good for the provision of safe services.

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Crown Medical Centre on our website at www.cqc.org.uk.

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.

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe:

- Systems had been implemented to correctly authorise Patient Group Directions and Patient Specific Directions before vaccines are administered to patients. A clinical governance team had been formed and there was greater emphasis on ensuring that all learning and actions from significant events, soft concerns and complaints were shared by all staff and used to inform improvements in the safe care and treatment of patients.
- Safe systems had been implemented for staff recruitment and the prevention of infection.
- A clinical governance policy has been produced; a GP had been confirmed as clinical governance lead and a clinical governance group has been established.

Good



Crown Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A desk-based review was undertaken by a CQC inspector.

Background to Crown Medical Centre

Crown Medical Centre is located close to the centre of Taunton. The practice serves a local and rural population of approximately 9400 patients from Taunton and the surrounding villages. The practice was purpose built in 2002, has parking on site including spaces for patients with a disability. The practice has a number of rooms which it makes available to other services, these include; a dietician, a counsellor, a physiotherapist as well as a chiropractor. The Somerset Local Medical Council is located on the premises as well as a pharmacy.

Crown Medical Centre has eight GPs, seven of whom are partners. Between them they provide 40 GP sessions each week and are equivalent to five whole time employees. Six GPs are female and two are male. There are three practice nurses including two non-medical prescribers whose working hours are equivalent to 2.37 whole time employees (WTE). A health care assistant and phlebotomist are also employed by the practice with combined hours of 1.36 WTE. The GPs and nurses are supported by 11 management and administrative staff including a practice manager and operations assistant.

The practice's patient population is expanding and has slightly more patients between the age of 40 and 64 years than the national average. Approximately 2.3% of the patients are over the age of 85 years compared to a

national average of 2.2%. Approximately 53% of patients have a long standing health condition compared to a national average of 54% which can result in a higher demand for GP and nurse appointments. These figures indicate there may well be competing demands for GP appointments however patient satisfaction scores are high with over 92.9% of patients describing their overall experience at the practice as good.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is the same as the national average of 79 and 83 years respectively and one year less than the Clinical Commissioning Group average.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are available from 8:30am and emergency telephone access is available from 8am. The practice operates a mixed appointment system with some appointments available to pre-book and others available to book on the day. GP appointments are 15 minutes each in length and appointment sessions are typically 8:30am to 11:30am and 3pm to 6pm. Each consultation session has 12 appointment slots. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for patients with dementia and minor surgery

Detailed findings

services. An influenza and pneumococcal immunisations enhanced service is also provided. These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice has opted out of providing out-of-hours services to their own patients. Patients are directed to this service by the practice outside of normal practice hours or via NHS 111.

Why we carried out this inspection

We undertook an announced desk-based focused inspection of Crown Medical Centre on 7 April 2016. This inspection was carried out to check that improvements to

meet legal requirements had been implemented by the practice following our comprehensive inspection on 17 December 2015. We inspected the practice against one of the five questions we ask about services:

- is the service safe? (because the practice was not meeting some legal requirements)

How we carried out this inspection

We reviewed an action plan and information given to us by the practice, including copies of Patient Group Directions (PGDs), clinical governance policy, the complaints, comments & suggestions policy, the recruitment policy and minutes of a clinical governance meeting.

Are services safe?

Our findings

Overview of safety systems and processes

When we visited the practice on 17 December 2015 we found the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. These were all in date and current. However, we found that some PGDs had not been signed by the governance lead and the PSDs were signed retrospectively. This was a breach of the regulations (Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment).

The action plan and information submitted by the practice following the inspection evidenced that all Patient Group Directions and Patient Specific Directions (PGDs) were authorised and signed before vaccines were administered to patients. We saw three PGDs that were signed by both the practice nurse and clinical governance GP. An example was provided of a form used by the health care assistant for PSDs.

We saw evidence that a clinical governance policy had been developed and agreed by partners, including confirmation of a GP in the role of clinical governance lead and a GP lead to provide support and guidance to practice nurses on clinical issues. This meant lessons were shared to make sure action was taken to improve safety in the practice.

A clinical governance team had been formed and we saw minutes of a meeting dated 07 March 2016 that had been held. Clinicians, management and administrative staff had attended and discussed relevant topics including PGDs and PSDs, infection control, policies and protocols, risk management and clinical training. This meant the practice had oversight of systems, processes and practices in place to keep patients safe and safeguarded from abuse. The clinical governance team ensured all checks, audits,

complaints, significant events, policies and day to day management of the practice are carried out, reviewed and used to inform improvements in service quality and staff development.

During our previous inspection we highlighted areas where the practice should consider improvement and we saw evidence of positive changes that had resulted including:

- The recruitment policy had been reviewed and revised to ensure checks, such as staff immunisation status, were carried out and evidenced clearly in staff records. This meant reasonable precautions were taken to protect patients, including vulnerable patients who may not respond well to their own immunisation and staff considered to be at risk of exposure to pathogens had received pre-exposure immunisation.
- The arrangements with the cleaning contractor have been reviewed and agreed actions have been recorded and implemented. These include identifying concerns from other users of the building, providing additional hours of cleaning time and specifying areas to be cleaned more thoroughly. Further actions to improve the cleaning of the practice have been agreed for future implementation. This meant the practice maintained infection prevention and control to reduce the cumulative risk of transmission of infection posed by micro-organisms in that environment.
- The practice had reviewed its 'soft concerns' document, a document used to record 'soft' concerns about potentially vulnerable children and adults which enabled patterns of issues to be recorded which might alert staff to more serious concerns. We saw evidence the document was only available via a secure access by relevant staff.
- We saw evidence of improvement to the complaint procedure. The complaint policy had been reviewed and amended to ensure all complaints, written or verbal, received a written response. This meant the practice had a system in place to respond to potential poor or inadequate standards of care and the practice was responding to all patient concerns.