

Mayfield Medical Centre

Quality Report

Croyde Close
Farnborough
Hampshire
GU14 8UE

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at Mayfield Medical Centre on 21 November 2017 to follow up on one warning notice.

The practice was previously inspected on 5 September 2016 where we carried out a full comprehensive inspection and we rated the practice as requires improvement overall. We completed a further announced focused inspection on 6 July 2017 to follow up on the safe and well-led key questions. We rated the practice as requires improvement for safe and inadequate for well-led. The practice is rated as requires improvement

overall and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report. As a result of the inspection a warning notice was served. The timescale given to comply with the warning notice was 20 October 2017.

The warning notices served related to regulation 17 Health and Social Care Act as a result of the following issues:

- Risk assessments relating to the health, safety and welfare of people using services were completed but actions identified were not completed within the timescales set by the risk assessments.

Summary of findings

- The practice did not ensure all leaders had the necessary experience, knowledge, capacity and capability to lead effectively. There was no registered manager at the practice.
- Governance arrangements and risk management were not fully embedded such as not completing bi-monthly infection control spot checks as per the practices policy.
- The registered GP partners did not have oversight of the actions required from risk assessments or the timescales these needed to be completed in.
- Not all staff had been trained in areas required to undertake their role, this included infection control and fire safety.
- The practice had not met their deadlines for actions to provide further training to staff in respect of complaints handling.
- All staff had received training in fire safety and additional training for the allocated fire marshals. A full fire drill had been completed by the practice with the next one planned.
- Infection control audits were conducted every other month as a spot check in line with the practices policy. Findings were discussed with the GP partners.
- All staff had received infection control training.
- The majority of administration staff had completed customer care training with a plan in place for those who had yet to do so.
- Practice policies and procedures were now appropriately reviewed and updated to ensure their content was current and relevant.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- All four GP partners had applied to become registered managers and have enrolled on leadership courses.

At our inspection on 21 November 2017 we found the provider had complied with the warning notice in relation to regulation 17.

Our key findings were:

There were now more systems and processes in place; for example

- Risk assessments for areas such as Legionella and fire safety had been carried out, and there was a system to monitor and act on the findings of the assessments. All areas with identified actions had now been completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Mayfield Medical Centre

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 practice manager specialist adviser and a CQC inspector.

Background to Mayfield Medical Centre

Mayfield Medical Centre is located in a purpose built building in Farnborough, Hampshire. The practice has approximately 9,400 registered patients. The practice provides services under an NHS General Medical Services contract and is part of the NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG).

The population in the practice areas is in the fifth decile on the deprivation scale. (Level one represents the highest levels of deprivation and level 10 the lowest). The practice has a higher than national average number of patients aged 20 to 45 years old. A total of 12% of patients at the practice are over 65 years of age which is lower than the national average of 17%. A total of 52% of patients at the practice have a long standing health condition, which is slightly lower than the national average of 54%. Mayfield Medical Centre has a multi-cultural mix of patients. The location population is mainly white British; however, approximately 30% of the practice's patient list is Nepalese or British Citizens with Nepalese origins. This is due to the significant military presence in the area including a Gurkha regiment. The practice also has patients of Romanian and Polish ethnicity.

The practice has four GP partners, three are female and one is male. Together the GPs provide care equivalent to

approximately 38 sessions per week which includes 2 sessions per week in local care homes. The GPs partners are supported by two salaried GPs and one retained GP and two part time practice nurses. The clinical team are supported by a practice manager alongside administrative and clerical staff. The practice is a training practice for doctors training to be GPs. The practice has recently become involved with the University of Surrey for students training to become physician associates.

Mayfield Medical Centre is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available every Wednesday from 7am to 8am, or later from 6.30pm to 7.30pm and every Saturday morning from 8.30am to 11am.

The practice has opted out of providing out of hours services to their own patients and refers them the Hampshire Doctors On Call who are run by Partnering Health who provide an out of hours services via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting prescriptions. The practice is also part of the North East Hampshire and Farnham Vanguard. (The vanguard is made up of providers and commissioners of health and social care which focus on the development of integrated health social and wellbeing system for patients to support them in the community).

We inspected the only location:

Mayfield Medical Centre

Croyde Close

Farnborough

Hampshire

GU14 8UE

Are services safe?

Our findings

At the previous inspection on 6 July 2017 we rated the practice as requires improvement for providing safe services. This was because systems and processes to monitor risk to the health, safety and welfare of patients staff and visitors to the practice was not adequate and the practice was subsequently given a warning notice for regulation 17 good governance.

The practice had failed to undertake recommended actions from an external company's fire risk assessment within the timeframes specified by this risk assessment. Some actions had a priority rating and a deadline of completion. The practice had completed most of these actions but not within the recommended timeframes. Some actions still remained to be completed.

The practice had not acted upon the need to identify a fire marshal for the building and to provide training to all staff in fire safety. The risk assessment stated this was to be done as a priority and highlighted that a lack of staff knowledge of fire safety would be putting staff and patients at potential risk.

The practice had not been completing fire evacuation drills as per their policy.

There was no record to evidence that staff had completed infection control training.

There had been significant improvements when we completed a follow up of the warning notice on 21 November 2017.

Overview of safety systems and processes

At this warning notice follow up inspection we reviewed the fire risk assessment dated December 2016, and the practices progress on the outstanding actions. The practice had now completed all actions identified from the fire risk assessment.

- The practice had addressed the issue around having a fixed electrical circuit test and we saw a copy of the most recent certificated dated August 2017.
- All staff had received fire safety awareness training. This was either completed by an external company or by 'mop-up' learning sessions for those who could not attend the intima training. We saw evidence from the training matrix that all staff had received this training and saw certificates for the staff who attended the external training course in August 2017.
- Three fire marshals had been appointed for the practice and received additional training for this role.
- All staff spoken to on the day of the inspection demonstrated good understanding of what their roles and responsibilities would be in the event of a fire and were able to provide the names of the newly appointed fire wardens.
- The practice had completed weekly fire alarm testing and a full evacuation drill on 3 October 2017. We saw a copy of the record to evidence that this had taken place. However, the practice did not record the names of the staff who were involved in this evacuation drill.

The practice had ensured that all staff had received infection control training.
- The lead nurse was the dedicated infection control lead (with oversight from one of the GP partners).
- The lead nurse had given a training presentation to all staff on infection control processes as well as undertaking observations of clinical staff members' hand washing techniques. All staff had signed a document to evidence that they had read the relevant policies.

Are services well-led?

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

Our findings

At our previous inspection on 6 July 2017 we rated the practice as inadequate for providing well-led services as the arrangements were not adequate. A warning notice was given for regulation 17 Good Governance.

The practice lacked oversight in implementation of their policies and procedures. For example, the practice was not recording bi-monthly infection control spot checks and reporting these to the managers as per their policy.

The practice had an overall lack of governance and leadership structure to ensure systems and processes were being followed and actions completed in a timely manner. These shortfalls included:

- oversight of actions from external assessments, including fire and legionella testing;
- monitoring of their action plan which they submitted to CQC following their September 2016, such as ensuring staff received training in infection control, fire safety and customer care training;
- oversight of induction record sign off for all new employees.

There was no registered manager in post at the 6 July 2017 inspection to oversee the running of the practice and to ensure that the practice manager was supported in completing delegated tasks in a timely manner.

These arrangements had improved when we undertook the warning notice follow up on 21 November 2017.

Vision and strategy

Since the previous inspection the practice had changed their approach to their strategy. The GP partners told us that they had reviewed the structure of their meeting arrangements and agendas at their partner meetings. They had identified that clinical and information governance arrangements were not adequately discussed at these partner meetings and had subsequently implemented a separate dedicated governance meeting which was attended by all GP partners and the practice manager.

The practice now alternated on a weekly basis between a partners meeting and this new governance meeting. The

governance meeting was dedicated to looking at the practice's vision and making key strategic decisions. Agenda items included reviewing and updating their CQC action plan tracker.

Key messages were filtered down to the relevant staff members at whole practice meetings and dedicated reception/nurse meetings.

We saw minutes from the governance meetings which evidenced what discussions had taken place and identified relevant actions for follow up at the next meeting.

The partners at the practice had either enrolled or were due to be enrolled onto leadership courses over the course of the next few months.

All four GP partners had applied to become registered managers at the practice through the CQC application process. At the time of this inspection one partner had received their completed application and certificate whilst the others were awaiting the process to be finalised.

Governance arrangements

The practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- All outstanding actions from risk assessments had been completed.
- Induction checklists had been completed and signed off for all new starters.

The practice had allocated the role of infection control lead to the lead nurse at the practice. The practice had identified the need to ensure that their infection control lead had the correct training and support for this role. The infection control lead at the practice had worked with the local clinical commissioning group and practice manager to set up a new forum for all the infection control leads in this clinical commissioning group to share knowledge and training. The first meeting is currently under development.

The lead nurse had reviewed all the infection control policies and implemented the bi-monthly spot checks as

Are services well-led?

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

per their policy. The lead nurse told us that she completed a full infection control audit of the practice every other month at a random date and did not advertise this to the staff. Details of outcomes were reported to the GP partner who had oversight of infection control, which were then discussed in relevant GP partner meetings. We saw two completed audits August and October 2017 with actions identified. We also saw evidence that findings were discussed in partner meetings and the month set for the next audit/check.

The practice had created their own action plan stemming from the recommendations from the previous CQC inspections. This was reviewed at each governance meeting and given a red, amber, green rating. We were told that each aspect was reviewed and updated with new actions at the end of each meeting to ensure that the partners maintained oversight of what was happening within the practice in terms of governance arrangements and decision making.

The practice had identified as an action point the need to resolve the issues around legionella testing. The practice had arranged for water testing to be conducted every three months by an external company. Monthly temperature testing was conducted by the practice manager with the intent of delegating this role to each staff member allocated a clinical room. We saw evidence that this decision was discussed at the governance meeting and,

following the replacement of the thermostat, training would be provided to all staff on how to complete these checks with overall accountability being held by the practice manager.

The staff training matrix had been updated to reflect where the training gaps were and what training was still required.

- All staff had been documented as having completed infection control training provided by the lead nurse on either 29 June or 21 July 2017.
- All staff had undertaken fire safety training by an external company on 11 August 2017 with a mop-up session on 28 September 2017 for staff who couldn't attend on the 11 August.
- Not all administrative staff had completed customer care training. Nine out of 12 staff had received customer care telephone skills training provided by an external training company. We discussed with the practice manager why not all staff had completed this. We were told there had been a high volume of staff turnover in this department and they were waiting for the team to stabilise before enrolling others onto the training. The practice manager told us this had not been booked yet but we saw evidence in the governance meeting minutes dated 15 November 2017 to show that this had been discussed and that they would be seeking a different provider for the training and that, in the meantime, some Equality and Diversity training was booked for staff on 23 January 2018.