

# Berrymead Medical Centre

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Berrymead Medical Centre on 13 September 2016. The overall rating for the practice was 'requires improvement'. This was because we judged the practice as 'requires improvement' for being safe and for being well-led. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Berrymead Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 February 2017. The inspection was carried out to check that the provider had met the legal requirements we set out following the September 2016 visit. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Our key findings were as follows:

- Improvements had been made to the governance systems to ensure that the quality of services was assessed, monitored and improved. These included; carrying out a health and safety related risk assessment that included control measures,

reviewing the arrangements for clinical audit, the creation of a business continuity plan (emergency contingency plan) to manage unforeseen events or major incidents, improved structure and recording of practice meetings to promote good governance and the dissemination of information.

- The provider had reviewed health and safety related policies and procedures.
- An electrical installation safety test had been carried out.
- A fire safety risk assessment had been carried out and new fire safety checks had been introduced.
- A Legionella risk assessment had been undertaken and control measures were in place to prevent Legionella.
- A practice specific infection control policy and procedure had been implemented.
- The provider had introduced a system to ensure that all prescription pads were stored securely and accounted for.

# Summary of findings

As a result of the actions taken the practice is now rated as 'good' for providing a safe service and a well-led service. Overall the practice is therefore now rated as good.

We also found that the provider had made a number of improvements to the service in response to recommendations we made at our last inspection. These included;

- Improvements in patient access to appointments and the telephone system.

- Staff recruitment records had been improved to include documenting staff interviews and staff induction.
- A documented schedule had been introduced for the cleaning and disinfection of medical equipment and clinical rooms.
- A periodic review of complaints and significant events had been introduced in order to identify themes and trends.

**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 systems, processes and practices in place to keep people safe.
- Systems were in place for identifying risks and planning to mitigate these.
- A system was in place to periodically review significant events.
- Staff recruitment procedures included documenting the process for the selection and induction of new staff.
- Systems for storing and accounting for prescriptions were in place.

Good



### Are services well-led?

The practice is rated as good for providing well-led services.

- There were systems in place to govern the practice and support the provision of good quality care.
- Arrangements were in place to identify risks and to monitor and improve quality.
- The practice had a number of policies and procedures to govern activity and regular governance meetings were held.

Good



# 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

The provider had resolved the concerns for safety and well-led identified at our inspection on 13 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 13 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 13 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 13 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 13 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 13 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Berrymead Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was carried out by a lead Care Quality Commission inspector.

## Background to Berrymead Medical Centre

Berrymead Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 7900 patients living in St Helens and is situated across two purpose built medical centres. Patients can visit either of the medical centres and staff work across both sites.

The practice has four male GPs, three female practice nurses, one healthcare assistant, administration and reception staff and a practice management team.

Berrymead Medical Centre holds a Personal Medical Services (PMS) contract with NHS England.

The practice is open Monday - Friday 8.30am – 6.30pm. Extended hours services are provided on alternate Saturday mornings (8.30am – 12.30pm). Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of St Helen's Clinical Commissioning Group (CCG) and is situated in an area with higher than

average levels of deprivation. A higher than average percentage of patients (69%) have a long standing health condition. Life expectancy for both males and females is lower than the CCG and national average.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the GP out of hour's service provider (St Helens Rota) and NHS 111.

## Why we carried out this inspection

We had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions on 13 September 2016. At the inspection we judged the overall rating of the service was 'requires improvement'.

We undertook this follow up focused inspection of Berrymead Medical Centre on 20 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out an announced visit on 20 February 2016. During our visit we:

- Spoke with the practice manager.
- Looked at some of the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

# Are services safe?

## Our findings

At our previous inspection on 13 September 2016, we rated the practice as 'requires improvement' for providing a safe service. This was because the provider did not have the appropriate systems in place to assess, monitor, manage and mitigate risks to the health and safety of patients, public and staff. They had failed to identify the associated risks by the lack of health and safety policies procedures, systems and processes. The registered person did not ensure the safety of premises by ensuring electrical and fire safety systems were operated in accordance with statutory regulations and national guidance. They did not ensure risks were minimised by having processes in place and being able to respond to and manage major unforeseen incidents. Blank prescription pads were not stored securely.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook this follow up inspection of the service on 20 February 2017. The practice is now rated as good for being safe.

Our key findings were as follows;

### **Safe track record and learning**

A system had been introduced to carry out a periodic review of significant events to identify trends or themes.

### **Overview of safety systems and process**

The provider had introduced a system to account for prescription pads and ensure these were stored securely.

The staff recruitment process had been improved to ensure that the outcome of interviews and the induction process were appropriately documented.

### **Monitoring risks to patients**

Improvements had been made to ensure that health and safety risks to patients were assessed, monitored and mitigated. Health and safety related policies and procedures had been implemented and were scheduled for regular review. A test on the safety of the electrical installation had been carried out. A Legionella risk assessment and risk management plan had been undertaken. A practice specific infection control policy and procedure had been introduced. A system to carry out scheduled checks on the cleaning of medical equipment and clinical rooms was in place and monitored.

### **Arrangements to deal with emergencies and major incidents**

A business continuity plan (emergency contingency plan) had been produced to outline the arrangements for managing unforeseen events or major incidents such as staffing shortages, power failure or building damage.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 13 September 2016, we rated the practice as 'requires improvement' for providing a well-led service. This was because the provider did not have governance and audit systems in place that were effective in assessing, monitoring, managing and mitigating risks relating to the health, safety and welfare of patients and others.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook this follow up inspection of the service on 20 February 2017. The practice is now rated as good for being well-led.

Our key findings were as follows;

### **Governance arrangements**

Improvements had been made to the governance systems and processes to ensure that the quality of the service was assessed, monitored and improved. These improvements included;

- A review of the clinical audit planning to promote improved outcomes for patients.

- Improved systems and processes for documenting and sharing information across the staff team.
- A review of policies and procedures.
- The introduction of key policies and procedures and associated training for staff.
- Documented monitoring of infection control practices.
- A health and safety risk assessment and mitigation plan had been carried out.
- A review of fire safety practices had been carried out, improvements to fire safety equipment and checks had been made and staff had been provided with training in fire safety.
- A system for regular review of complaints and significant events had been introduced.
- A business continuity/contingency plan had been developed.

### **Leadership and culture**

Practice meetings were now well documented and the minutes of meetings provided a clear record of the areas covered during meetings and of the agreed outcomes. This supports good governance and the dissemination of information and learning to all staff.