

# St Ann's Medical Centre

## Quality Report

Rotherham Health Village  
Doncaster Gate  
Rotherham  
S65 1DA

Tel: 01709 375500

Website: [www.stannsmedicalcentre.co.uk](http://www.stannsmedicalcentre.co.uk)

Date of inspection visit: 21 and 24 June 2016

Date of publication: 31/08/2016

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



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	6

### Detailed findings from this inspection

Our inspection team	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10
Action we have told the provider to take	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 15 and 16 October 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12, safe care and treatment, and Regulation 19, fit and proper persons employed.

We undertook this focused inspection on 21 and 24 June 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website, St Ann's Medical Centre, at [www.cqc.org.uk](http://www.cqc.org.uk). Overall the practice is rated as requires improvement.

Specifically, following the focused inspection we found the practice to be requires improvement for providing safe, responsive and well-led services.

Our key findings across all the areas we inspected were as follows:

The provider had implemented a number of improvements recommended at the last inspection for example they had;

- Implemented systems to identify risks relating to infection prevention and control and to monitor and maintain standards. Maintained systems to minimise the risk of cross contamination in relation to hand washing at the branch surgery.
- Improved recruitment procedures although the recruitment procedure was not fully implemented.
- Implemented systems for formal analysis of significant events to enable the practice to identify patterns and trends over time.
- Clarified who was responsible for managing medical alerts and implemented systems to ensure these had been actioned.
- Improved arrangements for the storage of oxygen and ensured appropriate and consistent signage was implemented for oxygen storage areas.
- The practice had introduced a number of measures to improve access for patients. However, we received

# Summary of findings

variable comments. Some patients said they had noticed an improvement and some said they still found it difficult to make a routine appointment and said that there was a lack of continuity of care. Urgent appointments were available the same day.

- There was a still a lack of management monitoring to ensure all policies and procedures were being implemented and appropriate records were maintained and stored securely.

Importantly, the provider must:

- Improve governance arrangements and clarify staff responsibilities to ensure governance systems are fully implemented. For example, the recruitment

procedure, infection control action plan and procedures to monitor vaccine fridge temperatures at the branch surgery must be fully implemented and monitored.

- Patient records must be stored securely.

In addition the provider should:

- Improve the availability of non-urgent appointments.
- Maintain records of complaints investigations.

**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 requires improvement for providing safe services.

The provider had implemented a number of improvements recommended at the last inspection for example they had;

- Implemented systems to identify risks relating to infection prevention and control and to monitor and maintain standards. Maintained systems to minimise the risk of cross contamination in relation to hand washing at the branch surgery.
- Improved recruitment procedures although the recruitment procedure was not fully implemented.
- Implemented systems for formal analysis of significant events to enable the practice to identify patterns and trends over time.
- Clarified who was responsible for managing medical alerts and implemented systems to ensure these had been actioned.
- Improved arrangements for the storage of oxygen and ensured appropriate and consistent signage was implemented for oxygen storage areas.
- The practice does however, need to improve governance arrangements and clarify staff responsibilities to ensure systems are fully implemented. For example, the recruitment procedure, infection control action plan and procedures to monitor vaccine fridge temperatures at the branch surgery must be fully implemented and monitored.

Good



### Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice had introduced a number of measures to improve access for patients. However, we received variable comments. Some patients said they had noticed an improvement and some said they still found it difficult to make a routine appointment and said that there was a lack of continuity of care. Urgent appointments were available the same day.
- Minimal records of investigations of complaints were held.

Good



### Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



# Summary of findings

- The provider had implemented a number of improvements recommended at the last inspection. However, there was still a lack of management monitoring to ensure all policies and procedures were implemented and appropriate records were maintained.
- The provider must improve governance arrangements and clarify staff responsibilities to ensure systems are fully implemented. For example, the recruitment procedure, infection control action plan and procedures to monitor vaccine fridge temperatures at the branch surgery must be implemented and monitored.
- We saw patient records were not always stored securely.

# 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 is rated as good for safety and responsive and requires improvement for well-led. The findings which led to these ratings apply to everyone using the practice, including this population group.

Good



### People with long term conditions

The provider is rated as requires improvement for safety, responsive and for well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Good



### Families, children and young people

The provider is rated as good for safety and responsive and requires improvement for well-led. The findings which led to these ratings apply to everyone using the practice, including this population group.

Good



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

The provider is rated as good for safety and responsive and requires improvement for well-led. The findings which led to these ratings apply to everyone using the practice, including this population group.

Good



### People whose circumstances may make them vulnerable

The provider is rated as good for safety and responsive and requires improvement for well-led. The findings which led to these ratings apply to everyone using the practice, including this population group.

Good



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

The provider is rated as good for safety and responsive and requires improvement for well-led. The findings which led to these ratings apply to everyone using the practice, including this population group.

Good



## Summary of findings

# St Ann's Medical Centre

## Detailed findings

### Our inspection team

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

a CQC Lead Inspector.

## Why we carried out this inspection

We undertook an announced focused inspection of St Ann's Medical Centre on 21 and 24 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 and 16 October 2015 had been made. We inspected the practice against two of the questions we ask about services: is the service safe and is the service well-led and against all of the population groups. This is because during our comprehensive inspection in October 2015 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 12, Safe care and treatment, and Regulation 19, Fit and proper persons employed.

During the October 2015 comprehensive inspection we found patients were not protected from the risk of harm and the practice was not well led because;

Infection prevention and control (IPC) risk assessments had not been completed. IPC audits, to check that standards were being maintained, were not undertaken and systems to ensure safe handwashing were not maintained at a branch surgery.

Checks that staff were of good character where not adequate. Disclosure and Barring checks had not been

obtained for staff such as health care assistants who worked alone with patients or administration staff who carried out chaperone duties. References had not been obtained to provide evidence of good character and conduct in previous employment.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 and 16 October 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service well-led. We inspected the practice against all six of the population groups: older people; people with long term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and well-led would affect the rating for all the population groups we inspected against.

We also looked at another question we ask about services: is the service responsive. Although the practice was not in breach of legal requirements we had highlighted some areas for improvement at our last inspection and the practice told us they had put systems in place to address these.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and the action report submitted to us on 8 January 2016. We also asked other organisations to share what they knew. We carried out an announced visit on 21 and 24 July 2016. During our visit we:



# Detailed findings

- Spoke with the acting practice manager, GP Partner, practice nurse, reception staff and patients.

To get to the heart of patients' experiences of care and treatment, we asked the following two questions:

- Is it safe?
- Is it responsive
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

Although breaches of legal requirements were not found we did highlight some areas for improvement in relation to management of significant events. We found at the inspection in October 2015 the practice had carried out informal analysis of the significant events during meetings but there was no documented analysis to enable the practice to identify patterns and trends over time. At this inspection the lead GP told us they had implemented quarterly reviews and they provided evidence of this in meeting minutes.

The provider had also improved records relating to the management of patient safety alerts and we observed records now evidenced the actions taken in response to alerts.

### Overview of safety systems and processes

Disclosure and barring checks (DBS) had been completed for staff undertaking chaperone duties and the practice had either obtained or was in the process of obtaining DBS checks for all staff employed. (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).

The practice also provided evidence of some areas highlighted for improvement at the last inspection. For example, health and safety signage relating to storage of oxygen had been reviewed and oxygen storage areas were now identified by consistent signage. Appropriate storage for the oxygen cylinder at the branch surgery had also been provided.

### Cleanliness and infection control

We saw there were improved processes in place for the management of infection prevention and control (IPC). We observed improved management of sharps bins in that these now recorded the date they had been put into use. We also saw improved management of handwashing facilities at the branch surgery and all soap and hand gel dispensers were in working order. Disposable privacy curtains were provided at the main site and also at the branch site and a record of when these were last changed were now recorded on each curtain.

An IPC risk assessment had been completed and an IPC audit by an external infection control nurse had also been completed in February 2016. An action plan had been developed to address any shortfalls and the practice had completed a number of actions identified. However, they had not recorded the actions taken in order to monitor progress. Although a GP and nurse now had lead roles in IPC there was some confusion within the management team as to who was responsible for monitoring IPC standards were maintained and ensuring the action plan relating to the risk assessment and audit was implemented.

### Medicines management

At the last inspection although regular stock checks of medicines were undertaken by the nurses we found one medicine out of date in the vaccine fridge at a branch surgery. We checked this fridge and processes for monitoring stock at this inspection and found all vaccines to be in date and a monitoring record of expiry dates to be in place. However, we also noted fridge temperatures had not been checked daily at the branch surgery although there were systems in place to prompt staff to do this. Records showed the fridge temperatures were within the recommended range. The practice manager told us this task was the responsibility of the nurse or health care assistant who was working at the branch surgery each day. However, the practice manager told us she did not monitor this was being completed.

### Staffing and recruitment

Since the last inspection in October 2015 additional recruitment check lists had been incorporated into the recruitment procedure to ensure all appropriate checks were obtained. However, the process had not been monitored by the provider to ensure the practice policy and procedure had been fully implemented.

We looked at six recruitment files of staff recruited since the last inspection. We noted some improvements in that DBS checks had been obtained, or had been applied for, for all staff employed by the practice. However, DBS checks had been applied for on commencement of employment for four of the most recently recruited staff rather than being obtained prior to employment. One of which was a salaried GP, who had started as locum and one a locum practice nurse. The practice had obtained copies of DBS checks completed by previous employers for these two staff.

## Are services safe?

There were some improvements in relation to obtaining written references for staff. At least one written reference had been obtained prior to employment of all staff since the last inspection. However, this was still not in line with the practice recruitment policy which stated two references should be obtained and two clinical references for clinical staff should also be obtained. The most recently employed member of clinical staff and a receptionist had the required number of references.

The practice worked with the neighbouring practice to provide cover for their administration staff as required. The practice had developed a formal agreement since the last inspection relating to this which set out the expectations relating to recruitment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At the last inspection patients told us they had difficulty accessing the practice by telephone and making appointments with a GP of their choice.

Since the last inspection the practice had increased nurse led minor illnesses clinics to support the GPs and release GP appointments. They had recruited two locum advanced nurse practitioners to support this and were in the process of recruitment of a permanent advanced nurse practitioner. They had also recruited a salaried GP who had commenced employment in January 2016 and a practice pharmacist who completed medicines reviews for GPs as part of their role. Staff told us this had initially had an impact on availability of routine GP appointments and the waiting time had reduced to less than two weeks although it had more recently crept back to three weeks due to the holiday period. We observed the first available routine appointment with any GP was three weeks in advance.

At the last inspection staff told us three staff were usually provided to answer the phones however at this inspection they said the staffing had been improved and there were now usually four staff.

We spoke with eight patients and received variable comments relating to the appointment system. Half the patients told us they had seen improvements in access to the practice by telephone and access to appointments while others told us they found it difficult to get through on the telephone and to book an appointment with a GP of their choice.

We saw that patients requesting an urgent appointment or advice were put onto a list for the triage nurse to call them back. We saw that some elements of this process were still not be operating as efficiently as it might have been. This was because patients were still required to call back repeatedly to be put on to the list rather than being put on to the next list the first time they called. We were told by staff this was due to the triage lists sometimes being full and no more patients could be added until they restarted later in the day. They also said the triage sessions did not always start on time so reception staff could not put patients onto the list until it was released by the nursing team, resulting in patients having to call back again.

The practice had recognised that further improvements were still needed to improve the patient experience relating to access. To try to address this, the provider told us they were now focused on reducing the number of patients who did not attend for their appointments. They said they had identified patients were not cancelling their appointments due to the difficulty accessing the practice by telephone. As a result they had recently changed their telephone system to introduce a dedicated appointment cancellation line to improve access for patients.

### **Listening and learning from concerns and complaints**

We looked at records of the complaints investigations with the practice manager and found limited improvement in this area from the previous inspection as only brief details of investigations were recorded. For example, in one compliant record it was recorded that staff would be spoken to as part of the investigation but these conversations and the outcomes were not recorded.

# Are services well-led?

Requires improvement 

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

## Our findings

The provider had implemented a number of improvements recommended at the last inspection, for example, they had;

- Improved systems to identify risks relating to infection prevention and control and to monitor and maintain standards although there was a lack of clarity in some areas about staff roles and responsibilities.
- Maintained systems to minimise the risk of cross contamination in relation to hand washing at the branch surgery.
- Improved recruitment procedures although they were not fully implemented.
- Implemented systems for formal analysis of significant events to enable the practice to identify patterns and trends over time.

- Clarified who was responsible for managing medical alerts and implemented systems to ensure these had been actioned.
- Provided suitable storage for oxygen and ensured appropriate and consistent signage was implemented for oxygen storage areas.

However, we found there was a lack of oversight and monitoring by the provider and practice manager to ensure that everyone undertaking their roles and responsibilities and procedures and systems were fully implemented. We also found there was a lack of clarity in some areas about staff roles and responsibilities. We found there were still some areas where tasks had not been completed due to this confusion and/or lack of monitoring, such as implementing the infection prevention and control action plan and the recruitment policy and procedure.

During a tour of the building we found a small number of patient records in two GP surgeries which were not securely stored.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 good Governance
Maternity and midwifery services	The registered provider had not done all that was reasonably practicable to ensure systems or processes had been established and operated effectively.
Treatment of disease, disorder or injury	<p>This was because:</p> <ul style="list-style-type: none"><li>• There was a lack of monitoring and oversight to ensure governance systems were fully implemented. For example, the recruitment procedure, infection prevention and control action plan and monitoring arrangements for vaccine fridge temperatures at a branch surgery had not been fully implemented.</li><li>• Patient records were not always stored securely.</li></ul> <p>This was in breach of regulation of 17(1)(2)(a)(b)(c)(f) of the Health and Social Care Act 2008</p>

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.