

The Limes 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

Are services safe?

Good



Are services effective?

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 visit of The Limes Medical Centre, in January 2016. As a result of our comprehensive inspection breaches of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified an area where the provider must make improvement and additional areas where the provider should improve.

We carried out a focussed desk based inspection of The Limes Medical Centre on 15 November 2016 to check that the provider had made improvements. This report only 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 The Limes Medical Centre on our website at www.cqc.org.uk. Our key findings across all the areas we inspected were as follows:

- Since our comprehensive inspection in January 2016, the practice had embedded an effective system to monitor and track the use of their prescriptions. We saw evidence to support this as part of our desk based review.
- When we inspected the practice during January we found that learning and outcomes from incidents were not communicated widely enough and effectively in order to support improvements. As part of our desk based review we saw minutes of meetings which supported how learning was shared in the practice. Monthly practice meetings took place and key topics such as significant events and complaints were discussed during the meetings. We also saw records which demonstrated that staff received appraisals.

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.

- When we inspected the practice during January we found that learning and outcomes from incidents were not communicated widely enough and effectively in order to support improvements. As part of our desk based review we saw minutes of meetings which supported how learning was shared in the practice.
- Topics such as significant events and complaints were discussed during practice meetings. Meetings were governed by structured agendas and supporting minutes. Minutes of meetings highlighted that opportunities to share learning were maximised.
- During our inspection in January we found that the practice did not have an adequate system in place to monitor the use of their prescriptions. The practice had embedded an effective system to monitor and track the use of their prescriptions following our inspection and we saw records of evidence to support this during our desk based inspection.

Good



Are services effective?

The practice is rated as good for providing effective services.

- When we inspected in January we found that that staff appraisals were slightly overdue. As part of our desk based review we saw evidence of records to demonstrate that staff received regular reviews and appraisals.

Good



The Limes Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

Background to The Limes Medical Centre

The Limes Medical Centre is a long established practice located in the Lye area of Stourbridge in the West Midlands. There are approximately 7250 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes four GP partners (one female and three male), an advanced nurse practitioner, two practice nurses and a health care assistant. The GP partners and the practice manager form the practice management team and they are supported by a team of 10 staff members who cover secretarial, administration, reception and practice management support duties.

The practice is open between 8:15am and 6:30pm during weekdays apart from Thursdays when the practice closes for appointments at 12:30pm. Extended hours are offered until 8:40pm every Monday. On Mondays appointments are available between 8:15am through to 8:40pm and from 8:15am to 6:15pm on Tuesdays, Wednesdays and Fridays. On Thursdays appointments are available until 12:30pm. There is a GP on call between 8am and 8:15am each morning and on Thursday afternoons when appointments are closed. There are also arrangements to ensure patients receive medical assistance during the out-of-hours period.

Why we carried out this inspection

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made improvements identified during the comprehensive inspection carried out in August 2015.

How we carried out this inspection

We undertook a focussed desk based inspection on 15 November 2016. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice during January we found that learning and outcomes from incidents were not communicated widely enough and effectively in order to support improvements. Although we saw that some meetings had taken place, these were rare and infrequent and the practice were unable to demonstrate how learning and outcomes from incidents were effectively communicated in-between the meetings.

We spoke with the practice manager and discussed the evidence submitted as part of our desk based review. The practice manager described how staff shared learning by reflecting on significant events and complaints during monthly practice meetings. Additionally, the practice manager met with the GP partners on a weekly basis to discuss significant events, urgent matters were discussed during a daily meeting between the practice manager and the principal GP Partner.

We saw evidence of minutes to support some of the meetings that had taken place between February and September 2016. Records of minutes demonstrated that learning was shared in relation to four significant events which had occurred during this period to ensure action was taken to improve safety in the practice. For example, the practice had installed call monitoring software which enabled them to monitor call volumes and communication

techniques used by staff. This enabled the practice to thoroughly investigate incidents and complaints and to also provide coaching and training to staff on customer care skills and how to communicate effectively in challenging situations.

We also saw comprehensive records of a recent significant event which was recorded in relation to a call and recall system for a specific vaccination. The incident was undergoing a root cause analysis however we saw that the practice had already started to apply and share learning points as part of the investigation process. Learning included reflecting on the importance of record keeping, ensuring systematic processes are well embedded to support an efficient vaccination call and re-call system and ensuring adequate failsafe systems are implemented so no vaccination invites are missed.

Overview of safety systems and processes

During our inspection in January we found that although prescription stationery was securely stored, the practice did not have an adequate system in place to monitor the use of their prescriptions and for tracking their whereabouts. We saw that shortly after our inspection, the practice developed templates to record and monitor the use of prescription pads used for home visits and for prescription stationery in printers. As part of our desk based review we saw completed records to reflect that the practice had embedded an effective system to monitor and track the use of their prescriptions.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

When we inspected in January we found that that staff appraisals were slightly overdue, as some were due by December 2015. Specifically we identified that one of the practice nurses and two members of reception were overdue their appraisals.

As part of our desk based review we saw evidence of records to demonstrate that staff received regular reviews and appraisals. Examples included a sample of up to date appraisal records for three members of the reception team and a practice nurse; this included evidence of appraisals for those staff members who were overdue when we inspected in January 2016.