

Cathedral Medical Group

Quality Report

Cawley Road

Chichester

West Sussex

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This announced focused inspection was carried out on 7 June 2017 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations we identified in our previous comprehensive inspection on 15 March 2016. In March 2016 the overall rating for the practice was Good with Requires Improvement for the safe domain. The full comprehensive report for the March 2016 inspection can be found by selecting the 'all reports' link for The Cathedral Medical Group on our website at www.cqc.org.uk.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good

Our key findings were as follows:

The practice had clearly defined systems, processes and practices to minimise risks to patient safety.

Risks to patients were assessed and well managed in relation to the safe management of medicines and prescriptions.

A risk assessment was in place to ensure patient safety in respect of the employment of suitable staff. The appropriate staff had received a Disclosure and Barring Service (DBS) check. (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 had made changes to the décor of the building to improve cleanliness and infection control.

Since the last inspection the practice had formed a patient participation group (PPG) that met regularly and worked alongside the virtual PPG to make improvements at the practice; for example, introducing ways of encouraging patients to use the self-help blood pressure monitoring machine located in the waiting area.

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 safe services

The practice had clearly defined systems, processes and practices to minimise risks to patient safety.

Risks to patients were assessed and well managed in relation to the safe management of medicines and prescriptions.

A risk assessment was in place to ensure patient safety in respect of the employment of suitable staff. Staff had received a Disclosure and Barring Service (DBS) check. (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).

Good



Cathedral Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was carried out by a Lead CQC Inspector.

Background to Cathedral Medical Group

Cathedral Medical Group is located in Chichester, West Sussex. The practice provides services for approximately 12,700 patients living within the Chichester area.

The practice holds a personal medical services (PMS) contract with NHS England (NHSE). PMS contracts are locally agreed between the NHSE and a GP practice. The practice has relatively large numbers of people over 65 compared to the national average and a higher number of patients aged between 18 and 24. Deprivation amongst children and older people is very low when compared to the population nationally. The practice has more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

The practice has an on-site dispensary which employs four dispensary staff.

As well as a team of five GP partners and four salaried GPs (three male and six female), the practice also employs eight practice nurses and four health care assistants. A practice manager and a business manager are employed, supported by a team of receptionists and administrative clerks.

The practice is a training practice for GP trainees and foundation level two doctors and for pre-registration nurses.

The practice is open between 8am and 6.30pm on weekdays. Extended hours appointments are available to accommodate people who may not be able to attend during normal hours on Mondays from 7am to 8am and from 6.30pm to 8.50pm and on Wednesdays from 6.30pm to 7.30pm. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111. Patients are provided information on how to access this service on the practice website and on the telephone answering message.

The Cathedral Medical Group provide regulated activities from Cawley Road, Chichester, West Sussex, PO19 1XT.

Why we carried out this inspection

We undertook a comprehensive inspection of the Cathedral Medical Group on 15 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as good with requires improvement for the safe domain. The full comprehensive report following the inspection in March 2016 can be found by selecting the 'all reports' link for Cathedral Medical Group on our website at www.cqc.org.uk.

Detailed findings

This inspection on 7 June 2017 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 reviewed information sent to us by the practice. We carried out an announced focused inspection at short notice. We looked at management and governance arrangements and a sample of records and spoke with the practice manager.

Are services safe?

Our findings

At our previous inspection on 15 March 2016 we rated the practice as requires improvement for providing safe services as the arrangements in place in respect of the safe management of medicines and appropriate pre-employment checks for staff were not in place.

Overview of safety systems and process

At our previous inspection in March 2016 the arrangements for managing medicines, including emergency medicines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Two vaccine refrigerators were unlocked in an area with public access. There were processes in place for handling repeat prescriptions which included the review of high risk medicines. However, prescriptions dispensed via the in house dispensary were signed by the GP after the patient had collected the medicines.

At this inspection the practice showed us the new updated policies that stated all prescriptions would be signed by a GP prior to being given to the patient. The duty GP has allocated dedicated time to visit the dispensary and sign prescriptions before they were dispensed. The dispensary staff were also able to send a message request to the GP via the practice computer system requesting their signature.

The protocol for the safe storage of vaccines in the refrigerators had been rewritten to include the fridges being kept locked and the secure storage of the fridge keys. We observed on our inspection that the refrigerators were locked and an additional key pad had been installed on the door leading to the storage area.

We also found at the last inspection that whilst controlled drugs (CD) were stored securely and access was restricted one cupboard was not constructed to the required standards. The practice had purchased and installed a new safe for the storage of controlled drugs (CD) and put in new measures to ensure the keys to the safe were stored securely.

The blank prescription forms for the use in printers and those for hand written prescriptions were stored securely onsite. At our last inspection we found the system for the hand written records were not being consistently followed. The practice had reviewed their systems for the monitoring of these prescriptions and we saw these were now being followed.

At our last inspection we found the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The practice had made further improvements to ensure patient safety by replacing all carpets in the clinical and consulting rooms with hard flooring for easier cleaning. Desks from the nurses consulting rooms had been removed and replaced with easy clean work surfaces and all cloth window and dignity curtains had been replaced with disposable ones.

At our last inspection we reviewed three personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, the practice could not provide appropriate checks through the Disclosure and Barring Service (DBS) for one nurse and one health care assistant and a voluntary driver who provided a medicines delivery service. (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). All clinical staff requires a DBS check to ensure they are of suitable character.

At this inspection we reviewed the three staff files and found all staff members to have a current DBS check in place. The practice had an up to date risk assessment for those staff members, for example the administrative staff, deemed not to require the DBS check.