

Lowther 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.

Contents

Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	3
What people who use the service say	4
Areas for improvement	4

Detailed findings from this inspection

Our inspection team	5
Background to Lowther Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced, comprehensive inspection of this practice on 4 August 2015. Breaches of legal requirements were found. Although the provider was not required to submit an action plan following the publication of our report of that inspection, they did tell

us about the improvements they intended to make to address the breaches of legal requirements, as set out in the Health and Social Care Act (HSCA) 2008. The provider had sent us their updated plan on a weekly basis following the inspection in August 2015.

We identified breaches of four regulations when we carried out the inspection on 4 August 2015 and a

Summary of findings

warning notice was issued for each breach. This focused inspection on 27 January 2016 was to check whether the provider had taken steps to comply with the legal requirements for three of these four breaches of regulation (The date by which the provider has to comply with legal requirements for the fourth warning notice had not been reached at the time of this inspection). The three breaches of regulation we inspected against were for:

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing
- Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Lowther Medical Centre on our website at www.cqc.org.uk

Our key findings were as follows:

- Improvements to patient safety had been made following our last inspection on 4 August 2015. For example, action had been taken to improve the arrangements for assessing the risk of, and controlling and preventing the spread of infection. Suitable arrangements had been made for the safe

handling of prescriptions. There was a more effective system for monitoring the temperatures of refrigerators used for the storage of temperature sensitive medicines and vaccines.

- Staff had completed training on a wide range of subjects since the last inspection. This included on infection control, health and safety, information governance, safeguarding adults and chaperoning.
- Progress had been made on providing staff with appraisals. Responsibility for appraising staff had been delegated to key staff and they had been provided with training to be able to appraise staff effectively.
- All staff had been the subject of a Disclosure and Barring Service (DBS) check.
- A number of staff had been recruited since the last inspection. We found the provider had followed their recruitment policy and completed the required pre-employment checks for these staff. This included completing checks of identity, DBS checks and seeking references from previous employers.

However there was one area where the provider should make improvements:

The provider should:

- Ensure that the timetable for the appraisal of staff is delivered as planned. The provider should continue to update the Care Quality Commission on progress with this in line with the current arrangements.

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?

We found the provider had taken steps to address the concerns we identified at the previous inspection in August 2015. Improvements to patient safety had been made. For example:

- Action had been taken to improve the arrangements for assessing the risk of, and controlling and preventing the spread of infection.
- Suitable arrangements had been made for the safe handling of prescriptions.
- There was a more effective system for monitoring the temperatures of refrigerators used for the storage of temperature sensitive medicines and vaccines.
- All staff had been the subject of a Disclosure and Barring Service (DBS) check.
- A number of staff had been recruited since the last inspection. We found the provider had followed their recruitment policy and completed the required pre-employment checks for these staff. This included completing checks of identity, DBS checks and seeking references from previous employers.

Are services effective?

We found the provider had taken steps to address the concerns we identified at the previous inspection in August 2015. For example:

- Staff had completed training on a wide range of subjects since the last inspection. This included on infection control, health and safety, information governance, safeguarding adults and chaperoning. Staff we spoke with were able to describe to us the training they had completed, what they had learned and how they were applying it in their day to day work.
- Progress had been made on providing staff with appraisals. Responsibility for appraising staff had been delegated to key staff and they had been provided with training to be able to appraise staff effectively.
- The provider should ensure that the timetable for the appraisal of staff is delivered as planned. They should continue to update the Care Quality Commission on progress with this in line with the current arrangements.

Summary of findings

What people who use the service say

We did not speak with any patients during this focused inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the timetable for the appraisal of staff is delivered as planned. The provider should continue to update the Care Quality Commission on progress with this in line with the current arrangements.

Lowther Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a specialist advisor with experience of practice nursing.

Background to Lowther Medical Centre

The practice is based within Lowther Medical Centre in the centre of Whitehaven, Cumbria. The practice serves people living in and around the Whitehaven area. The practice provides services to patients from one location: 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG. We visited this address as part of the inspection.

The practice is located in a purpose built building and provides services to patients at ground and first floor levels. They offer on-site parking including disabled parking, accessible WC's and step-free access. A passenger lift is available for patients to use to access the consulting rooms on the first floor. They provide services to approximately 10,250 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice. The practice is not currently taking new patients.

The practice has three GP partners, one salaried GP and uses three locum GPs (three male and four female GPs in total). There are also six nurses, two locum nurses, one healthcare assistant, two phlebotomists, a practice manager and twenty full and part-time reception and administrative support staff. The partnership arrangements

in the practice had changed since the previous inspection. Two of the four partners had left the partnership. The practice was in the process of registering a new partner with CQC.

The practice is open between 7.30am and 6.30pm Monday to Friday. Appointments were available at the following times the week after the inspection (the practice had changed their IT systems the day before this focused inspection):

- Monday - 7.30am to 5.30pm
- Tuesday – 8.00am to 6.20pm
- Wednesday – 7.30am to 5.20pm
- Thursday – 7.30am to 5.20pm
- Friday – 7.30am to 5.30pm

The practice also offered nurse led walk-in triage sessions in the morning from 7.30am.

Information taken from Public Health England placed the area in which the practice was located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is weighted towards a slightly older population than national averages. There are more patients registered with the practice over the age of 65 years than the national averages.

The service for patients requiring urgent medical attention out-of-hours is provided by the 111 service and Cumbria Health On Call (CHOC).

Detailed findings

Why we carried out this inspection

We undertook an announced focused follow-up inspection of Lowther Medical Centre on 27 January 2016. This inspection was carried out to check whether the provider had taken action to address shortfalls in relation to legal requirements which had been identified during our comprehensive inspection on 4 August 2015. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service effective. This was because the service was not meeting some legal requirements at the time of the previous inspection.

How we carried out this inspection

We carried out an announced inspection on 27 January 2016. We visited the practice's surgery in Whitehaven. We spoke with the practice manager, three nurses and five of the reception and administrative support staff on duty. We also spoke with two of the GP partners briefly. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Overview of safety systems and processes

When we last inspected the practice in August 2015 we found the practice could not demonstrate a safe track record through having risk management systems in place. We found that some aspects of medicines management were not safe. We also found that the practice's infection control arrangements were not fully effective. In particular, we identified that:

- Staff who acted as chaperones had not been risk assessed nor had a Disclosure and Barring Service (DBS) check completed to check they were safe to do this. 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 did not have risk assessments in place for control of substances hazardous to health (COSHH) and infection control.
- The practice did not have infection prevention and control policies in place.
- The practice did not have suitable arrangements in place for the proper and safe management of medicines.
- Appropriate recruitment checks were not always completed prior to employment. For example, evidence of proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS was not always available.

During this focused inspection, carried out on 27 January 2016, we found the required improvements had been made to address all of these matters. We found:

- Staff who acted as chaperones had been the subject of a Disclosure and Barring Service (DBS) check to check they were safe to do this. Staff had also completed training for this role and those we spoke with were able to describe what they had learned and how to chaperone effectively.
- The practice had risk assessments in place for control of substances hazardous to health (COSHH) and infection control. They had a nominated infection prevention and

control lead and deputy and were in the process of formalising responsibilities between them to take forward. An infection prevention inspection had been completed at the practice in October 2015 by the local infection prevention lead. It was clear that the recommendations made had been acted upon. For example, there was documented evidence that staff were up-to-date with hand hygiene and infection prevention training.

- The practice had infection prevention and control policies in place. Examples of these included a handwashing and hygiene protocol, for the use of personal protective equipment (PPE), the handling and disposal of sharps and a waste management protocol. Staff had completed training in infection control and we saw practical sessions on handwashing technique had been delivered by one of the nurses to staff within the practice.
- The practice had suitable arrangements in place for the proper and safe management of medicines. Since the last inspection the practice had risk assessed and decided not to stock Controlled Drug (CD) medicines in the practice. This was stated in the practice's CD policy and we saw records of destruction had been kept to reflect the removal of the CD's previously held.
- Medicines stored in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff. There was a process in place for ensuring that medicines were kept at the required temperatures and this was being followed. Refrigerator temperature checks were carried out by the duty nurse twice a day and refrigerator temperatures were audited weekly using the attached data logging equipment. We checked the records of the refrigerator temperatures made and found temperatures were within the recommended range for the safe storage of vaccines of between two and eight degrees Celsius. A reading of 11.8 degrees Celsius had been recorded at 6.30pm on 30 December 2015 and again at 7.30am on 31 December 2015. The data logging equipment attached to the refrigerator showed the temperature had returned to within the accepted range within 15 minutes. This suggested the thermometer had not been reset after the reading had been taken on 30 December 2015 and presented little or no risk to the efficacy of vaccines in the refrigerator.

Are services safe?

- All of the oxygen cylinders kept by the provider were in date.
- The arrangements the practice had in place for the handling of prescriptions were safe. Records were kept of the serial numbers of blank prescriptions. The result of this was the practice would be able to report the required information to the police and other stakeholders involved should any prescription forms be lost or misdirected. The arrangements for the storage of blank loose-leaf prescriptions throughout the practice were secure. They were stored securely in a central storage area and a clear audit trail was kept. This included when prescriptions were given out at the start of the day and returned to the secure storage area at the end of each day for storage overnight.
- Appropriate recruitment checks were completed prior to employment. For example, evidence of proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS was available for staff that had been recruited since the last inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At the previous inspection in August 2015 we found staff did not always have the skills, knowledge and experience to deliver effective care and treatment. In particular, we identified that:

- The learning needs of staff were not identified through a system of appraisals. Appraisals had not been completed for at least two years.
- There were a significant number of gaps in the mandatory training completed by staff within each identified staff group. The practice manager said they were aware that staff were not up to date with their mandatory training requirements.

At this focused inspection, carried out on 27 January 2016, we found the required improvements had been made to address these matters. We found:

- Before this focused inspection, we asked the provider to send us up-to-date information to show the training completed by staff. The records we received from the provider showed staff had completed training on a wide range of subjects since the last inspection. This included on infection control, health and safety, information governance, safeguarding adults and chaperoning. During the inspection we randomly sampled the training records and the associated certificates for six members

of staff. This included one member of staff from each of the following staff groups: Doctors, Nursing, Allied Staff, Management & Administration, Reception, Domestic. For every member of staff we looked at, we found certificates were present to confirm training courses the matrix indicated staff had completed. We spoke with staff about the training they had completed since the last inspection in August 2015. They were able to describe to us the training they had completed, what they had learned and how they were applying it in their day to day work. For example, in relation to infection control and how to act as a chaperone for patients and how to record this electronically.

- Progress had been made on providing staff with appraisals. Responsibility for appraising staff had been delegated to key staff. These staff had been provided with training to be able to appraise staff effectively. At the time of this focused inspection, six appraisals had been completed with a further 21 staff still to be appraised. Development plans had been agreed with those staff who had already been appraised and staff we spoke with said they were being supported to achieve these. The provider sent us a plan for the delivery of the remaining 21 appraisals for staff and should ensure appraisals are completed in line with this. They have agreed to send the Care Quality Commission regular updates on the progress made with this to provide us with additional assurance.