

# Clive Medical Practice

## 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



# 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 Clive Medical Practice on 8 December 2015. After the comprehensive inspection, the practice was rated as good overall with requires improvement in providing safe services. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clive Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). We undertook a focussed follow up inspection on 11 August 2016 to check that improvements had been made. The practice is rated as good for providing safe services and rated good overall.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. These included regular infection control audits and actions were taken/planned to address any improvements identified as a result.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Training included safeguarding adults and children to the appropriate levels as well as basic life support.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was a written consent form process in place for minor surgical procedures.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice ensured their recruitment arrangements included all members of staff including those classed as locums.
- Staff who provide a chaperone service were in receipt of chaperone training and had a Disclosure and Barring Service (DBS) check completed.
- The practice proactively sought feedback from staff including annual appraisals and patients, which it acted on.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fourteen survey forms were distributed and 123 were returned, a 57% return rate.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards, which were all positive about the standard of care received. Patients expressed that staff were helpful, they were treated with dignity and respect and felt listened to.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Clive Medical Practice

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Clive Medical Practice

Clive Medical Practice is located in Clive, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is approximately 4,477. The practice has a higher proportion of patients aged 65 years and above than the practice average across England.

The staff team comprises two male GP partners and a female salaried GP. The practice team includes two practice nurses, a phlebotomist, a practice manager, practice manager assistant, receptionists, two administrative/secretarial support staff, dispensary staff and a cleaner, 19 staff in total. The practice recruited a practice manager who left in July 2016 and has recently recruited from within the practice team a new practice manager who commenced the role in July 2016.

The practice and dispensary are open Monday to Friday 8.30am to 6pm. The branch location at Roden Grove, Wem, Shropshire, is open Tuesday to Thursday 8.30am to 10:20am. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at

weekends and bank holidays. The practice provides a number of clinics, for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers health checks and smoking cessation advice and support.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some Directed Enhanced Services, for example, they offer minor surgery, the childhood vaccination and immunisation scheme.

## Why we carried out this inspection

We carried out a focussed follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. After the announced comprehensive inspection at Clive Medical Practice on 8 December 2015, the practice was rated as good overall with requires improvement in providing safe services. We undertook a focussed follow up inspection on 11 August 2016 to check that improvements had been made. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced focussed follow inspection on 11 August 2016. During our visit we:

- Spoke with a range of staff including a GP, practice nurse, practice manager, and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Please note that when referring to information throughout this report, for example, any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

We carried out an announced comprehensive inspection at Clive Medical Practice on 8 December 2015. After the comprehensive inspection, the practice was rated as good with requires improvement in providing a safe service. The inspection found that improvements were needed in health and safety risk assessments including fire safety records and legionella. Practice recruitment documentation needed to improve and improvements were needed to ensure that staff who completed a chaperone service had training and a Disclosure and Barring Service (DBS) check completed, or a documented decision/risk assessment as to why a DBS check was not required. Improvement was needed in management oversight to ensure that all staff completed the training necessary to undertake their role, that all staff were in receipt of an annual appraisal and that an annual infection control audit was completed. The practice had need to consider a written consent form process for surgical procedures such as excisions and to document the practice business plan and strategy. We found during the focussed follow up inspection on 11 August 2016 that the practice had taken appropriate action to address these areas.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and non-clinical staff were trained to nationally recognised child protection or child safeguarding levels.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead trained for the role and liaised with the local infection prevention teams to keep up to date with best practice. 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 put in place a written consent form process for minor surgical procedures in line with best practice, which was monitored and reviewed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



This section is primarily information for the provider

## 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.

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.