Springfield Medical Centre

Quality Report

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Nottingham
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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	Inadequate
Are services safe?	
Are services well-led?	

Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield Medical Centre on 14 November 2017. The overall rating for the practice was inadequate and it was placed into special measures. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Springfield Medical Centre on our website at www.cqc.org.uk.

The overall rating of inadequate will remain unchanged until we undertake a full comprehensive inspection of the practice within the six months of the publication date of the report from February 2018.

This inspection was an announced focused inspection carried out on 6 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations set out in the warning notices issued to the provider.

The warning notices were issued in respect of regulations related to safe care and treatment and good governance. Specifically, the service provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. This included risks related to arrangements for dealing with emergencies; fire risk; legionella risk; the monitoring of patients being prescribed high risk medicines and the arrangements for the security of prescriptions. The provider had also not ensured that governance arrangements were operated effectively to assess, monitor and improve the quality of services; to assess, monitor and mitigate risks relating to the service and to evaluate and improve the service.

Our key findings were as follows:

- The practice had complied with the warning notices that we issued and had taken action to ensure they met with legal requirements.
- There was a performance improvement plan which was regularly reviewed at clinical and staff meetings.
- There was an improved meeting structure and meeting minutes were easily available to staff.
- The process in place to review and act on safety alerts and Medicines and Healthcare products Regulatory Authority (MRHA) alerts had improved significantly. The policy had been revised and a comprehensive log was maintained to summarise the receipt of incoming alerts, their dissemination and the follow up actions taken.
- A comprehensive fire risk assessment had been carried out by an external company, and recommended improvements made to improve safety. Monthly checks were carried out by practice staff.

Summary of findings

- Remedial action had been taken to address medium and low level risks identified in a legionella assessment carried out in February 2015. (high level risks had previously been addressed)
- The process for monitoring patients taking high risk medicines had been strengthened.
- The process for checking the suitability of emergency equipment, including expiry dates of medicines used in an emergency had been strengthened.
- The management of prescription stationary had been improved and locks had been applied to cupboards and printer trays where stationary was stored.
- There was an improved process to monitor and manage uncollected prescriptions.
- Security had improved with regards to storage and access to patient records.
- Action had been taken to rectify a coding error that had resulted in poor QoF achievement for patients diagnosed with depression. Relevant patients now had the correct clinical code applied and were regularly reviewed.
- Improvements had been made to the management of patients diagnosed with diabetes. Data showed that QoF achievement for diabetes related indicators had improved and likely to be in line with CCG averages.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Springfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection comprised of a Lead CQC Inspector and an Inspection Manager.

Background to Springfield Medical Centre

Springfield Medical Centre provides primary medical services from a registered location at 301 Main Street, Nottingham, NG6 8ED. Further information about Springfield Medical Centre can be found on the practice's website www.springfieldmedicalcentrebulwell.co.uk.

The provider is registered to provide the following regulated activities:

• Maternity and midwifery services;

• Diagnostic and screening procedures;

• Treatment of disease, disorder or injury;

• Surgical procedures

Services are provided to approximately 2700 patients; with the practice population being in the most deprived decile. The practice is in the most deprived decile, meaning it falls into the most deprived 10% of practices nationally. The level of income deprivation affecting children is significantly higher than local and national averages. The level of income deprivation affecting older people is marginally higher than the local average and significantly higher than the national average.

Why we carried out this inspection

We undertook a comprehensive inspection of Springfield Medical Centre on 14 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice received an overall inadequate rating including inadequate ratings for providing safe and effective services, and was placed into special measures. The practice was rated as requires improvement for caring services, and good for responsive services. The full comprehensive report following the inspection in November 2017 can be found by selecting the 'all reports' link for Springfield Medical Centre on our website at www.cqc.org.uk.

Two warning notices were issued to the provider further to identified breaches of regulations for not providing safe care and ensuring good governance.

We undertook a focussed follow up inspection of Springfield Medical Centre on 6 March 2018. This inspection was carried out to review the actions taken by the practice to comply with the content of the warning notices issued following the November 2017 inspection and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 14 November 2017, we rated the practice as inadequate for providing safe services:

- There was no effective system of ensuring actions required following safety alerts had been taken to protect patients from harm.
- A fire risk assessment had not been conducted and the provider was unable to assure us that they had complied with fire safety regulations.
- A legionella risk assessment had been conducted in 2015 and remedial actions taken regarding high level risks, however, the provider had not taken any remedial action to address medium and low level risks.
- Arrangements for monitoring patients taking high risk medicines did not ensure that risks were mitigated. There were issues regarding repeat prescriptions for some patients.
- Arrangements to take actions in the event of a medical emergency did not ensure risks were mitigated. Specifically, there were consumable items and emergency medicines that had expired.
- Systems and processes for managing controlled stationary for issuing prescriptions did not ensure risks were mitigated.
- There was no system in place to regularly check and review uncollected prescriptions.

These arrangements had significantly improved when we undertook a follow up inspection on 6 March 2018.

- The practice had taken effective action to comply with the warning notice.
- A corrective action plan had been put in place by the practice to address all of the issues identified in the warning notice.
- The practice had a revised system in place for managing safety alerts, including those received from the Medicines and Healthcare Regulatory Agency (MHRA). The provider and the practice manager retained oversight of the process. A register had been set up on the practice's computer system where all incoming alerts were logged. Once the information had been circulated to relevant staff, the actions taken were recorded on the register. The practice manager was the person responsible for conducting patient searches when required and the information was shared with the lead GP to take the necessary actions. In addition the lead GP (who was also the provider) had conducted patient searches for alerts that had been received during the preceding year and had taken the required actions. Patient records had been updated accordingly.
- A fire risk assessment had been made by an external company and any remedial actions relating to fire safety had been taken. We saw that fire drills and fire alarm checks were being carried out monthly and a fire warden had been identified and training completed. A log had been kept of all checks made. The most recent fire test was conducted on 1 March 2018.
- The practice had taken corrective action to address medium and low risk issues identified in a Legionella assessment conducted in 2015. (They had previously address all high risk issues) A further risk assessment had been carried out by the provider on 2 February 2018.
- Arrangements to monitor patients taking high risk medicines had been strengthened. The provider had implemented a register to track patient compliance with blood testing and this was checked monthly. A change to their protocol meant that patients were unable to obtain a repeat prescription for their medicine without first attending for the required blood tests. The provider had made all relevant patients aware of the change to protocol and discussed the requirement to attend for regular blood tests and the risks of not doing so. This had been recorded in the patient's records. The change to protocol was discussed with clinical staff including regular locum GPs and this was evidenced in meeting minutes and confirmed when we spoke with a Locum GP. An alert on patient records and on their prescription made receptionists aware that patients taking high risk medicines were not able to request a repeat prescription without attending for their scheduled blood test.
- The provider had implemented a system to ensure that emergency equipment and emergency medicines were checked monthly to ensure they were fit for use and had

not expired. The checks were conducted by two nurses and records kept in a log book which was also overseen by the practice manager. All equipment and medicines we checked were in date.

- Systems and processes for managing and monitoring controlled stationary used for prescriptions had been strengthened. We saw that corrective actions had been regularly discussed at clinical and staff meetings. Prescription pads were kept in locked cupboards and a log was kept of serial numbers when they were taken from and returned to the cupboard. Some paper used in printers for the purpose of printing prescriptions was stored in printer trays and all trays had been fitted with a lock. The provider had conducted a number of audits to check whether the process was working and found that it was working well.
- A process had been implemented to review any uncollected prescriptions. A note was made in the patient's record and the GP informed where relevant. All controlled medicines prescriptions were recorded in a log book and their collection was tracked.

Are services well-led?

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

Our findings

At our previous inspection on 14 November 2017, we rated the practice as inadequate for providing well-led services:

- There were no clear plans in place to improve performance. Clinical meeting minutes did not evidence any discussion regarding improving performance.
- Data demonstrated areas where performance was below local and national averages. In particular achievement in the Quality and Outcomes Framework (QoF) demonstrated that indicators for diabetes and depression were poor.
- There was limited awareness and oversight of clinical performance.
- Systems were not operated effectively to ensure action was taken in response to alerts from the Medicines and Healthcare Regulatory Agency (MRHA) and safety alerts.
- Records relating to the care and treatment of patients were not always maintained securely.

These arrangements had significantly improved when we undertook a follow up inspection on 6 March 2018.

- The practice had drawn up a corrective action plan to address all of the issues identified in the warning notice and we saw in clinical and staff meeting minutes that progress had been reviewed regularly.
- The practice had reviewed their performance in achieving QoF points and had identified an issue where patients being treated for depression had been coded incorrectly on the computer system. This meant that, although they had been reviewed appropriately, this had not been properly reflected in their reporting mechanism. This was rectified in patient records and we saw evidence that the practice have achieved 100% of available QoF points for indicators relating to depression for the current year. (This data related to current performance and had not yet been formally verified)
- The practice had reviewed their performance in achieving QoF points for diabetes related indicators and had taken action to improve this. They had written to all relevant patients who had not attended a scheduled health review or blood test and encouraged them to re-book. All further non- attenders were followed up by a telephone call to discuss their reasons for not attending. We saw evidence that the practice had achieved around 75-80% of available points for combined indicators relating to diabetes and were told that this was likely to increase further prior to submission of this data at the end of March.
- The practice had reviewed their systems and processes for managing incoming MRHA and safety alerts. They had updated their policy and discussed this with staff at clinical and staff meetings. Clinical oversight was maintained by the GP (provider) and managerial oversight was maintained by the practice manager. Alerts were circulated by the practice manager to relevant staff and records kept of any actions taken. The practice manager conducted any patient record searches required and information was sent to the GP to action. Nurses received safety alerts independently as well as those circulated by the practice manager. All alerts and actions taken were recorded on a central register which was available to all staff on the practices computer system.
- The practice had discussed issues relating to security of information and all paper records and information was stored in rooms which were locked when not in use. We did not see any patient information left unattended during our visit. We noted that smart cards used to operate the practices computer system were held securely by staff.