

Severn Fields Medical Practice

Quality Report

Severn Fields Health Village
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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 Severn Fields Medical Practice on 31 May 2016. The overall rating for the practice was good, with requires improvement for providing safe services. The full comprehensive report from 31 May 2016 inspection can be found by selecting the 'all reports' link for Severn Fields Medical Practice on our website at www.cqc.org.uk

This inspection was carried out on 16 February 2017 to confirm that the practice had carried out their improvement plan in relation to the areas identified in our previous inspection on 31 May 2016. This report covers our findings in relation to improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- The practice held weekly management meetings and had improved the documentation of the learning, action points and trend analysis for significant incidents, complaints and events.
- A system was in place to ensure chaperone trained staff had been subject to appropriate checks through the Disclosure and Barring Service.
- The practice recruitment system ensured staff references and clinical staff verification checks with their appropriate professional body were consistently recorded. The records held included proof of identification, references, qualifications, appropriate checks through the Disclosure and Barring Service and where appropriate medical indemnity.
- The provider had reviewed the reception staff document used to triage the urgency of calls to the most appropriate clinical staff member or service. The document was simplified and offered clear direction. When reception staff were unsure they were directed to contact the practice duty team.
- The practice had implemented a system for recording and monitoring medicines that maybe taken by GPs to home visits.
- Staff demonstrated their awareness of the automated external defibrillators (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- The Infection Prevention and Control lead nurse had completed an infection prevention and control audit.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had improved the systems in place for trend analysis and the learning derived from complaints and significant events.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. There were systems in place for the safe recruitment of staff. A system was in place to ensure chaperone trained staff had been subject to appropriate checks through the Disclosure and Barring Service. An infection prevention and control audit had been completed and actions would be taken on identified areas for improvement.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. Staff were aware of the location of equipment used in the event of an emergency.

Severn Fields Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor.

Background to Severn Fields Medical Practice

Severn Fields Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider, which includes three GP partners. A fourth partner has joined the practice and the practice is progressing an application to add the new partner onto their CQC registration. The provider holds a General Medical Services contract with NHS England. Severn Fields Medical Practice was formed from the merger of two practices located in the same building on 1 April 2016, namely, Haughmond View Medical Practice and Mount Pleasant Medical Practice.

At the time of our inspection 17,030 patients were registered at the practice. The purpose built practice building is made up of three floors with Severn Fields Medical Practice situated on the first floor. The building is surrounded by car parking facilities and has an automatic door at the entrance, with lifts available for patients to the first floor. The practice has six treatment rooms, an isolation room and 36 consulting rooms which are utilised for various primary care focused needs. The practice has toilet facilities situated in various locations around the practice and the building to aid patients and visitors. The practice administration offices are situated on the second

floor. A pharmacy is situated on the ground floor and is separate to the practice. As well as providing the contracted range of general medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)

The building is a hub for a large number of other clinics provided by other NHS organisations or Any Qualified Provider (AQP). This is a national programme which offers patients more choice. This enables patients to visit the practice for mental health, physiotherapy, ophthalmology, pain management, ante-natal services instead of having to travel to the hospital across the other side of town. The practice is open each weekday from 8.30am to 6pm. The practice switchboard is open from 8.30am to 6pm but closed from 1pm to 2pm, however, a doctor can be contacted in an emergency during these times. Extended hours are available for routine pre booked appointments on a Tuesday (from 7.30am) and Saturdays (9am to 1pm) as part of the practices extended hours provision. The practice has opted out of providing cover to patients outside of normal working hours. The out-of-hours services are provided by Shropdoc which includes the times between 8am and 8.30am on weekday mornings. There are 47 staff in total, working a mixture of full and part time hours. Staffing at the practice includes;

- 10 GPs (Four male and six female) providing 7.95 whole time equivalent (WTE) hours.
- Three Advanced Nurse Practitioners providing 2 WTE hours.
- Six nurses providing 3.66 WTE hours

Detailed findings

- Three healthcare assistants providing 1.84 WTE hours
- Four managers providing 3.5 WTE hours
- 13 administrators providing 9 WTE hours
- 13 receptionists providing 9.5 WTE hours
- One pharmacist providing one day a week.

The practice is a training and teaching practice and usually has a GP registrar and final year medical students.

Why we carried out this inspection

We carried out an announced focussed 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 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.

How we carried out this inspection

We carried out an announced focussed inspection of Severn Fields Medical Practice on 16 February 2017. We:

- Reviewed the reception staff document used to triage the urgency of calls to the most appropriate clinical staff member or service.
- Checked that the practice had a system in place to ensure chaperone trained staff had been subject to appropriate checks through the Disclosure and Barring Service.
- Reviewed the system in place for the maintenance of recruitment documentation.
- Reviewed the documentation and system in place of the learning derived from complaints and significant events.
- Checked that an infection prevention and control audit had taken place.
- Saw that the practice had implemented a system for recording and monitoring medicines that maybe taken by GPs to home visits.
- Spoke with staff to ensure they were aware of the location of the equipment used in the event of an emergency.

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

At our previous inspection on 31 May 2016, we rated the practice as requires improvement for providing safe services. Improvements were needed in the reception staff document used to triage the urgency of calls to the most appropriate clinical staff member or service. System documentation improvements were needed in some areas such as; completing an Infection Prevention and Control (IPC) audit, the safety of the practice call triage document used by reception staff, the documentation of learning derived from complaints and significant events and the maintenance of a system to ensure chaperone trained staff had been subject to appropriate checks through the Disclosure and Barring Service. These arrangements had significantly improved when we undertook a follow up inspection on 16 February 2017. The practice is now rated as good for providing safe services.

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, 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 and complaints. Significant events and complaints were actioned as they arose and discussed at the practice weekly management meetings, which were minuted.

The practice noted that they had not received any recent Medicines and Healthcare products Regulatory Agency (MHRA) alerts and were taking action to ensure the system in place was effective. 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 at 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.
- The practice had a call triage protocol in place. Staff found the document used to triage the urgency of calls to the most appropriate clinical staff member or service had been simplified and offered clear direction. When reception staff were unsure they were directed to contact the practice duty team for advice. The practice duty clinical team had same day telephone triage appointment lists. On a Monday all GPs and advanced nurse practitioners had allocated telephone triage appointment slots.
- The practice maintained appropriate standards of cleanliness and hygiene. The infection control clinical lead nurse 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. An infection control audits had been completed, check to protect and we saw evidence that action would be taken to address any improvements identified as a result. The practice provided evidence, which showed that both clinical and non-clinical staff had received infection prevention and control training as well as during staff's induction training.

Are services safe?

- The practice maintained recruitment documentation which included a recruitment checklist for all new recruits and the Quality and Performance Manager held responsibility for ensuring these checks were fully documented. Clinical staff's professional registration checks and renewal dates were reviewed and Quality and Performance Managers entered reminders onto a spreadsheet on the practice electronic system. Evidence of a recently employed staff recruitment record was reviewed and 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.
- A system was in place to ensure chaperone trained staff had been subject to appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept 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. For example the practice carried out monthly high-risk medicines medicine audit searches and took action on their findings. 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. The practice had implemented a system for recording and monitoring medicines that may be taken by GPs to home visits.
- 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.

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, which identified local health and safety representatives. 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 the 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. The practice had set up three buddy teams with mixed clinical and non-clinical staff team members to share appropriate skill set responsibilities and for continuity for example during annual leave or sickness.

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. 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.
- We spoke with staff and found they were aware of the location of the equipment used in the event of an emergency such as the defibrillators and oxygen.
- A first aid kit and accident book was available.
- 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.