

Market Harborough Medical Centre

Quality Report

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Date of inspection visit: 18 October 2016
Date of publication: This is auto-populated when the report is published

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 

Are services well-led?

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 of the practice on 3 March 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12.

We undertook a focussed inspection on 18 October 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from March 2016 by selecting the 'all reports' link for Market Harborough Medical Centre on our website at www.cqc.co.uk

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- The practice had improved the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks and the quality of the service provision.
- There was strong leadership within the dispensary and we saw evidence of safe and effective systems and processes in place

The areas where the provider should make improvements are:

- Continue to embed the new system for significant events and ensure meeting minutes include discussions and decisions made.

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?

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. There was a clear and consistent system in place for reporting, recording and monitoring significant events, incidents and accidents. Lessons were shared to make sure action was taken to improve safety in the practice.
- Regular legionella water monitoring now took place.
- Emergency equipment and medicines were stored safely and all staff were aware of the location.
- Near miss errors in the dispensary were logged at time of occurrence and, where necessary, input from a GP was sought. All near misses or incidents were then reviewed monthly in dispensary meetings
- We found that both blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- A system had been put in place for the monitoring of training and we found that it was easy to identify when training and updates were due.
- We saw minutes which demonstrated that regular practice meetings had taken place. There was a clear format with more detail of discussion and responsibility for actions being documented.

Good



Are services well-led?

- Since our inspection in March 2016 we found that the practice had made a number of improvements.
- The practice had improved the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks and the quality of the service provision.
- There was strong leadership within the dispensary and we saw evidence of safe and effective systems and processes in place.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

We carried out an announced comprehensive inspection of the practice on 3rd March 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group.

The practice is now rated as good for the care of older people.

Good



People with long term conditions

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The practice is now rated as good for the care of people with long-term conditions.

Good



Summary of findings

Families, children and young people

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group.

The practice is now rated as good for the care of families, children and young people.

Good



Working age people (including those recently retired and students)

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The practice is now rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

People whose circumstances may make them vulnerable

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The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

We carried out an announced comprehensive inspection of the practice on 3rd March 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe and well led service. These rating applied to everyone using the practice, including this population group.

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

What people who use the service say

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 very

positive about the standard of care received. Patients told us that staff on reception were helpful and extremely friendly. GPs and nursing staff listened and were professional. Dispensary services were excellent.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to embed the new system for significant events and ensure meeting minutes include discussions and decisions made.

Market Harborough Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector and included a GP specialist adviser and a member of the CQC medicines team.

Why we carried out this inspection

We undertook an announced focussed inspection of Market Harborough Medical Centre on 18 October 2016. This inspection was carried out to check that

improvements to meet legal requirements planned by the practice after our comprehensive inspection on 3 March 2016 had been made. We inspected against two of the five questions we asked about the service:

- Is the service Safe and Well-led?

This is because the service was not meeting some legal requirements.

How we carried out this inspection

We spoke with GP partners, two practice managers, the business manager and members of the dispensary team.

We reviewed healthcare records, policies and procedures relating to the clinical and general governance of the service.

Are services safe?

Our findings

At the inspection in March 2016 we saw evidence that the practice had just implemented a new robust system for the reporting, recording, investigation and analysis of significant events as the previous system lacked detail and analysis.

At this inspection we saw evidence that the practice had implemented a new and effective system for the reporting, recording, investigation and analysis of significant events. We looked at significant event reporting in some detail and found that significant events were reported, recorded and thoroughly investigated. We saw that they had been thoroughly reviewed and discussed on a monthly basis. Actions had been reviewed at the initial review and further reviewed at the monthly meeting. We found it was difficult to track discussions that had taken place from the minutes we reviewed. We spoke with the management team who agreed to add further detail in future meeting minutes. For example, when they had reviewed an event and made the decision to discuss as a near miss and not a significant event.

At the inspection in March 2016 we identified that the practice had systems in place to ensure patients and staff were protected from the risk of infection. However the lead nurse for infection control had not received any update training, there were no formal records of cleaning spot checks and no schedule and recording of the cleaning of specific medical equipment such as spirometers or nebulisers used in the practice.

At this inspection we found that the lead nurse had been on infection control update training, spot checks of cleaning took place on a quarterly basis. However where actions from the cleaning spot checks were identified we did not see any evidence of an action plan. We spoke with management who advised us that generally the actions were sorted on the same day but going forward they will put action plans in place so that they can be assured that these are completed and have the plans available to be discussed at practice meetings.

We saw there was equipment cleaning schedules in each room for staff to complete and these were monitored on a daily basis.

At the inspection in March 2016 we identified that the practice needed to review the leadership of the dispensary and ensure that the systems and processes in the dispensary were robust.

At this inspection we observed safe processes for the dispensing of medicines. The lead GP for the dispensary took an active role and ensured he was available daily to the dispensary staff. Staff we spoke with confirmed this. In addition the practice employed a registered pharmacy technician in a medicines management role. His role provided practical support for the dispensary staff and helped to ensure consistency across both locations registered with the Care Quality Commission.

Dispensary staff showed us written procedures (SOPs) individualised to the practice which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of review of these procedures. The lead GP for the dispensary and his deputy actively collaborated with the dispensary staff and medicines management technician in their production and review.

We saw evidence of learning from medicines incidents and near-misses within the dispensary. Incidents were logged at time of occurrence and, where necessary, input from a GP was sought. All near misses or incidents were then reviewed monthly in dispensary meetings attended by the GP lead for the dispensary and the dispensers, risk was considered and incidents were escalated to significant event investigations if deemed necessary. For example, a patient had been dispensed a medicine incorrectly. This was included in the agenda for the forthcoming dispensary meeting to ensure it was escalated appropriately in line with the surgery's significant event policy. Incidents were also shared across the Market Harborough and Bosworth Partnership to ensure appropriate actions were taken to minimise the risks of similar errors occurring again.

At the inspection in March 2016 we found the process for handling repeat prescriptions and ensuring that medication reviews took place was not robust.

At this inspection we found systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients. We saw this working in the practice and the standard operating procedure (SOP) covered the process by which this was ensured.

Are services safe?

At the inspection in March 2016 we found both blank prescription forms for use in printers and

hand written prescriptions pads were logged on receipt at the practice and kept securely but there was no process in place to track them through the practice.

At this inspection we found that both blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Access to blank prescriptions was restricted to certain members of staff and, where it was not possible to lock access to certain printers at night, the prescriptions within those printers were transferred back into secure storage. A monthly stock check of blank prescriptions and pads was undertaken by a GP and the administration staff responsible for managing the stock.

At the inspection in March 2016 we found that there were procedures in place to monitor and manage risks to patient and staff safety. However the legionella risk assessment carried out in March 2015 had advised the practice that monthly monitoring of water temperatures should take place.

At this inspection we found that a member of staff had attended a City and Guilds course in the management of

legionella and the monitoring of water temperatures had been carried out on a regular basis. Since an inspection at another location run by the Market Harborough and Bosworth Partnership the monitoring had been increased to monthly. We saw evidence that where the water temperatures were not within the recommended guidelines external contractors had attended the practice and further maintenance had taken place.

At the inspection in March 2016 we found that staff received regular basic life support training but it was not within the national guidance of 12 months. Since the inspection most staff have received up to date basis life support training.

At the inspection in March 2016 we found that the emergency equipment was not stored safely, medicines were not in the same room and not all staff knew of their locations. At this inspection we found that all emergency equipment and medicines were kept in the same room, there was adequate signage on the door and a keypad lock was in place to maintain safety and for ease of access in an emergency. We saw evidence that all staff within the practice had been made aware of its location and what was stored in the room.

Are services well-led?

Good 

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

Our findings

We carried out an announced comprehensive inspection of the practice on 3 March 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12.

We undertook a focussed inspection on 18 October 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from March 2016 by selecting the 'all reports' link for Market Harborough Medical Centre on our website at www.cqc.co.uk

At our inspection in March 2016 we found that the practice did not have robust governance systems in place for :-

- The new system for the reporting, recording and investigation of significant events needed to be embedded and ensure that people affected receive reasonable support and a verbal and written apology
- The practice did not undertake regular legionella water monitoring as identified in the legionella risk assessment.
- A risk assessment for the storage of emergency equipment and medicines was required to ensure the safety of patients.
- The practice needed to review the leadership of the dispensary and ensure that the systems and processes in the dispensary were robust. For example, to record and investigate near miss errors in the dispensary.
- The GPs in the practice were not consistently aware of the procedures being followed for the production of repeat prescriptions. They did not ensure repeat prescriptions were signed by a GP before medicines are dispensed to a patient.
- The practice did not have a robust process in place for the blank prescription forms for use in printers and hand written prescriptions pads to be tracked through the practice.
- The practice did not have a robust system to address identified concerns with infection control practice. For

example, update training for infection control lead and attendance at link meetings, cleaning schedules for equipment and documentation for cleaning spot checks.

- The practice needed to embed a process to ensure staff training was monitored.
- The practice had a number of policies and procedures to govern activity and these had recently been reviewed. However the practice needed to provide staff with a robust policy for infection control. The fire alarm policy needed to be reviewed to include fire alarm testing.

At this most recent inspection we saw that the practice had governance systems in place and had made significant improvements. We found:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The new system had been well embedded and all staff groups were now involved in the process.
- Regular legionella water monitoring now took place.
- Emergency equipment and medicines were stored safely and all staff were aware of the location.
- There was strong leadership within the dispensary and we saw evidence of safe and effective systems and processes in place.
- Near miss errors in the dispensary were logged at time of occurrence and, where necessary, input from a GP was sought. All near misses or incidents were then reviewed monthly in dispensary meetings
- We found that both blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- A system had been put in place for the monitoring of training and we found that it was easy to identify when training and updates were due. For example, customer service training had taken place with reception staff.
- We saw minutes which demonstrated that regular practice meetings had taken place. There was a clear format with some discussion and responsibility for actions being documented. We discussed with management that more detail of discussion was required especially when the decision is made not to investigate a near miss incident as a significant event.

Are services well-led?

Good 

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

- We looked at a complaint received by the Care Quality Commission since the last inspection in regard to record keeping at the practice. We looked at the concerns raised by a patient but found detailed records had been completed on the electronic patient record system.