

# St Mawgan Medical Centre

## Quality report

St Mawgan  
Newquay  
TR8 4HP

Date of inspection:  
6 February 2020

Date of publication:  
3 March 2020

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found as part of the inspection and information given to us by the practice.

### Ratings

Overall rating for this service	Good 
Are services safe?	Good 
Are services caring?	Good 
Are services responsive?	Good 

## Chief Inspector's Summary

We previously carried out an announced comprehensive inspection of St Mawgan Medical Centre on 29 January 2019. The practice was rated as good overall, with a rating of requires improvement for the safe domain. The effective, caring, responsive and well-led domains were rated as good. Some good practice recommendations were also made within the caring and responsive domains, but these did not affect the rating of good.

This announced follow up inspection was undertaken on 6 February 2020. The report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

### **As a result of this inspection the practice is rated as good overall**

The key question followed up as part of this inspection is rated as:

Are services safe? – good  
Are the services caring? – good  
Are the services responsive? – good

A copy of the reports from the previous inspection can be found at:

<http://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services#army>

Defence Medical Services (DMS) are not registered with the CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 and are not required to be. Consequently, DMS services are not subject to inspection by the CQC and the CQC has no powers of enforcement. This inspection is one of a programme of follow-up inspections that the CQC will complete at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability.

### **At this inspection we found:**

- Infection prevention and control (IPC) was well managed.
- The environment had been improved and minimised the risks to staff and patients.
- Some equipment in the PCRf was still awaiting servicing and could not be used.
- The system in place for reporting significant events was comprehensive.
- Health promotion literature was up to date.
- The practice team work hard to ensure patient privacy and confidentiality for patients was upheld, within the constraints of an old building that would benefit from refurbishment.
- An access audit as defined in the Equality Act 2010 had been completed.

### **The Chief Inspector recommends:**

- Ensure all equipment is fit for use.

**Dr Rosie Benneworth** BM BS BMedSci MRCP  
Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was undertaken by a CQC inspector.

## Background to St Mawgan Medical Centre

Based in Cornwall, St Mawgan Medical Centre provides a service to a practice population of 320 patients. In addition to routine primary care services, the practice provides occupational health care to service personnel, including force preparation and aviation medicals. Family planning advice is available. Maternity and midwifery are provided by NHS practices and community teams.

A Primary Care Rehabilitation Facility (PCRF) is located on the premises, with physiotherapy and rehabilitation staff integrated within the medical centre.

The practice is open from 07:30 to 16:00 Monday to Thursday and on Friday 07:30 to 13.00. Arrangements are in place on weekdays for access to medical cover when the practice closed and before NHS 111 is available.

The staff team comprises of a mix of civilian and military staff and included:

### The staff team

Position	Numbers
Civilian Medical Practitioner (CMP) also Senior Medical Officer (SMO)	one
Practice manager –	one (two days per week)
Administrator	one full time locum
Practice nurse	one full time locum
Physiotherapist	six days per calendar month
Exercise rehabilitation instructor (ERI)	one day per month

### Are services safe?

**Good**

**We rated the practice as good for providing safe services.**

Following our initial inspection, the safe domain was rated as requires improvement for providing safe services. We made the following recommendations:

- Review the premises and facilities to establish whether improvements can be made to provide an environment that minimises risks for the patients and staff. This includes alarms for all staff, safety of patients in the waiting room and a thorough action plan and schedule for those issues identified in the infection control audit.
- Ensure all equipment is fit for use.
- The system in place for reporting significant events should be reviewed to ensure any learning is captured and shared.

From this follow up inspection, we found the recommendations made previously had been met, although some equipment within the PCRf has not been serviced and so was out of use.

### **Safety systems and processes**

Systems to keep patients safe and safeguarded from abuse were in place.

- The practice maintained good standards of cleanliness and hygiene. We observed the premises were clean and tidy. There were cleaning schedules and monitoring systems in place. The lead person responsible for infection control was the practice nurse. All staff had completed IPC online training. The most recent audit (November 2019) identified several issues that needed addressing. We saw an action plan had been put into place and actions taken. For example, new wipe clean chairs were in all clinical areas, all towel holders, gloves aprons etc were wall mounted. The practice had a dedicated cleaner who was trained to clinical cleaning standard. The cleaning was monitored against the current cleaning contract.
- At the previous inspection equipment throughout the practice was in good order except for some items in the Primary Care Rehabilitation Facility (PCRf). The treadmills and the cross trainer were out of use because they had not been serviced. We saw email evidence that showed the practice had chased this issue but were still awaiting an engineer to visit the practice and service the equipment.

### **Risk to Patients**

There were systems in place to assess, monitor and manage risks to patient safety.

- At our previous inspection we saw the layout of the practice meant not all patients in the waiting area could be observed by reception staff. This was particularly important in the event of a medical emergency. Since then CCTV had been installed within the patient waiting area. This was controlled from the main reception.

### **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

At our previous inspection we found that significant events management needed improvement to ensure learning and improvement was identified and shared.

The practice reported incidents and were supported to do so. Systems were in place to ensure learning and improvement was identified and shared.

- The SMO was the practice lead for significant events. Staff used the electronic organisational-wide system (referred to as ASER) for recording and acting on significant events and incidents. All staff had electronic access to the system, including locum staff.
- Staff provided several varied examples of significant events confirming there was a culture of effectively reporting incidents, including positive events. We saw good management of significant events with clear indications that a full root cause analysis had been completed and actions identified to address what had occurred. Significant events and lessons learnt were discussed at the practice and healthcare governance meetings.

<b>Are services effective?</b>	<b>Good</b>
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**We rated the practice as good for providing effective services.**

At our previous inspection we found that the healthcare literature displayed was old and out of date.

**Supporting patients to live healthier lives**

Staff were proactive in helping patients to live healthier lives.

The practice supported national priorities and initiatives to improve the population’s health including, stop smoking campaigns and tackling obesity. Health promotion display boards were available to patients and they were refreshed regularly with information that was topical and relevant. At the time of the inspection it provided information about the Coronavirus, its symptoms and prevention. There was a television in the waiting room that gave information to patients about the services the medical centre provided and health promotional material.

<b>Are services caring?</b>	<b>Good</b>
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**We rated the practice as good for caring.**

At our previous inspection we found that patients’ privacy and dignity was compromised due to the building being old and in need of refurbishment. Whilst this remains unchanged, the practice continues to do all they can to mitigate the risks.

**Privacy and dignity**

The practice respected the privacy and dignity of patients.

- Curtains were provided in consulting rooms to maintain patients’ privacy and dignity during examinations, investigations and treatments. Clinic room doors were closed during consultations. However, the doors were old and not sound proof. Staff said they could hear consultations if they were in the corridor. Equally, patients in the waiting room could hear the practice nurse having a conversation in the treatment room, a television was on to try and mask this. Every effort was made by staff to ensure patients confidentially but the building being old and in need of refurbishment made this very difficult.

<b>Are services responsive to people's needs?</b>	<b>Good</b>
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**We rated the practice as good for providing responsive services.**

**Responding to and meeting people's needs.**

- An access audit as defined in the Equality Act 2010 had been completed for the premises in November 2019. It showed the practice did not have a fully accessible toilet and access to parts of the facility were difficult. For example, there were three steps in the main corridor which prevented access to the PCRf, other than over a grassed area to the rear of the building. Doors and doorways were very old, and not wide enough for easy access for wheelchairs. We discussed this with the SMO and we were advised that the current medical centre constructed in 1960, had been assessed by Joint Force Command and approved for financial assistance in 2020; the current plan is to reinstate another building on the same site as St Mawgan, which was previously a 1990s American purpose built medical centre, now used for accommodation.