

Salters Meadow Health Centre

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 previously carried out an announced comprehensive inspection at Salters Meadow Health Centre Health Centre on 12 June 2017. The overall rating for the practice was good with requires improvement in safe. The full comprehensive report on the 12 June 2017 inspection can be found by selecting the 'all reports' link for Salters Meadow Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had ensured that fire evacuation drills were planned and undertaken.
- Safeguarding systems for adults and children were in place. The practice had also introduced electronic read codes to enable the practice to readily complete patient searches. These were specific to

the practice rather than the use of codes suggested by the Royal College of General Practitioners (RCGP) which would enable continuity should a patient relocate.

- A system for managing patient safety alerts which included a check that appropriate action has been taken had been implemented.
- The practice had ceased accepting repeat medicine requests by telephone and completed a risk assessment to determine which medicines should be routinely carried when performing home visits.
- The practice had implemented processes to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role.
- The practice was recruiting to their practice nursing team at the time of the inspection. This was due to staff choice in reducing their clinical hours and retirement this meant appointment capacity had reduced in the short term and winter pressure demands had increased.

We also saw the following best practice recommendations we previously made in relation to providing services had been actioned/addressed:

Summary of findings

- Elderly patient's annual health check reviews were being implemented with a structured approach with the application of the practice frailty register which was an ongoing process.
- A formal system to review nurse/patient consultation and prescribing records had been implemented to ensure the competence and safety of nurses employed to work at the practice.
- Signage to inform patients on the availability of chaperones was evident.
- The practice clinical meeting agenda included clinical guidance updates to assist in the monitoring of adherence to clinical guidelines.
- The regular appraisals for all staff included the identification of training needs additional to the mandatory courses.
- The process for recording verbal complaints had been reviewed which enabled any trends to be identified and actioned.
- The GP clinical rota pattern included capacity planning and the practice demonstrated that an additional four appointment slots per GP had been enabled with the successful recruitment of GP partners.
- Consider a system to monitor and risk assess both clinical and non-clinical staff immunisation and vaccination histories.
- Implement the recall system to invite patients on the learning disability register for annual health checks.
- Consider the use of the Royal College of General Practitioners (RCGP) electronic safeguarding read codes.

At our previous inspection on 12 June 2017, we rated the practice as requires improvement for providing a safe service an example of one of the improvements to be made was to implement a call/recall system to invite patients on the learning disability register for annual health checks. At this inspection we found that this system had been discussed but had still not been introduced. The practice had advised that recruitment of staff and staff changes had impacted on their ability to achieve this since the last inspection in June 2017. The practice had since recruited two new GP partners and was interviewing for practice nurses the week of the inspection. They assured us that patients on the learning disability register would be invited for annual health checks before the end of the year.

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

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

Salters Meadow Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor.

Background to Salters Meadow Health Centre

Salters Meadow Health Centre is located in the centre of Chase Terrace, close to Burntwood, Staffordshire. The practice provides services to people living in the surrounding towns and villages. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

Salters Meadow Health Centre is a purpose built building owned by NHS Properties. Rooms are situated on the ground floor of the building and consist of a reception area, treatment rooms and consultation rooms. The practice has level access from the car park and is accessible for wheelchair users; there are disabled and baby changing facilities.

The practice area is one of lower deprivation when compared with the national and local Clinical

Commissioning Group (CCG) area. At the time of our inspection the practice had 11,400 patients.

Demographically the population is 98% white British with the remaining patients being Asian and mixed race. The practice age distribution shows a higher number of elderly patients when compared to the national and CCG area in all age groups. For example, 27% of the patients are aged 65 and over compared to the CCG average of 21% and the national average of 17%. This may mean that there is an increased demand on services provided. The percentage of patients with a long-standing health condition is 57% which is comparable with the local CCG average of 55% and national average of 53%.

The practice staffing comprises of:

- Five full time GP partners (three male, two female).
- A full time advanced nurse practitioner (female).
- Three practice nurses (female).
- A phlebotomist.
- A practice manager, deputy practice manager and office manager.
- Two medical secretaries.
- Twelve administrative/reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111. An online facility to book appointments and request repeat prescriptions is available to those patients who are registered to use the service.

Additional information about the practice is available on their website www.saltersmeadowcentre.co.uk

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Salters Meadow Health Centre on 12 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with

requires improvement in safe. The full comprehensive report following the inspection on 12 June 2017 can be found by selecting the 'all reports' link for Salters Meadow Health Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Salters Meadow Health Centre on 11 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services safe?

Our findings

At our previous inspection on 12 June 2017, we rated the practice as good with requires improvement for providing safe services. This was because the provider did not comply with assessing the risks to the health and safety of service users receiving care or treatment by doing all that was reasonably practicable to mitigate any such risks because:

- They had not completed regular fire evacuation drills.
- They had not revised their policy for accepting repeat medication requests by telephone or completed a risk assessment to determine which medicines should be routinely carried when performing home visits.
- Appropriate recruitment checks or an assessment of the physical and mental health of newly appointed staff, had not been carried out.

These arrangements had improved when we undertook a follow up inspection on 11 January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. The safeguard lead had changed on the day of the inspection and the policy needed to be updated to ensure it outlined clearly who to go to for further guidance however staff were aware of the change.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service

(DBS) checks were undertaken where required. (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). Subsequent to the previous inspection the practice had implemented processes to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of their role. The practice did not hold records of non-clinical staff immunisation and vaccination histories. The practice manager advised they had been unaware of the need to do so and that this would be discussed and addressed with the staff at their next meeting.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Only clinical staff acted as chaperones, they were trained for the role and received a DBS check. We found that signage to inform patients on the availability of chaperones was evident throughout the practice. The practice had introduced electronic read codes to enable the practice to readily complete electronic patient searches. These were specific to the practice rather than the codes suggested by the Royal College of General Practitioners (RCGP). Using a universal code could enable continuity should a patient relocate.
- There was an effective system to manage infection prevention and control, fridge temperatures were monitored and data recorded. The practice did not use a data logger for temperature monitoring of vaccination and medicine fridges.
- Following the previous inspection the practice had ensured that fire evacuation drills were planned and undertaken. We found evidence of documented fire drills with the names of the attendees in both September 2017 and December 2017.
- Since the last inspection the practice had introduced elderly patient's annual health check reviews. These were being implemented with a structured approach with the application of the practice frailty register which was an ongoing process.

Are services safe?

- The practice clinical meeting agenda included clinical guidance updates to assist in the monitoring of adherence to clinical guidelines.
- Subsequent to the previous inspection in June 2017 we found that changes to the recall system to invite patients on the learning disability register for annual health checks had not been implemented. We saw that a system had been discussed in a meeting but had yet to be introduced. The practice had advised that recruitment of staff and staff changes had impacted on their ability to achieve this since the last inspection. The practice had recruited two new GP partners and was interviewing for practice nurses the week of the inspection. They assured us that patients on the learning disability register would be invited for annual health checks before the end of the year.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines
- The practice had ceased accepting repeat medicine requests by telephone and completed a risk assessment to determine which medicines should be routinely carried when performing home visits.
- A formal system to review nurse/patient consultation and prescribing records had been implemented to ensure the competence and safety of nurses employed to work at the practice.

Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- The GP clinical rota pattern included capacity planning and the practice demonstrated that an additional four appointment slots per GP had been enabled with the successful recruitment of two new GP partners. The practice had decided to appoint a further full time practice nurse. The practice was recruiting to their practice nursing team at the time of the inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

Lessons learned and improvements made

- Subsequent to the previous inspection a system for managing patient safety alerts as well as medicine alerts which included a check that appropriate action has been taken had been implemented. However, at the time of the inspection, with recent staff changes there was no appointed lead staff member for governance oversight on patient safety alerts.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. We found for example that the process for recording verbal complaints had been reviewed since the previous inspection which enabled any trends to be identified and actioned.
- Subsequent to the previous inspection the practice demonstrated they had completed or had planned dates for the annual appraisals for all staff which included the identification of training needs additional to mandatory courses.