

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

JR Melrose & Partners

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Tel: 08444773111

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	JR Melrose & Partners
Registered Manager	Dr. Nicholas Stewart
Overview of the service	JR Melrose and Partners GP Practice is situated at the Church Lane Medical Centre Scunthorpe. The practice has five general practitioners and two prescribing nurse practitioners. The service provides care and treatment for 8,500 patients.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 September 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

We spoke with five patients who told us the GP gave them time to ask questions about their treatment before they made a decision. They said they were informed of the risks, benefits and alternative options prior to treatment. One patient told us, "The doctor always explains to me what treatment I need and then asks me for consent."

Patients we spoke with were complimentary about the standard of care they had received at the practice. One patient told us: "I've always been sorted and always been satisfied with the care given to me." Another patient said: "I have always been happy with my treatments."

Patients were cared for in a clean, hygienic environment. One patient told us, "It is really clean here." Another patient said, "This place is always spotless."

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Medicines were prescribed appropriately.

We spoke with five members of staff. They told us they felt supported in relation to their responsibilities for delivering care and treatment to their patients. One staff member told us, "We do lots of training here and once we have done our induction course the practice manager makes sure that we keep up to date with all our essential training."

The provider did not have an effective system to regularly assess and monitor the quality of service that patients received. This was because the provider had not carried out effective decision making in the management of risks to health, welfare and safety.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 13 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with five patients who told us the GP gave them time to ask questions about their treatment before they made a decision. They said they were informed of the risks, benefits and alternative options prior to treatment. One patient told us, "The doctor always explains to me what treatment I need and then asks me for consent."

We saw records which showed patients had signed to confirm their consent for a procedure. Records also showed where children did not have the understanding to consent appropriate parental consent had been obtained. The GP was able to demonstrate where consent information was stored on the clinical system together with the practice consent policy and information for patients.

We found there were procedures in place for patients who lacked capacity and were unable to give their consent. Best interest meetings were held with family members, their representatives and other agencies to support their decisions. Records showed that staff had received Mental Capacity Act 2005 (MCA) training in consent for patients who lacked capacity.

Consent procedures were reviewed regularly during clinical meetings. This ensured patients received the examination, care and treatment they had agreed to.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual patient plan. Patients we spoke with were complimentary about the standard of care they had received at the practice. One patient told us: "I've always been sorted and always been satisfied with the care given to me." Another patient said: "I have always been happy with my treatments."

We found there were a number of ways patients could access medical care at the practice. The practice had signed up to the extended hours service which provided additional morning and evening appointments. The practice manager told us this was popular with patients. We found home visits took place after morning surgery and there was a daily duty doctor for emergency care.

The practice was used once a month by a carers support group. They arranged massage, exercise classes and other practical help and support for carers of patients registered with the practice. Two reception staff were 'carers champions' and there was a large display in reception encouraging patients to access support and services.

The practice provided drop in clinics to provide contraceptive advice for teenagers. Nurses told us they regularly reviewed lists of patients receiving the morning after pill via accident and emergency and contacted them direct to offer support and further advice. This ensured patient's individual needs were met.

We found the practice had a dedicated nurse who ensured that patients with chronic diseases were regularly reminded to attend the practice. The nurse showed us how they regularly checked patients care and treatment to ensure medication and referrals were being made appropriately. The practice had a wide range of leaflets and information for patients with chronic diseases which helped them understand their condition and the treatments available to them.

The manager showed us how the practice worked closely with local community teams to identify patients who were at a high risk of being admitted to hospital. This meant patients could be seen at home and their treatment monitored. This reduced the risk of

unnecessary admissions to hospital.

We found there were appropriate records held of cytology samples. Staff taking samples checked smears and systems were in place to ensure patients whose results were abnormal were contacted in a timely way.

There were arrangements in place to deal with foreseeable emergencies. Staff were provided with training in life support techniques. We found staff were aware of their roles and responsibilities in the event of a medical emergency.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. During our inspection we found the practice was clean and tidy. One patient told us, "It is really clean here." Another patient said, "This place is always spotless." The patients we spoke with told us that staff washed their hands and wore gloves and an apron before starting a procedure. We saw that hand washing instructions were displayed above all wash hand basins. This meant that patients and staff were educated about good hand hygiene practices.

We saw that there was an appropriate infection control policy which took account of the Code of Practice for the prevention and control of infections. Staff we spoke with were aware of their responsibilities in infection prevention and control.

We saw all consulting rooms were appropriately furnished with washable flooring, walls and window screens. Treatment rooms contained colour coded waste disposal bags. All had information instructing staff which containers to be used for specific waste. The cleaners store cupboard was checked and all products were labelled and stored appropriately.

The practice manager showed us an Infection Control Self - Assessment Audit completed during 2013. Evidence showed a detailed review of essential standards within the practice including findings, actions and progress. A recent external infection control audit confirmed 85% compliance. The manager told us this was because the practice did not have pedal bins and a cracked glass panel at the front of the building required replacing. We found both matters had now been addressed.

We found the practice had an infection control lead. They were up to date with all their training. They attended external infection control meetings organised by NHS England, and information was fed back at staff meetings. This ensured staff were kept up to date with infection control practices.

We discussed the procedures for decontamination and storage of instruments. The practice told us the only re-usable item used was a ear irrigation system. They said everytime the system was used it was cleaned and logged in a book. All other instruments

and items used were disposal items. Records showed that the practice was registered for hazardous waste and this was disposed of appropriately.

We saw cleaning schedules for the practice with items listed for daily, weekly and quarterly cleaning. These were all up to date. We spoke with staff who had been trained in infection control and found they would know what to do in the event of an infection outbreak.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were kept safely. The emergency medicine box was located in the main treatment room. The room was kept locked. Records showed medicines were checked weekly and signed by staff. We saw there were no gaps in the checks carried out. All medicines were within their expiry date. We saw two oxygen cylinders were available and were within the expiry dates.

We checked three GP rooms for storage and stock control of medicines. The provider may find it useful to note that one GP room contained a large number of out of date clinical supplies including test strips which had expired in 2009. In the other two GP rooms we found stock was in date.

The practice had two medicine fridges. They contained various vaccines for immunisation. Each fridge had monitors which were connected to the nurse computer and generated an automatic graph to show daily temperature fluctuations. Records were also available which showed the fridges were monitored on a daily basis. The records we looked at showed accurate recordings with no gaps. Staff told us that if the medicine fridge temperatures fell outside of the required temperature range the fridge alarm would go off and they would follow the procedure in place to deal with the situation. We saw vaccines were stored in date order in fridges and marked 'use first'. They were neatly and appropriately stored.

There were procedures in place to ensure medicines were prescribed appropriately. Repeat prescriptions were taken over the telephone and were handled by a dedicated member of the administration team. We saw patients notes were checked during the telephone call and repeat prescriptions generated. Prescriptions were sent daily to each GP or prescribing nurse and logged in a book. These were checked to ensure they had been signed.

We were told a pharmacist spent one day a week at the practice undertaking medicines management audit and checks. We found medicines management was well supported by the dedicated pharmacist and provided quality assurance support for the practice. A recent audit monitored how the practice prescribed antibiotics, asthma inhalers and dressings. This ensured staff were prescribing medicines in accordance with best practice guidelines.

We saw documentation that confirmed staff had received training in medicines management. The training was on-going with regular updates about different types of medicines. This ensured staff had the skills to prescribe the correct medicines.

Patients we spoke with told us they were happy with their medication. One patient told us, "The doctor always tells me what he is giving me and tells me how many tablets I should take and when."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke to five members of staff. They told us they felt supported in relation to their responsibilities for delivering care and treatment to their patients. One staff member told us, "We do lots of training here and once we have done our induction course the practice manager makes sure that we keep up to date with all our essential training."

Records showed that all staff had received appropriate training. We saw a comprehensive induction programme which included training in confidentiality, diversity and equality and health and safety. All new staff had received a three and six month review. There were opportunities for continuing professional development.

The practice held monthly training events for nurses and GP's. Recent topics included cancer care, insulin, mental health and dermatology. We saw these events included discussions about the best medicines and treatments to be used for patients.

Staff told us they received annual appraisals and said this was worthwhile and productive. There was evidence that good practice was shared and nurses regularly met to discuss topics and skill development. The manager told us all GP's at the practice had access to various on-line and paper medical journals which they read to update their knowledge. There were systems in place to ensure GP's were up to date with their mandatory training.

Nursing staff told us they were able to seek advice or discuss any concerns with GPs and that they felt very supported. Weekly clinical meetings were held and nurses told us they felt able to, 'openly speak their mind.'

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The practice told us that they were in the early stages of setting up a virtual patient participation group (PPG). This meant that patients who were willing to give their consent to receiving emails, were able to be canvassed for their opinions on services provided by the practice. The practice currently had 30 patients involved in the virtual PPG and they were being asked what questions they would want to be included in any future surveys and whether they would like to receive text reminders for any future appointments. This ensured patients and their representatives were asked for their views about their care and treatment and they were acted on.

The practice nurse told us they were signed up to the Quality and Outcomes Framework (QOF). This is a voluntary annual reward and incentive programme for all GP surgeries in England aimed at rewarding good practice. The practice had one dedicated nurse who showed us evidence of when action had been taken in order to meet good practice guidance.

The practice manager told us that complaints were discussed with appropriate staff and responded to in accordance with the practice complaints policy. Practice meetings were used to share learning from complaints. We looked at the complaints policy at the practice and the leaflets available on the main reception desk entitled, "compliments, suggestions and complaints" form.

We looked at complaints over a 12 month period and found that the majority of complaints related to patient waiting times, referral times and follow ups from the practice. The practice had identified many of these complaints earlier in the year and had set up an action plan in June 2013 to deal with them. Since then, we found that complaints about waiting times had dropped by 50% and that patients were now waiting no more than 15 minutes which was within appropriate patient timescales.

However, records showed that the practice was not complying with referral times and

follow ups from GP visits. We found a patient who required an orthopaedic referral in May 2013 was not referred until June 2013. A patient seen in the middle of September requiring a referral to the Childrens Mental Health Services had not been completed and a patient seen in July 2013 had not had their pathology test communicated to them until September 2013. This was not in accordance with practice policy and guidelines.

We asked the practice whether the actions taken in June 2013 were sufficiently robust. The practice agreed that further monitoring was required. Following the inspection we received an action plan telling us how the practice would achieve compliance in this outcome area. This showed specific care indicators were to be regularly checked including referral dates and pathology actions. The practice said they would be monitoring these areas on a daily and weekly basis.

Although we found the practice had now put in a robust action plan, the effective operation of assessing and monitoring the quality of the service had not yet been fully implemented. This meant that patients remained at risk of inappropriate or unsafe care and treatment.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider had not protected patients against the risk of unsafe treatment by means of the effective operation of quality monitoring systems. This was because the provider had not carried out effective decision making in the management of risks to health, welfare and safety. Regulation 10 (1) and (2).
Family planning	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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