

Moss Valley Medical Practice

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	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out a comprehensive inspection of Moss Valley Medical Practice on 29 April 2015. The overall rating was good.

We carried out a focused inspection of Moss Valley Medical Practice on 7 November 2016, in response to some shared concerns around the handling of acute prescriptions and significant events. We visited the practice as part of this inspection.

We reviewed the practice against two of the five questions we ask about services: are services safe and well-led. The overall rating was good. Our key findings were as follows:

- Most patients we spoke with were very satisfied with the care and treatment they received.
- Moss Valley Medical Practice merged with Gosforth Valley Medical Practice in April 2016, to form a main practice and a branch surgery. Essential changes were being made following the merger to align the practices to ensure a consistent approach to managing the services. Standard procedures and systems were being put in place to ensure the services are safe and well-led.

- The practice had systems in place to ensure prescriptions were provided in accordance with patient need. The policy relating to issuing of prescriptions needed to be updated, to reflect the current process for providing acute prescriptions to patients in care homes.
- There was an open culture to reporting safety incidents and near misses. Significant events were appropriately managed and action was taken to prevent further incidents. However, the policy was not up-to-date as it did not detail the processes followed in practice for reporting, recording, and acting on significant events. Following the inspection, we received a copy of the updated policy.

The areas where the provider should make improvements are:

- Review the policies around prescribing to ensure these describe all processes followed in practice.
- Align and strengthen the systems for managing and monitoring significant events and safety incidents.

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.

- There was an open culture to reporting incidents. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice had systems in place to ensure prescriptions were provided in accordance with patient need. The policy relating to issuing of prescriptions needed to be updated, to reflect the current process for providing acute prescriptions to patients in care homes.
- Significant events were appropriately managed and acted on to prevent further incidents. However, the policy was not up-to-date as it did not detail the processes followed in practice for reporting, recording and acting on significant events. Following the inspection, we received a copy of the updated policy.
- Lessons were shared with staff and improvements were made where required to improve safety in the practice.

Good



Are services well-led?

The practice is rated as good for being well-led.

- Moss Valley Medical Practice merged with Gosforth Valley Medical Practice in April 2016, to form a main practice and a branch surgery. Essential changes were being made following the merger to align the practices, to ensure a consistent approach to managing the services. Standard procedures and systems were being put in place to ensure the services are safe and well-led.
- A clear leadership structure was set out, which had been strengthened following the recent merger.
- Staff had taken on additional responsibilities and lead roles for specific areas, to ensure the services are effective and to drive continuous improvements across both sites.
- The practice had effective systems in place to monitor and improve the safety of the services provided, relating to significant events and the management of medicines.

Good



Summary of findings

What people who use the service say

We spoke with 14 patients during our inspection;

- Most patients were very satisfied with the care and treatment they received, and their experience of using the practice was positive.
- 13 out of 14 patients said that they could usually get to see or speak with a GP or a nurse if they had an urgent health need. One patient said that they had experienced a considerable wait for urgent and non-urgent appointments. They now booked their appointments by an alternative way.
- Most patients had confidence and trust in the GPs and nurses.
- 11 out of 12 patients who had been referred for investigations or tests to other services or hospital when needed, said that they were referred promptly.
- No patients had experienced any problems in obtaining medicines they needed including repeat prescriptions. No one had been left without essential medicines or been given any incorrect medicines.
- Most patients had not had cause to make a complaint and felt that the practice was well managed.

Moss Valley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a member of the CQC medicines team and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Moss Valley Medical Practice

Moss Valley Medical Practice merged with Gosforth Valley Medical Practice in April 2016. The practice is run by a partnership of six GP partners. One partner was in the process of applying to CQC to be added as a partner to the provider's registration.

The main practice is Moss Valley Medical Practice, which is located in Eckington in Derbyshire. The branch surgery, Gosforth Valley Medical Practice is located in Dronfield seven miles away. We did not inspect the branch surgery as part of this inspection.

The two merged practices have one patient list, which means that patients can attend either surgery. However in view of the distance between the practices and the absence of public transport patients attend their nearest surgery.

Moss Valley Medical Practice is part of the NHS North Derbyshire Clinical Commissioning Group (CCG), and serves a patient population of 12,500. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities.

Data shows the practice serves one of the least deprived areas of the country. People living in more deprived areas tend to have greater need for health services.

The main practice is located in a purpose built health centre. The branch surgery is also located in purpose built premises.

The merged staff team includes six partner GPs (four female, two male) along with four salaried GPs (two male, two female). Two of the partners work full time; the remaining GP's work part time. The team also includes a practice manager, two assistant practice managers, six practice nurses, a full-time pharmacist, four Healthcare Assistants (HCAs) and reception and administration staff.

The practice is an established training practice for GP registrars, foundation doctors and medical students. At the time of our inspection there was a foundation year 2 doctor and four registrar GP's in training.

Moss Valley Medical Practice opening hours and appointment times are:

Monday 08:00 to 18:30, Tuesday 08:00 to 18:30, Wednesday 08:00 to 18:30, Thursday 07:00 to 19:30 and Friday 08:00 to 18:30.

Gosforth Valley Medical Practice opening hours and appointment times are:

Monday 08:00 to 18:30, Tuesday 08:00 to 19:30, Wednesday 08:00 to 18:30, Thursday 08:00 to 18:30 and Friday 08:00 to 18:30.

The practice does not provide out-of-hours services to its own patients. When the practice is closed an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 service.

Detailed findings

Why we carried out this inspection

We undertook a focused unannounced inspection of Moss Valley Medical Practice on 7 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out in response to some shared concerns around the handling of acute prescriptions and significant events. We reviewed the practice against two of the five questions we ask about services: are services safe and well-led.

How we carried out this inspection

Before visiting, we reviewed various information we hold about the practice. We carried out an unannounced visit on 7 November 2016. During our inspection we:

- Spoke with various staff including the practice manager, deputy practice manager, a GP partner, a registrar the practice's pharmacist, reception and administrative staff.
- We also spoke with 14 patients who used the service. Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Obtained feedback from senior staff at the four care homes the practice is aligned to.

Are services safe?

Our findings

Our key findings were as follows:

- The practice had systems in place to ensure prescriptions were provided in accordance with patient need. Staff told us that electronic transfer of prescriptions was the preferred way for prescriptions to be provided for dispensing at a pharmacy of the patients choice, because this service provides an audit trail to show who provided a prescription, and when it was received by the pharmacy. We saw this process in action.
- The four care homes aligned to the main practice and the branch surgery had a lead GP, who carried out weekly 'ward round' visits often alongside a trainee doctor. This ensured continuity of care and that patients were regularly reviewed, whilst providing a learning experience for the trainees.
- We spoke with senior staff at the four care homes. They told us that the practice was very responsive to patients' needs, including requests for urgent visits and telephone advice.
- One of the care homes had some intermediate care beds providing short term support, where most people placed required to be registered as a temporary resident with the practice during their stay. Staff told us that they were due to meet with the practice to resolve some issues in regards to the registering of temporary residents, and ensuring their medicines are available at the required times.
- Prior to this inspection, we received some shared concerns regarding the handling of certain acute prescriptions, involving one of the care homes and the practice. We received assurances from the care home and the practice staff that shared learning and agreed actions had been taken to prevent further incidents.
- We explored administration and clinical staff's understanding around how acute prescriptions for care homes were handled. We were told that, for 3 of the care homes aligned to the practice, prescriptions were sent electronically to the community pharmacies up until a certain cut off time and after this paper prescriptions were produced. These were either left at the home or produced at the surgery for care homes to collect from the surgery.
- We requested up to date protocols or procedures to describe the above process. We were told these had yet to be produced, although we saw that the process was documented in the multi-disciplinary team minutes from 23 September 2016.
- One of the GP partners told us that one of the care homes preferred that all acute prescriptions were provided as paper FP10 prescriptions, so they could collect these from a local pharmacy rather than the pharmacy that dispenses peoples repeat prescriptions, which is a distance from the care home. Senior staff we spoke with at the care home confirmed this was the agreed process, which worked well.
- The repeat prescribing protocol described a process for ensuring uncollected prescriptions from the practice were monitored, and prescribers were alerted. We spoke to reception and administration staff who confirmed this process was followed.
- The practice employed pharmacist showed us that prescription requests were dealt with in a timely way within the practice by the most appropriate clinician. Repeat prescriptions were available for collection within two working days of request, but urgent requests were flagged to the clinicians and dealt with quickly to ensure patients received necessary medicines.
- The practice pharmacist was involved in induction training for trainee GPs and provided an ad hoc resource for medicines advice to all the surgery staff. They also provided weekly clinical update sessions for nursing staff and Health Care Assistants (HCA), focusing on chronic disease management to support their roles within the practice.
- On speaking to members of the clinical team we established that discharge and out-patient letters with medicine changes, were actioned by clinical staff only to ensure patient safety.
- Staff told us there was an open culture that encouraged reporting of safety incidents and near misses. They were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.
- A system was in place for managing safety incidents and National Reporting and Learning System (NRLS) alerts, to improve safety in the practice. Staff told us they received information relating to incidents and alerts and these were actioned. Although an audit trail record was

Are services safe?

not always kept to show that appropriate action had been taken in response to all relevant NRLS alerts, and who these were shared with. The practice manager agreed to address this issue.

- We discussed how significant events were managed and the process for sharing learning with staff. We also checked various records. We found that significant events were appropriately managed, and that action was taken to prevent further incidents. Although there was not a consistent approach to recording and managing events across the main practice and the branch surgery. The policy was not up-to-date as it did not detail the processes followed in practice for reporting, recording, and acting on events. A decision matrix was available from the Clinical Commissioning Group (CCG), which set out the types of incidents considered to be a significant event, and action that needed to be taken. It was unclear if all staff were aware of this.
- Following the inspection, we received a copy of the updated significant events policy, which includes the CCG decision matrix. The practice policy, together with the CCG & CQC reporting requirements were due to be discussed at forthcoming team meetings at the main practice and the branch surgery, to ensure all staff were aware of this.
- We looked at various recent safety incidents, significant events and complaints, which showed that when things go wrong lessons are learnt and improvements are made where required. The system in place for monitoring significant events and complaints at the main practice and the branch surgery varied. This also applied to how lessons were shared with staff to ensure was taken to improve safety.

Are services well-led?

Good 

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

Our findings

Our key findings were as follows:

- Moss Valley Medical Practice merged with Gosforth Valley Medical Practice in April 2016. Essential changes were being made following the merger to align the main practice and the branch surgery to ensure a consistent approach to managing the services. Standard procedures and systems were being put in place to ensure the services are safe and well-led.
- A clear leadership structure was set out, which had been strengthened following the recent merger. The practice manager worked across the two practices, to oversee the day to day running of the services. They were supported by an assistant practice manager at both surgeries. The partners and the practice manager held structured weekly meetings to discuss the business and review on-going improvements. The meetings were minuted. Records of recent meetings demonstrated a commitment to on-going improvements.
- Following the recent merger of the two practices, staff had taken on additional responsibilities and lead roles for specific areas, to ensure the services are effective and to drive continuous improvements across both sites.
- Staff told us that a range of meetings took place to aid communication and continuously improve how the practice delivered services to patients. However, we found some differences in the range, frequency and recording of meetings held at the main practice and the branch surgery. Senior managers told us they were reviewing the meetings held across the two sites to align these. For example, a joint weekly business meeting was now held involving all the partners and the practice manager.
- The practice had recently reinstated formal quarterly meetings with three of the four care homes they were aligned, to aid communication and address areas of mutual concern. The practice pharmacist, assistant practice manager and care co-ordinator attended the meetings. Both the practice and the care home staff where meetings had taken place said that they found these beneficial in helping to resolve issues, and improve communications and partnership working.
- The practice had effective systems in place to monitor and improve the safety of the services provided, relating to significant events and the management of medicines.
- The support of the full-time employed pharmacist ensured that effective quality assurance processes were in place to oversee the management of medicines, to ensure these were prescribed safely and effectively.
- To support the pharmacist's role in ensuring patients medicines are managed safely and effectively, the partners had funded a new post. A pharmacy technician was being appointed to work 22 hours a week, alongside the practice pharmacist.