

# Primrose Surgery

## Quality Report

59 Old Crofts Bank  
Urmston  
Manchester  
M41 7AB  
Tel: 0161 747 2424  
Website: [www.primrosesurgery.co.uk](http://www.primrosesurgery.co.uk)

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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 effective?		
Are services caring?	Good	
Are services responsive to people's needs?		
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Primrose Surgery	5
Why we carried out this inspection	5
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Primrose Surgery 1 June 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Primrose Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 December 2017 to confirm that the practice had undertaken their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 1 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:

- A considerable number of improvements had been made since the inspection in June 2017. There were now effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

- All members of staff fully understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. There was consistency in incident reporting and reviews and investigations were being completed with the involvement of all members of staff.
- The members of staff we spoke to reported improved communication and a heightened awareness of surgery issues and patient information.
- Improved protocols had been introduced to identify and support carers.
- The arrangements for managing medicines in the practice were effective.
- All members of staff were trained to the appropriate and necessary levels.
- Leadership was stable and staff felt valued and involved.




### 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.

<b>Are services safe?</b>	<b>Good</b> 
<b>Are services effective?</b>	
<b>Are services caring?</b>	<b>Good</b> 
<b>Are services responsive to people's needs?</b>	
<b>Are services well-led?</b>	<b>Good</b> 

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Primrose Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led and carried out by a CQC Inspector for primary medical services.

## Background to Primrose Surgery

Primrose Surgery is located at 59 Old Crofts Bank Urmston Manchester M41 7AB and offers general medical services to a population of approximately 6,000 patients in the surrounding areas of Urmston, Flixton, Davyhulme and parts of Stretford under the auspice of Trafford Clinical Commissioning Group (GMS). It is situated in the eighth least deprived area in the country with a low number of black and Asian minority ethnic groups and a larger than average number of older people. The premises are based in an area close to shops and public transport and there is ample parking for patients attending by car. The surgery is on two floors and is accessible by stairs and a lift for patients with difficulty using the stairs.

Since the practice moved to these premises approximately two years ago, they have aimed to provide improved services to their population. Improvements have included the addition of clinical and non-clinical staff and there is now a substantive clinical leadership team supported by two part time nurses, a full time medicines manager, an assistant practitioner and a full complement of practice management, administration and reception staff.

At the time of our inspection in December 2017 there were two male and one female GP undertaking 32 clinical sessions per week in total and a GP trainee working at the practice for six months. In 2018 two ST3 GP trainees (GPs in their third year of training) are due to start at the practice who will be able to undertake patient consultations.

The practice is open on Monday, Tuesday, Wednesday and Friday from 8am until 6.30pm and on Thursdays from 7am until 6.30pm. There are appointments available on Saturdays mornings from 9am until 1pm at the local hub at Flixton Road where the clinicians have full access to patients' medical records. Appointments are pro-bookable by speaking to someone at Primrose Surgery. Outside of those times Mastercall Healthcare provide access to emergency medical advice and treatment.

## Why we carried out this inspection

We undertook a comprehensive inspection of Primrose Surgery on 1 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Primrose Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Primrose Surgery on 20 December 2017. 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 1 June 2017 we rated the practice as requires improvement for providing safe services as the arrangements in respect of safe care and treatment were not sufficient. More specifically, incident reporting, medicines management, systems to respond to medical emergencies and some staff training needed to be reviewed and improved upon.

These arrangements had significantly improved when we undertook a follow up inspection on 20 December 2017. 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.

We spoke with the lead GP and the practice manager about the processes and protocols that had been improved or introduced over the previous six months and we spoke to staff who reiterated what we were told. We found that there was an improved system for reporting and recording significant events. There was an incident recording form that supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). All the staff had received information about how to record and report incidents and they were able to prioritise what should be reported. Incident recording forms were completed in a timely manner by the member (or members) of staff involved and dates of review were planned to ensure that learning was effective. The staff we spoke with told us that this increased communication about things that went wrong and things that went well made them feel included, better informed and more able to deal with day to day events that could affect patient care.

All members of staff had been trained to the appropriate levels of safeguarding and had access to a number of improved policies and procedures that were available via the desk top on their computers. Staff we spoke with described in detail how this improved their knowledge and assisted them when dealing with day to day enquiries. In

addition staff members had been given lead roles and were able to demonstrate how any specific issues such as safeguarding, infection control or medicines management were effectively resolved.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety and risks to patients had been minimised due to new systems and protocols in place. One member of staff we spoke with explained in detail how they had made a concerted effort to remove barriers with patients and pharmacies to ensure that prescription errors were reduced. They further explained and demonstrated the way in which improved communication meant that any errors were quickly and efficiently rectified.

There were arrangements for planning and monitoring the number and mix of staff needed and since our previous inspection additional clinical and non-clinical staff had been employed.

Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and we saw evidence of how information was disseminated between staff members to ensure they were aware of any risks relating to any specific patients.

We spoke with clinical and non-clinical staff who demonstrated that they understood their responsibilities to manage emergencies on the premises and recognise those in need of urgent medical attention.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had considerably improved systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We spoke with the medical secretary at the practice who explained that referral letters included all the necessary information. Other staff we spoke with also explained

## Are services safe?

and demonstrated how information sharing systems were accessible and how they improved communication and alerted clinicians to information so they could deliver appropriate and safe treatment.

### Safe and appropriate use of medicines

The practice had considerably improved their systems to ensure appropriate and safe handling of medicines.

- There was a medicines manager in place who had received specific training tailored to their role and had improved communication between patients and pharmacies. They demonstrated how patients were supported with medicines management, specifically those who were older, vulnerable or had long term conditions.
- The practice had implemented a new policy and process for medicines management whereby all changes to medicines were checked and reviewed by a GP and all work done by the medicines team was supervised.
- The practice had designed a table to reconcile all tests done and results received at the practice and had introduced a policy to help support the implementation. The process was working well at the time of the inspection and reduced the risk of missed follow up actions.
- 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial (antibiotic) prescribing. There was evidence of actions taken to support necessary prescribing.
- 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.

### Track record on safety

The practice had a good safety record and this was not raised as an issue at the last inspection. However, we saw

that since our last inspection there had been improvements in this area because the practice was able to demonstrate how a rag rated action log, implemented in May 2017, which provided them with a system to monitor and review all required actions. These were raised, discussed, reviewed and signed off at each practice meeting so that nothing was missed.

In addition the surgery had starting using extra functionality within their clinical system to enhance safety by making sure that all clinicians followed specific protocols and pathways for specific conditions. For example when treating patients with thyroid problems, the system now prompted the clinician to follow a specific pathway before prescribing medicines and ensured that the patient's thyroid function was always checked prior to treatment.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The practice had reviewed the previous inspection report and we found that each action for improvement had been revised and dealt with. They had implemented new and improved protocols, had increased communication and most specifically had created a stable and risk-averse environment for patients and staff.
- There was a system for recording and acting on significant events and incidents and a system to discuss, disseminate and review them.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, we saw that there were regular clinical meetings where patient care was discussed and regular practice meetings where all staff had the opportunity to raise and discuss any issues.
- There was an improved system for receiving and acting on patient safety alerts and ensuring that action was taken. The practice has assigned a GP to lead on this and previous alerts were audited to ensure that appropriate action had been taken. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

The practice was rated previously as good for providing effective services and we have not recently reviewed this domain.

This rating was given following the comprehensive inspection on 1 June 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Primrose Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).



# Are services caring?

## Our findings

At our previous inspection on 1 June 2017 we rated the practice as requires improvement for providing caring services because we found that data from the GP patient survey showed patients rated the practice lower than others for several aspects of care. In addition we found that the practice had a higher number of patients over the age of 65 and a large number of patients with chronic diseases. However, the number of carers that had been identified was less than 1% of the practice population.

At our previous inspection on 1 June 2017 all other aspects of the caring domain were found to be satisfactory and in line with expected fundamental standards of care. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Primrose Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Following our inspection in June 2017 the practice had made many improvements to the services delivered to carers. The new patient health check templated had been updated with a question about carers added to the form. In addition the practice had set up searches within their clinical system and contacted patients to help identify

carers. 125 patients had been identified which was more than 2% of the practice population. A member of reception staff had been named as carer's champion and had received training in their role to identify and support carers. We spoke with that member of staff who demonstrated the actions they proposed to take in order to signpost carers to the relevant services.

The practice, in conjunction with another surgery, had agreed to facilitate a walking group with registered carers being targeted initially for this initiative. In addition to that, additional changing facilities had been set up in the baby changing area specifically if required, for carers.

At this inspection we discussed the patient survey results with the lead GP. Since our last inspection there had been no new results, but the lead GP showed us how they had reviewed the results and implemented changes to make improvements. For example, the number of patients able to see or speak to their preferred GP was low. Since the previous inspection the practice had employed an additional GP to combat this. They had also made other improvements and had a plan to review the impact when the latest survey results were released in January 2018.

# Are services responsive to people's needs? (for example, to feedback?)

## Our findings

The practice was rated previously as good for providing responsive services and we have not recently reviewed this domain.

This rating was given following the comprehensive inspection on 1 June 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Primrose Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 1 June 2017, we rated the practice as requires improvement for providing well-led services because there was limited overarching governance and fragmented leadership. We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 20 December 2017. The full comprehensive report following that inspection can be found by selecting the 'all reports' link for Primrose Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff we spoke with demonstrated their awareness and understanding of the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff we spoke with said they felt much more respected, supported and valued. They were proud to work in the practice and felt involved in the day to day running of the surgery. They all said that the practice focused on the needs of patients.
- Openness, honesty and transparency were much improved since the previous inspection and this was demonstrated when responding to incidents and complaints. Specifically, we saw where action had been taken to quickly rectify prescription errors and ensure that errors were not repeated in the future. Barriers had been broken down and communication between administrators, the patients and others had improved considerably all to the benefit of the patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff we spoke with told us they felt much more comfortable to provide their feedback, positive or negative, and were encouraged to do so. They had confidence that they would be listened to and their comments would be addressed.
- There were processes for providing all staff with the development they need and supervision and training opportunities had improved since our previous inspection.
- All staff were considered valued members of the practice team and received protected time for professional development. Nursing staff were supervised, evaluated and mentored.
- There was a strong, and much improved, emphasis on the safety and well-being of all staff. In addition, positive relationships had been formed.

### Governance arrangements

# Are services well-led?

Good 

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

There were improved responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. Sustainability was discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care and had recently improved the use of their clinical system to increase patient safety.
- The practice submitted data or notifications to external organisations as required and had recently introduced the use of the national incident reporting and learning system (NRLS).
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The local medical committee had supported the practice in its improvement plan.
- A staff suggestion box had been introduced and staff were spoken to with provided examples of how their suggestions had been discussed and acted upon.
- There was an active patient participation group and a transparent and collaborative relationship with stakeholders and others about performance and the future of the practice.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice and these were demonstrated in the high number of improvements that had been implemented and embedded following the previous inspection.

# Are services well-led?

Good 

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.