

Cleveland Surgery

Quality Report

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Date of inspection visit: 29 July 2016
Date of publication: 27/09/2016

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 responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed follow up inspection on 29 July 2016 to follow up concerns we found at Cleveland Surgery on 3 September 2015. Overall the practice is rated as good.

We found the practice had made improvements since our last inspection in September 2015. Specifically the practice was:

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Incidents were recorded and accessible on the intranet for staff. Meeting minutes contained details of discussion and learning.
- All staff had received an annual appraisal within the last 12 months. Appraisals were recorded on the intranet and flagged to staff member and manager when they were due for review. Clinical supervision was informal and there were plans to implement a more structured supervision.

- The practice had a number of policies and procedures to govern activity, these were reviewed within the past 12 months. The practice intranet where they were stored was accessible to all staff and when a document was due to be reviewed a reminder would be sent to the practice manager.
- The practice participated in regular multi-disciplinary meetings which were documented each month.
- All staff that performed chaperone duties had undertaken the required training to perform the role.
- There was a robust system for infection control and the lead attended regular link meetings for updates and refresher training.
- An infection control audit had taken place in February 2016 and actions from this had been assessed and completed.
- A robust system for disseminating NICE guidance to staff was in place and these were discussed at clinical meetings.

Summary of findings

- A cleaning schedule was in place including carpet cleaning and changing of curtains. Cleaning audits of all areas were completed monthly and any issues were identified and rectified.
- COSHH sheets were available for all hazardous substances, in date and available to staff.
- A fire risk assessment was conducted in December 2015 with actions to be taken which had been completed. The legionella risk assessment was conducted in September 2016.
- Risk assessments were carried out, reviewed regularly and accessible to staff.
- The practice had a protocol in place for the handling of safety alerts.
- A cold chain policy was in place and staff understand their roles and responsibilities in relation to this policy however this was the overarching NHS England policy and the practice were looking at producing a process that was practice specific including signing sheets for the recording of daily fridge temperatures.

- Not all staff were aware of the lead roles for the practice such as safeguarding, however they did know where to access this information.

The areas where the provider should make improvements are:

- Continue to improve the availability of non-urgent appointments.
- Ensure all staff are aware of lead roles in the practice such as safeguarding and infection control.
- Ensure any actions from Legionella risk assessment are identified and acted upon.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, responsive and well-led services. The practice had been rated as good for the provision of caring and effective services at the inspection in September 2015.

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 inspection was conducted in order to review issues that were found at the comprehensive inspection carried out on 3 September 2015. At this previous inspection it was found that overall the practice was rated as requires improvement. At our most recent inspection the practice was found to be rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients who used services were assessed.
- Infection control audits had taken place, an action plan had been implemented and actions had been completed.
- Processes had been implemented for sharing of information such as safety alerts and nice guidance.
- Legionella assessment had not been conducted however it had been arranged and we saw evidence to show it was completed on 1 September 2016.

Good



Are services responsive to people's needs?

The inspection was conducted in order to review issues that were found at the comprehensive inspection carried out on 3 September 2015. At this previous inspection it was found that overall the practice was rated as requires improvement. At our most recent inspection the practice was found to be rated as good for providing responsive services.

- Patients said they found it easy to make an appointment on the day if urgent however they did not always see the GP they preferred.
- Patients said that the new phone system had made it easier to get through on the telephone.
- Complaints were discussed at team meetings.

Good



Are services well-led?

The inspection was conducted in order to review issues that were found at the comprehensive inspection carried out on 3 September 2015. At this previous inspection it was found that overall the practice was rated as requires improvement. At our most recent inspection the practice was found to be rated as good for providing well-led services.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- Risk assessments were completed and actions taken were documented.
- Staff had appraisals completed within the past 12 months with documented objectives and training needs identified.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students).

Good



People whose circumstances may make them vulnerable

The practice was rated as good for the care of people whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the availability of non-urgent appointments.
- Ensure all staff are aware of lead roles in the practice such as safeguarding and infection control.
- Ensure any actions from Legionella risk assessment are identified and acted upon.

Cleveland Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Cleveland Surgery

Cleveland Surgery provides primary medical services to a population of approximately 9,836 patients in Gainsborough and the surrounding area. The practice provides services to patients residing in nine residential care and nursing homes in the surrounding area.

- The practice has a higher distribution of patients between the ages of 40-54 years and an even distribution of male/female patients.
- At the time of our inspection the practice employed three GP partners, one part time salaried GP, two practice managers (one was due to leave on the day of inspection), three nurse practitioners, two practice nurses, one health care assistant, an assistant practice manager and a team of reception and administration staff.
- The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.
- The practice has one location registered with the Care Quality Commission (CQC) which is Cleveland Surgery, Vanessa Drive, Gainsborough, Lincolnshire, DN21 2UQ.
- The practice is open from 08:00 to 18:30 hours Monday to Friday. The practice provides extended opening hours

one day a week from 18:30 to 19:30 hours which alternates between a Monday, Tuesday and Wednesday. GP clinics run between 08:45 and 11:45 hours and 15:15 and 17:30 hours Monday to Friday. Pre-bookable appointments and on the day 'urgent' appointments are available. The practice also provides a home visit service for patients. The practice offers on-line services for patients such as on-line appointment booking and ordering repeat prescriptions.

- The practice has an active patient participation group (PPG) who meet bi-monthly.
- The practice is located within the area covered by NHS Lincolnshire West Clinical Commissioning Group (LWCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.
- NHS Lincolnshire West Clinical Commissioning Group (LWCCG) is responsible for improving the health of and the commissioning of health services for 230,000 people registered with 37 GP member practices covering 420 square miles across Lincoln, Gainsborough and surrounding villages. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.
- The practice has opted out of the requirement to provide GP consultation when the surgery is closed, the out-of hours service is provided by Lincolnshire Community Health Services NHS Trust.

Detailed findings

Why we carried out this inspection

We undertook an announced focussed inspection on 29 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 3 September 2015 had been made.

We inspected the practice against three of the five key questions we ask about services:

- Is the service safe?
- Is the service responsive?
- Is the service well led?.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 July 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed the way the service was delivered but did not observe any aspects of patient care or treatment.
- Viewed practice systems for storing policies and procedures

Are services safe?

Our findings

Following an announced comprehensive inspection on 3 September 2015, the practice was rated as 'requires improvement' for safety. At our inspection in July 2016 we found this to be rated as good.

Safe track record

At the inspection in September 2015 the practice did not have a robust system in place to ensure incidents, near misses and risks were reported and dealt with appropriately to identify risks and improve patient safety. Outcomes of incident reports and significant events were not discussed with all staff in meetings, they were only discussed in partnership meetings.

At our most recent inspection we found that improvements had been made. There was an effective system in place for reporting and recording significant events.

Staff told us they inform the practice manager who would complete the incident form with them.

- Significant events were reported to the CCG.
- The practice were aware of 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).
- The practice carried out a thorough analysis of the significant events were discussed and reviewed at meetings with actions taken and lessons learned.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new policy and process was disseminated to all staff following an incident.

Overview of safety systems and processes

At the inspection in September 2015 the practice did not clearly defined and embedded system, processes and practices in place to keep patients safe. For example, not all staff that were chaperoning had completed training and not all staff were aware of who the safeguarding lead was. There was no schedule or records in place relating to the

cleaning of carpets in the practice. Infection control audits had not been completed since 2012 and there were no processes for the dissemination of information such as safety alerts and nice guidance.

At our most recent inspection we found the practice had implemented an intranet which stored all meeting minutes, policies, procedures, significant event forms and safety alerts. The system enabled documents to be shared with the relevant staff. Safety alerts were added and were marked as completed following actions taken and review by a clinician were appropriate. These were also added to the agenda and discussed at clinical meetings.

An infection control audit had been completed in February 2016 with actions, such as new chairs and alcohol rub to be supplied completed and recorded. The practice had cleaning schedules in place in each room, including the cleaning of carpets and monthly audits were completed. One of the nurses was the lead for infection control and was attending monthly link meetings for updates and refresher training.

Monitoring risks to patients

At the inspection in September 2015 the practice had limited systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice did not have a policy in place for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). Risk assessments in relation to fire and other general risk assessments had not been completed. The practice held records of Control of Substances Hazardous to Health (COSHH) information data sheets however these were dated as 2002. There were no risk assessments available to ensure the safe use of these products.

At our most recent inspection we found that the practice had systems, processes and policies in place. There were detailed risk assessments and COSHH information data sheets had been reviewed to ensure that they were the most up to date. There were risk assessments in relation to these products. The practice had completed a fire risk assessment however when we visited a legionella risk assessment had not been conducted. The practice said that this had been booked to be completed on 1 September 2016 and we were sent evidence following to show that it was completed.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage this contained staff and other agencies contact details.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Following an announced comprehensive inspection on 3 September 2015, the practice was rated as 'requires improvement' for responsive services. At our inspection in July 2016 we found this to be rated as good.

Responding to and meeting people's needs

During our inspection in September 2015 we were told by the practice manager the problems the practice had been facing recently such as a shortage of GPs and nurse practitioners and recent problems in recruitment which had caused difficulties for the practice in the number of appointments the practice were able to offer to patients. Since that inspection the practice had increased the number of GP appointments and had also employed three nurse practitioners to assist with the previous concerns with lack of appointments.

The practice had a new phone system in place which meant that staff at reception could see at a glance how many they had received and how many they had missed. This system was to be updated so that the staff could see how long the call had been unanswered. This system also enabled the practice to monitor calls and look for themes and trends and amend staffing accordingly over time.

Access to the service

At the previous inspection there had been problems highlighted in relation to a lack of routine appointments and that there were issues in getting through to the practice.

The new team had been in place since March 2016 and had yet to have an impact shown in the national GP patient survey however Healthwatch Lincolnshire had carried out a visit to find out how they are being run and make recommendations where there are areas for improvement in July 2016 and spoke with patients. The information that they had compiled showed that from 20 reviews the practice was rated 4.6 stars out of five. Friends and family test showed that out of 20 patients 80% would recommend this surgery to their friends and family however 10% would not.

On the day of our inspection in July 2016 we spoke with four patients with mixed reviews. Some patients said that the phone system had improved however there were still concerns in relation to a routine appointment with a GP. One comment was that they had to wait for seven weeks for an appointment with a GP. The practice were now offering appointments with a nurse practitioner for patients and these were readily available.

Are services well-led?

Good 

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

Our findings

Following an announced comprehensive inspection on 3 September 2015, the practice was rated as 'requires improvement' for well-led services. At our inspection in July 2016 we found this to be rated as good.

Vision and strategy

At our most recent inspection we found that the practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had suffered recent GP and nurse shortages but the practice had been able to recruit GP's and nurse practitioners to improve services for patients in the future.

The practice had recently had a new practice management team and staff we spoke with said that they felt the practice would go on to improve further.

Patient feedback also aligned with this with patients saying that the practice had faced difficulties however this was improving for most.

Governance arrangements

At the inspection in September 2015 some of the policies and procedures in place to govern activity were either overdue, undated or not specific to the practice. At our most recent inspection we found that all policies and procedures had been updated, were practice specific and were available on the intranet system for all to access. This system provided reminder updates when items were due for review.

The practice had also implemented a robust system in place to identify, record and manage risks. We saw evidence of a fire risk assessment of the premises which had been carried out, risks had been identified and actions to be taken were recorded.

Risks, significant events and complaints were discussed on a regular basis during staff meetings.