Myrtle House Surgery

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Myrtle House Surgery on 19 January 2017. The overall rating for the practice was requires improvement with the key questions of safe and well-led rated as requires improvement. Action was required to mitigate identified risks and to review and improve the governance arrangements to ensure they were comprehensive. Systems in place also required review to ensure appropriate follow-up action was taken for patients identified as vulnerable. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Myrtle House Surgery website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 January 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:

- We saw evidence at this inspection that records of incidents were now in place and there was evidence of shared learning from these events including formal meetings and documentation of discussions.

- At this inspection, we saw evidence that the practice Health and Safety policy had been updated and a comprehensive risk assessment had been undertaken. All identified risks have been mitigated.
- We found at this inspection that an IPC audit had taken place, action taken as required and staff attended training in May 2017.
- At this inspection, we found that systems have been reviewed and all patients identified as vulnerable had an alert on their records.
- We saw evidence at this inspection that patient outcomes are now under ongoing review and achievement on the Quality and Outcomes Framework (QOF) had improved substantially.
- We found evidence of monitoring of staff updating their knowledge as policies were reviewed.
- We saw at this inspection that a training matrix had been introduced to monitor staff training. Personnel records remained poorly organised; however we saw evidence that this had been improved within two days of our inspection.

Summary of findings

- At this inspection we saw that all clinical audit activity had been captured and that new protocols had been introduced to improve care and treatment.
- At this inspection, the practice showed us evidence of discussions regarding assisting patients who had a hearing loss. All staff had attended a meeting to discuss how to access translation services.

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?

Good

At our inspection in January 2017 the practice was rated requires improvement for providing safe services as risks identified were not being mitigated.

Improvements have taken place and the practice is now rated as good for providing safe services.

- At our previous inspection, we found that records of incidents did not include sufficient detail to demonstrate improvement actions were monitored and reviewed to ensure they were adequate and effective. We saw evidence at this inspection that this situation had been addressed and that records were now in place and there was evidence of shared learning from these events including formal meetings and documentation of discussions
- At our previous inspection we saw that risk management activity was not consistently and fully completed. For example risks related to fire and electrical safety had been identified in 2016 but limited action had been taken to mitigate those risks .We saw at this inspection that a comprehensive risk assessment has been done and all identified risks have been mitigated.
- During our previous inspection, we found that infection prevention and control activity was undertaken. However audit activity was not comprehensive and audit records did not detail sufficient information to demonstrate action was taken when areas for improvement was identified. Additionally there was limited evidence of infection prevention and control training for staff. We found at this inspection that an IPC audit had been done and action taken to assure compliance. All staff had received IPC training.
- At our previous inspection, we found that systems were not in place to ensure appropriate follow up action was taken for patients identified as vulnerable. At this inspection, we found that systems had been reviewed and all alerts were now in place on records for vulnerable patients.

Are services well-led?

Good

At our last inspection in January 2017 the practice was rated as requires improvement for providing well led services as governance systems required review and development. Following our inspection in July 2017 the practice is now rated as good for providing well-led services.

Summary of findings

- At our previous inspection, we found that records of incidents did not include sufficient detail to demonstrate improvement actions were monitored and reviewed to ensure they were adequate and effective. We saw evidence at this inspection that this situation had been addressed and there was evidence of shared learning from these events including formal meetings and documentation of discussions.
- At our inspection we saw that risk management activity was not consistently and fully completed. At this inspection, we saw evidence that the practice Health and Safety policy had been updated and a comprehensive risk assessment had been undertaken. All identified risks had been mitigated.
- During our inspection in January 2017 data showed patient outcomes were variable when compared to the average. We saw evidence at this inspection that these outcomes are now under ongoing review by management and achievement on the QOF has improved substantially.
- At our previous inspection, we saw that the practice had a number of policies and procedures to govern activity, but we noted compliance with practice policy was not always consistent. We found that this had been addressed and saw evidence of monitoring of staff updating their knowledge as policies are reviewed.
- At our inspection in January 2017, we found that the system in place to support the completion of staff training and personnel records was poor. We saw at this inspection that a training matrix had been introduced to monitor staff training.
- During our previous inspection, we suggested that the practice create records to support the management of clinical audit activity which demonstrated the implementation of improvement action. At this inspection we saw that all audit activity had been captured and that new protocols had been introduced to improve care and treatment.

In our inspection in January 2017, we asked that the practice consider the installation of a hearing loop and ensure all staff were aware of the availability of translation services. At this inspection, the practice showed us evidence of discussions regarding assisting patients who have a hearing loss and how to access translation services.

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 provider had resolved the concerns for safety and being well led identified at our inspection on 19 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at http://www.cqc.org.uk/location/1-2685168685

Good

People with long term conditions
The provider had resolved the concerns for safety and being well led identified at our inspection on 19 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at http://www.cqc.org.uk/location/1-2685168685

Good

Families, children and young people
The provider had resolved the concerns for safety and being well led identified at our inspection on 19 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at http://www.cqc.org.uk/location/1-2685168685

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety and being well led identified at our inspection on 19 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at http://www.cqc.org.uk/location/1-2685168685

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety and being well led identified at our inspection on 19 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at http://www.cqc.org.uk/location/1-2685168685

Good

Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and being well led identified at our inspection on 19 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this. The specific findings relating to this population group can be found at http://www.cqc.org.uk/location/1-2685168685

Good

Myrtle House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector visited the practice and carried out a focused inspection.

Background to Myrtle House Surgery

Myrtle House surgery (154 Blackburn Road, Accrington, BB5 0AE) is part of the NHS East Lancashire Clinical Commissioning Group. (CCG)

Myrtle House surgery (154 Blackburn Road, Accrington, BB5 0AE) is part of the NHS East Lancashire Clinical Commissioning Group (CCG) and provides services to approximately 5000 patients under a General Medical Services contract with NHS England. The surgery building is a converted mid terraced house with limited parking. It has level access and provides patient facilities of a waiting area, treatment room and consulting rooms all on the ground floor. An additional waiting area and treatment/ consultation room is also provided on a lower ground floor which also provides ground level access externally from the rear of the property. We were told the lower ground floor rooms are not routinely used by the practice but are used by visiting healthcare professionals.

Since our inspection in January 2017 planning has commenced to relocate the practice to a purpose built centre a short distance away in September 2017.

The registered provider, Oswald Medical Centre, also offers services from three other sites under a separate contract with NHS England and in accordance with a separate CQC registration. It is noted Myrtle House Surgery is identified as a branch site of Oswald Medical Centre on the practice website. However, as Myrtle House Surgery operates under a separate contract with NHS England, an independent patient list is maintained and patients are not routinely able to access services at other Oswald Medical Centre sites without prior arrangement.

Information published by Public Health England rates the level of deprivation within the practice population group as level three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 76 years for males and 81 years for females, both of which are below the England average of 79 years and 83 years respectively. The number of patients in the different age groups on the GP practice register was generally similar to the average GP practice in England. The practice has a lower percentage (49%) of its population with a long-standing health condition when compared to the England average (53%). The practice percentage (62%) of its population with a working status of being in paid work or in full-time education is similar to the England average (63%). The practice percentage (5%) population with an unemployed status is also similar to the England average (4%).

The practice is staffed by five GP partners (one female and four male) and one salaried GP (female). The GPs are supported by a nurse practitioner, assistant practitioner, a healthcare assistant, a practice based community nurse and a practice based clinical pharmacist. Clinical staff are supported by a senior business manager, a practice manager and 12 administration and support staff. The practice is open Monday to Friday from 8am to 6.30pm with the exception of Wednesday when the practice closes at 1pm. Appointments are available between 8.30am and 11am Monday to Friday and between 3.30pm and 5.30pm Monday, Tuesday Thursday and Friday. On Wednesday afternoons patients are able to access appointments at a

Detailed findings

local Oswald Medical Centre site in addition to extended hours appointments at this alternate site on Monday from 6.30pm to 8.30pm. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them. When the practice is closed; Out of Hours services are provided by East Lancashire Medical Services and can be contacted by telephoning NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of the Myrtle House Surgery on 19 January 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 in January 2017 can be found on our website at http://www.cqc.org.uk/location/1-2685168685

We undertook a follow up focused inspection of the Myrtle House Surgery on 11 July 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.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the principal GP, the practice manager, a practice nurse, an assistant practitioner, and one member of the practice administration team.
- Observed how patients were being cared for in the reception area.
- Reviewed a range of practice documentation.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing safe services.

We saw that staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However records maintained by the practice did not include sufficient detail to demonstrate improvement actions were monitored and reviewed to ensure they were adequate and effective.

Risk management activity was not consistently and fully completed. For example risks related to fire and electrical safety had been identified in 2016 but limited action had been taken to mitigate those risks.

Infection prevention and control (IPC) activity was undertaken within the practice supported by a practice policy and regular audits. However, audit activity was not comprehensive and audit records did not detail sufficient information to demonstrate action was taken when areas for improvement were identified. There was limited evidence of IPC training for staff.

Systems in place to ensure appropriate follow-up action was taken for patients identified as vulnerable within practice records following receipt of notifications were not sufficient.

We issued a requirement notice in respect of these issues and found that arrangements had improved when we undertook a follow up inspection of the service on 11 July 2017.

Safe track record and learning

At this inspection, we saw that a comprehensive system of reporting and recording significant events had been introduced.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and in a folder in the practice manager's office. The incident recording form 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). Staff were clear about what constituted a significant event and had received training in significant events.
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again. Patients were invited into the surgery for a face-to-face discussion of events where appropriate.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and all actions taken as a result of significant events were reviewed to ensure that they were effective.

We saw evidence that patient safety alerts were being received by the practice and were acted on. There was a file of alerts held by the principal GP and on the practice computer. There were notes on patient records that alerts had been discussed and actions had been taken.

Overview of safety systems and process

At our last inspection, we found that risk management activity was not consistently and fully completed.

- At this inspection, we saw evidence that the practice Health and Safety policy had been updated and a comprehensive risk assessment had been undertaken. All identified risks had been mitigated. For example, all checks of safety in relation to electrical and gas supply, fire and emergency lighting had been carried out. The practice had met with NHSE and NHS Estates regarding the building which was not fit for purpose and a plan for relocation to a purpose built building had been agreed.

At our inspection in January 2017 we saw that infection prevention and control (IPC) activity was undertaken within the practice supported by a practice policy and regular audits. However, audit activity was not comprehensive and audit records did not detail sufficient information to demonstrate action was taken when areas for improvement were identified. There was limited evidence

Good

Are services safe?

of IPC training for staff. At this inspection we saw that an IPC audit had been completed in February 2017 by a practice nurse who was appointed to take the lead on that area. All staff received IPC training in May 2017.

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 19 January 2017, we rated the practice as requires improvement for providing well-led services.

Data showed patient outcomes were variable when compared to the national average. However, a good understanding of performance was maintained within the practice and there was evidence of continuing improvement.

The practice had a number of policies and procedures to govern activity, but we noted compliance with practice policy was not always consistent.

There were no records to support the management of clinical audit activity and that demonstrated the implementation of improvement actions.

The practice Service Continuity plan required a review to ensure it detailed appropriate direction and information relevant to Myrtle House Surgery.

We issued a requirement notice in respect of these issues and found that arrangements had improved when we undertook a follow up inspection of the service on 11 July 2017.

Governance arrangements

The practice had carried out a full risk assessment since January 2017 to include all aspects of practice working and the environment. These included those risks that had been identified by our previous inspection. Identified risks had been indicated as actioned or mitigated in all cases save those areas directly related to the structure of the building. An infection control lead had been appointed and trained for the role.

A comprehensive system had been put in place to manage significant events and to share learning. Incidents and complaints were a standing agenda item at monthly practice team meetings. We saw electronic records of issues discussed, who they were discussed with and when.

A matrix of staff training had been introduced to monitor the completion of training. Staff records remained poorly organised; however we saw evidence that this had been rectified within two days of the inspection.

We saw that practice policies had been updated, were being discussed at staff meetings and staff were required to familiarise themselves with these policies on the practice computer and send a read receipt.

The service continuity plan had been revised and was now explicit about the processes in place for Myrtle House Surgery. It contained the details of staff for easy reference during an incident.

In our inspection in January 2017, we asked that the practice consider the installation of a hearing loop and ensure all staff were aware of the availability of translation services. Plans have been agreed with the CCG and NHS Estates to relocate the practice in September 2017 to modern facilities suitable for purpose and installed with a hearing loop. In the interim a search has identified those patients known to have a hearing loss and practice staff have suggested they attend the sister surgery at Oswald Medical Centre which is very close to Myrtle House Surgery. A notice has also been put up in the reception area asking patients to alert staff if they do need assistance due to a hearing loss. All staff attended a meeting to discuss the services available for them to support people who do not speak English as a first language.

Continuous improvement

- At our previous inspection in January 2017, we found that patient outcomes were variable when compared to the average. Outcomes are now under ongoing review and achievement on the QOF has improved substantially improved from a total of 79% in 2015/16 to 97% in 2016/17 according to unvalidated figures provided by the practice.
- We saw that clinical audit activity had increased and all audits were captured on the practice computer. Audits have led to improvements in patient care, for example new practice protocols have been put in place for identifying patients with high blood pressure and an uneven heart rate. We saw that meetings to discuss these audits had taken place and learning shared with staff.
- During the July 2017 inspection we observed a number of significant improvements since January 2017 as described in this report.