

Spinney Surgery

Inspection report

The Spinney
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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement

overall. At the previous inspection in December 2015 the practice was rated as Good overall.

We carried out an announced focused inspection at Spinney Surgery on 21 August 2019. We decided to undertake this inspection following our annual review of the information available to us.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services well-led? – Requires Improvement

Caring and Responsive were not reviewed because patient feedback and monitoring indicated no change since the last inspection. The rating from the last inspection has been carried forward.

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

At this inspection, the practice was rated as requires improvement for providing safe services because:

- We found the practice's system for managing patient and drug safety alerts was not fully effective. The practice had implemented a new system from July 2019, but had not considered alerts received prior to this date.
- The practice's system of recruitment checks was ineffective. We reviewed four staff personnel files and found a number of omissions including; Disclosure and barring service (DBS) checks, references, vaccination status and clinical registration checks.
- We found the practice did not have oversight of the progress of actions arising from a fire risk assessment.
- The process for sharing learning from significant events was not clear and staff were not always clear on learning which had been distributed.

At this inspection, the practice was rated as requires improvement for providing effective services because:

- We found the practice's recall system was not effective. We identified three patients diagnosed with a mental health condition who had not received a review of their condition despite attending the practice multiple times for other issues.
- The practice's exception reporting rate was higher than the CCG and England averages for long-term conditions and one mental health indicator. We reviewed submitted but unverified 2018/2019 data and found this high exception reporting rate had continued and increased.
- The practice did not have a program of quality improvement in place.
- The practice's uptake of 40-74 and learning disability health checks was low.

At this inspection, the practice was rated as requires improvement for providing well-led services because:

- The practice could not evidence that risks, issues and performance were managed to ensure that services were safe or that the quality of those services was effectively managed.

However, we also found that:

- Members of staff we spoke with had a clear knowledge of safeguarding processes at the practice.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice employed a number of clinical staff including an advanced nurse practitioner and an emergency care practitioner.
- The practice's uptake of childhood immunisations was above the 90% World Health Organisation target rate.
- Staff told us morale was high and they felt well supported by the practice management team.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review and improve the prescription rate of co-amoxiclav, cephalosporins and quinolones.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief
Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Spinney Surgery

Spinney Surgery provides services to approximately 10,385 registered patients in the market town of St Ives and surrounding villages. The practice is contracted to provide Primary Medical Services by Cambridgeshire and Peterborough Clinical Commissioning Group.

The service has four GP partners (2 male and 2 female) and a practice manager who is also a partner. The practice employs three salaried GPs (2 male, 1 female), five practice nurses, one advanced nurse practitioner, three health care assistants and an emergency care practitioner.

The clinical team is supported by a number of secretarial, reception and administrative staff. The practice also has its own dispensary and employs two staff. It is a training practice and supported two trainee GPs at the time of the inspection.

The practice opens between the hours of 8am and 6pm, Monday to Friday, apart from during 1pm and 2pm each Tuesday and Thursday during which the practice is closed. The practice also offers extended hours appointments on evenings and weekends through a Federation of local practices. Outside of practice opening hours patients are able to access pre-bookable evening and weekend appointments through a network of local practices. In addition to this, a service is provided by Herts Urgent Care, by patients dialling the NHS 111 service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The practice could not evidence that risks, issues and performance were managed to ensure that services were safe or that the quality of those services was effectively managed.• The practice's recall system was not effective. We identified three patients diagnosed with a mental health condition who had not received a review of their condition despite attending the practice multiple times for other issues.• The practice's system for completing recruitment checks was not effective. We reviewed four staff personnel files and found a number of omissions including; DBS, references, vaccination status and clinical registration checks.• The practice had completed a fire risk assessment; however, did not have oversight on the day of the inspection of the actions taken to address identified risks.• The practice's system for managing patient and drug safety alerts was not fully effective. The practice had implemented a new system from July 2019, but had not considered alerts received prior to this date.• The practice did not have a program of audit in place.• The practice's uptake of 40-74 and learning disability health checks was low.