

Hattersley Group Practice

Quality Report

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Date of inspection visit: 10/12/2015

Date of publication: 07/01/2016

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.

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Overall summary

Letter from the Chief Inspector of General Practice

On 8 April 2015 we carried out a full comprehensive inspection of Hattersley Group Practice. This resulted in a Warning Notice being issued against the provider on 4 August 2015. The Notice advised the provider that the

practice was failing to meet the required standards relating to Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The Warning Notice specifically made reference to clinical audits, seeking and acting on feedback from patients, demonstrating a commitment to maintaining the safety of patients, complying with the conditions of registration and recording and learning from significant events.

Summary of findings

On 10 December 2015 we undertook a focused inspection to check that the practice had met the requirements of the Warning Notice. At this inspection we found that the practice had satisfied the requirements of the Notice.

Specifically we found that:

- A programme of clinical audits cycles was in place. Several clinical audits had been carried out and these included audits carried out as a result of safety alerts being received. Some re-audits had been carried out and results were monitored to ensure improvements were sustained.
- The system for recording and processing significant events had improved. There was a process for recording events, discussing them as a practice group, determining learning needs, and later reviewing them to check there had been no reoccurrences.
- The actions required following the most recent fire risk assessment had been carried out. Also the practice had proactively found further improvements that could be made relating to safety signage, and put these improvements in place.

- The practice had an active patient participation group (PPG) that met regularly. They kept evidence of suggestions made and improvements put in place and changes to the practice made following discussions with the PPG. They monitored the NHS Choices website and responded to comments made on the site, and they also monitored the NHS Friends and Family results.
- Changes had been made to the registration of the practice and all the partners were included on the registration.

The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

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?

We did not inspect the safe domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services effective?

We did not inspect the effective domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services caring?

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services responsive to people's needs?

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services well-led?

We did not inspect the well-led domain in full at this inspection. We inspected only those aspects mentioned in the Warning Notice issued on 4 August 2015. We found that all the required improvements had been made. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Hattersley Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a CQC Inspection Manager.

Background to Hattersley Group Practice

Hattersley Group Practice is located in the Hattersley area of Hyde in Cheshire. The practice is on the first floor of a building. It is accessible by staircase or passenger lift. All consulting rooms are accessible to patients with mobility difficulties.

Three partners work at the practice, one male and two female. There are also two practice nurses, a healthcare assistant, a practice manager and administrative and reception staff.

The practice is open Monday to Friday from 7.30am to 6pm. It is closed between 12.15pm and 1.15pm although the telephones are still answered during this time. The first GP appointment each day is at 8.10am and the latest at 5.40pm.

The practice provides commissioned services under a General Medical Services (GMS) contract to 5500 patients. There is a patient participation group that meet regularly. Hattersley Group Practice had opted out of providing out of hours services to their patients.

We undertook a full comprehensive inspection of the surgery on 8 April 2015. As a result of that inspection the practice was served with a Warning Notice dated 4 August 2015

The Warning Notice was served because the practice breached Regulation 17 of the Health and Social Care Act 2008, relating to good governance. The notice required the practice to address the failings in this regard by 4 December 2015.

Why we carried out this inspection

This was a follow up focused inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We inspected to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care

Act 2008 and to check if the practice had met the specifications of the Warning Notice issued on 4 August 2015.

How we carried out this inspection

Before our inspection we reviewed information we held about the practice. We carried out an announced focused inspection on 10 December 2015 to check only the issues identified in the Warning Notice that was issued on 4 August 2015. During our inspection we spoke with a GP and the practice manager. We reviewed documents held at the practice.

Are services safe?

Our findings

We did not inspect the safe domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect the effective domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services caring?

Our findings

We did not inspect the caring domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect the responsive domain at this inspection. The rating awarded to the practice following our full comprehensive inspection on 8 April 2015 remains unchanged. The practice will be re-inspected in relation to their rating in the future.

Are services well-led?

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

Our findings

Governance arrangements

- We saw evidence that following our inspection of 8 April 2015 the practice sought advice from the clinical commission group (CCG) local quality lead with regard to carrying out formal clinical audits. The practice had put a programme of clinical audits and re-audits in place. We also saw evidence that they carried out audits in response to safety alerts that were received.
- Examples of recent audits included an audit on peripheral vascular disease and one on newer anti-coagulant usage in Atrial Fibrillation. The reasons for the audits were documented along with the desired final outcomes. We saw that re-audits had taken place to ensure improvements were made or positive results maintained, and there was a calendar of re-audits to ensure these were monitored.
- Following the inspection of 8 April 2015 the lead GP had met with all staff to discuss the importance of the accurate and timely recording of significant events. We saw that following the recording of a significant event a meeting was held to discuss the event, if anything could have been done differently and if there were any learning points from it. Review meetings were also planned to ensure any required actions were sustained to avoid a repeat of the incident.
- The practice had acted on information provided by relevant bodies. In particular all the actions required by the practice following the most recent fire risk

assessment had been carried out. These actions related to providing signs to alert people where oxygen was stored. In addition the practice had looked at all their safety signage and made further improvements where they thought this would be helpful. They kept photographic evidence of the additional signs they had displayed.

- All the partners at the practice were correctly registered. One of the partners planned to leave in the near future and we saw the practice had the required forms were to hand to amend the registration.

Seeking and acting on feedback from patients, the public and staff

- Since the inspection on 8 April 2015 the patient participation group (PPG) had become active. Meetings had been held and attached to the minutes were action plans so any suggestions could be monitored. Meeting minutes were available on the practice's website, and we saw advertisements had been displayed to encourage more patients to join the PPG. Where improvements were said to have been made we saw evidence this was the case. This included changing the answerphone message so patients knew the opening times of the practice, and relocating the telephones to a back office so reception staff could attend to patients promptly.
- The practice had started to regularly check the NHS Choices website for patient feedback. Where feedback had been posted the practice manager took the time to respond.