

Upton Group Practice

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

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Upton Group Practice on 21 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the inspection carried out on 21 July 2016 can be found by selecting the 'all reports' link for Upton Group Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 February 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 21 July 2016. 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:

- The practice had addressed the issues identified during the previous inspection.
- The practice no longer had any controlled drugs.

- The practice had revised its safeguarding protocols and now had its own additional internal safeguarding meetings and kept appropriate records to improve the management of any safeguarding concerns.

In addition, the practice had made the following improvements:

- The implementation of continuous audit for patients on high risk medications. The practice was also part of a local pilot scheme for repeat prescribing to reduce unnecessary medications being prescribed to patients.
- There was a revised significant event protocol. New significant events and any previous actions were discussed as a standing agenda item at staff meetings.
- There was a new complaints process, in which all complaints were discussed at staff meetings. Any complaints which were highlighted as a significant event would be analysed appropriately.
- The practice had updated its website in part to improve how the practice captured patient feedback.

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 practice is rated as good for providing safe services. The practice had addressed the issues identified during the previous inspection. The practice had reviewed the need for controlled drugs and no longer stored these on the premises. The practice had revised its safeguarding protocols.

Good



Are services well-led?

The practice is rated as good for providing well led services. The practice had addressed the issues identified during the previous inspection. The arrangements in respect of systems and processes used to effectively promote and monitor the quality and safety of the service had improved. For example, complaints management and safeguarding protocols.

Good



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 providing safe and well led services which were identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for providing safe and well led services which were identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for providing safe and well led services which were identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe and well led services which were identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe and well led services which were identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe and well led services which were identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Upton Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Upton Group Practice

Upton Group Practice is located in Wirral, Cheshire. There were 7961 patients on the practice register at the time of our inspection. The practice is situated in a residential area with a high number of patients being 65 years and over.

The practice has four GP partners, two male and two female, two female salaried GPs, three practice nurses, a practice manager and a number of administration and reception staff. The practice is a training practice for trainee GPs.

The practice is open between 8.30am and 6.30pm Monday to Friday. There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Patients who require GP services outside of normal practice opening hours are asked to contact the NHS 111 service to obtain healthcare advice or treatment.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

We undertook a comprehensive inspection of Upton Group Practice on 21 July 2016 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 21 July 2016 can be found by selecting the 'all reports' link for Upton Group Practice on our website at www.cqc.org.uk

We undertook a follow up focused inspection of Upton Group Practice on 3 February 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

The inspector :-

- Carried out a site visit
- Spoke with the practice manager and a GP.
- Reviewed documents

Are services safe?

Our findings

At our previous inspection on 21 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of controlled drugs were not sufficient.

In addition, we found that systems needed improving for the management of high risk medications.

These arrangements had significantly improved when we undertook a follow up inspection on 3 February 2017. The practice is now rated as good for providing safe services.

The practice had made the following improvements:-

Safe track record

There was a revised significant event protocol and new significant events and any previous actions were discussed as a standing agenda item at staff meetings.

The practice discussed significant events and complaints at annual partner's meetings to identify any trends in concerns and ensure that action had already been taken to reduce reoccurrence.

There was a new complaints process, in which all complaints were discussed at staff meetings and any highlighted as a significant event would be analysed appropriately.

Safeguarding

The practice had revised its policy for processing notifications for children and adults who required safeguarding. Systems were in place to ensure that any safeguarding information was appropriately recorded within patient records in a timely way. Any clinician accessing the record would be able to see an alert about the patient's safeguarding status.

The practice attended meetings with other healthcare professionals where safeguarding issues were discussed. However, since our last inspection, the practice now held additional practice level safeguarding meetings to improve the overall management of concerns.

Medicines management

The practice had reviewed the need for controlled drugs to be stored and had taken the decision to no longer have controlled drugs on the premises.

The practice had carried out continuous audit work to ensure that there was effective monitoring of patients on high risk medications. For example, monitoring of patients who required regular renal function tests because they were on medications that could affect renal function.

The practice was also part of a local pilot scheme for repeat prescribing to reduce unnecessary medications being prescribed to patients and therefore reduce the cost of wasted medication to the NHS.

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 21 July 2016, we rated the practice as requires improvement for providing well led services as the arrangements in respect of systems and processes used to effectively promote and monitor the quality and safety of the service needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 3 February 2017. The practice is now rated as good for providing well led services.

The practice had made the following improvements:-

- We saw there were schedules for a variety of staff meetings. The practice held regular clinical and non-clinical staff meetings which were documented and the minutes from these meetings were available to all staff. Aspects of monitoring the safety and quality of patient care were discussed as a fixed agenda item at clinical meetings.

- The practice had updated its complaints procedure. Any incoming complaints were discussed as a fixed agenda item at the next available staff meeting. If after discussion the complaint was considered to be a significant event, then this would be further investigated. We were shown an example of where this had happened and minutes of meetings where complaints had been discussed.
- The practice had updated its protocols around safeguarding and there was a designated lead member of staff to monitor stakeholder requests for communication and updates on the health of safeguarded patients. The practice had regular monthly practice level safeguarding meetings.

The practice had updated its website allowing for improved information and capture of patient feedback to continuously improve services.