

# Riley 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 effective?

Good 

Are services caring?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riley House Surgery on 2 June 2016. The overall rating for the practice was requires improvement, specifically the practice were rated requires improvement for providing safe, effective and caring services. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Riley House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice submitted an action plan shortly after the 2016 inspection outlining how it intended meeting the regulations.

This inspection was a focused inspection carried out on 13 June 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 2 June 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:

- Patient Group Directions were in place in place for appropriate staff.
- The practice had improved their recruitment procedures and were able to provide evidence that the new procedures were followed for new members of staff.
- All staff at the practice had been appraised; the practice kept a log of upcoming appraisal dates to ensure staff were appraised annually.
- The practice put a focus on identifying carers and increased the carers register to more than one percent of the patient population.
- The practice had systems in place to manage significant events and complaints; the practice were able to evidence that complaints and significant events were investigated and lessons were learned.
- The practice had a comprehensive system in place for infection control audits including an audit checklist, a set of practice specific infection control audit forms, a detailed action plan with named leads deadlines and progress updates and an annual infection control statement that reported the findings.

# Summary of findings

- The practice had appropriate levels of emergency supplies and medicines. The practice had a system in place for checking stocks of emergency medicines and staff at the practice knew where to access all emergency supplies.
- The practice survey 100 patients on a monthly basis to evaluate progress on improving patient satisfaction.

However, there was one area of practice where the provider needs to make an improvement.

The provider should:

- To review the process for coding patients identified as carers to ensure the carers register is an accurate reflection of that patient cohort.

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing safe,

effective and caring services. At the inspection on 2 June 2016 we found that not all non-medical prescribers had Patient Group Directions in place, not all staff had been through appropriate recruitment checks and not all staff had been appraised on an annual basis. At this inspection we found that there were Patient Group Directions in place for all non-medical prescribers, the practice had updated the recruitment process and were able to evidence this process was followed for new members of staff and we found that all staff had been appraised. Additionally, the practice had improved the system for managing staff appraisals and training. Consequently, the practice is now rated good for providing safe, effective and caring 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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. The practice were able to demonstrate that significant events were investigated and lessons were learned.
- The practice had improved systems and processes to keep patients safe. For example, appropriate recruitment checks on staff had been undertaken prior to their employment and appropriately signed patient group directions (PGDs) were on file for all of the practice nurses.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice had improved the system for managing staff development; all staff had been appraised and had personal development plans in place.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the GP national survey showed patients rated the practice lower than others for several aspects of care. The practice were aware of this and had implemented a practice run survey of 100 patients per month to identify specific areas and learning from patient feedback.
- The practice had increased the number of patients identified as carers from 55 (less than one percent of the patient population) to 174 (more than one percent of the patient population).

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 safety, effectiveness and caring identified at our inspection on 2 June 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 safety, effectiveness and caring identified at our inspection on 2 June 2017 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 safety, effectiveness and caring identified at our inspection on 2 June 2017 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 safety, effectiveness and caring identified at our inspection on 2 June 2017 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 safety, effectiveness and caring identified at our inspection on 2 June 2017 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 safety, effectiveness and caring identified at our inspection on 2 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- To review the process for coding patients identified as carers to ensure the carers register is an accurate reflection of that patient cohort.

# Riley House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and a Practice Manager specialist advisor.

## Background to Riley House Surgery

The Riley House Surgery practice is located in Enfield, North London within the NHS Enfield Clinical Commissioning Group. The practice holds a Personal Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including alcohol support, childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal, minor surgery, risk profiling and case management, Rotavirus and Shingles Immunisation and unplanned admissions. The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and family planning.

The practice had a patient list size of approximately 9,098 at the time of our inspection.

The staff team at the practice included two GP partners (one female, one male), two salaried GP (males), two GP

locums (males), one practice manager and three practice nurses (two female, one male). The practice had 12 administrative staff. There are 28 GP sessions and 28 nurse sessions available per week.

The practices opening hours are:

- Monday to Friday 8:30am to 6:30pm

Appointments are available at the following times:

- Monday to Friday from 9:00am to 12:00pm and 13:30pm to 6:15pm
- Extended hours are offered Saturday from 9:00am to 12:00pm

Outside of these times patients are advised to phone 111 for medical advice. To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

## Why we carried out this inspection

We undertook a comprehensive inspection of Riley House Surgery on 2 June 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 Month Year can be found by selecting the 'all reports' link for Riley House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Riley House Surgery on 13 June 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.

# Detailed findings

## How we carried out this inspection

We carried out a focused inspection of Riley House Surgery on 13 June 2017 This involved reviewing evidence that:

- Non-medical prescribers had valid Patient Group Directions in place.

- Comprehensive recruitment checks were in place for staff employed at the practice.
- All staff are given the opportunity for personal and professional development through annual appraisals and development plans.

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.

# Are services safe?

## Our findings

At our previous inspection on 2 June 2016, we found that the arrangements in respect of managing significant events, performing comprehensive recruitment checks and ensuring that non-medical prescribers have valid Patient Group Directions required improvement. Patient Group Directions are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At the inspection on 2 June 2016 we found that there was an effective system in place for reporting and recording significant events. The system was put in place a month prior to our visit and staff demonstrated a clear understanding of the system. We saw evidence that the practice was adhering to their system however time was needed to fully embed the new process.

At the inspection on 13 June 2017 we found that the practice had a comprehensive system in place for managing and learning from significant events. The practice provided examples of clinical discussions and lessons learned around significant events. We saw evidence that significant events were discussed at clinical and practice meetings.

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, we reviewed a significant event involving a patient fall on the premises. Learning from the event highlighted that staff followed emergency procedures. A risk assessment was carried out and the practice installed additional handrails outside of two clinical consulting rooms to mitigate the risk of another fall.

### Overview of safety systems and process

At the inspection on 2 June 2016 we found that only two of three non-medical prescribers at the practice had valid Patient Group Directions (PGDs). At the most recent inspection on 13 June 2017 we reviewed the PGDs for the three practice nurses and found that all had valid PGDs in place. We spoke to the one of the GP partners on the day of inspection and were told that the partners in the practice reviewed the PGDs as part of nurse appraisals.

At the inspection on 2 June 2016 we found that a clinical member of staff did not have the appropriate recruitment checks in place. When we inspected on 13 June 2017 we reviewed the recruitment policy and checked files for four new members of staff, both clinical and non-clinical. We found evidence that new members of staff were recruited in line with practice policy and had the required information in their personal files. For example, we found that the practice maintained a record of references, qualifications, proof of identification, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for new members of staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement as we found evidence that the practice did not always ensure that members of staff received appropriate support, training, mentoring and appraisal necessary to enable them to carry out the duties they were employed to do.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing effective services.

### **Effective staffing**

When we inspected on 13 June 2017 we reviewed how the practice provided support, training and appraisal to all members of staff. We found evidence that the practice had

a comprehensive system in place to monitor training for all members of staff. We also found that all staff had been appraised annually and the practice updated the appraisal forms to include development plans. We found that new members of staff have a formal six month review to gauge their development needs prior to their first annual appraisal.

For example, we reviewed staff files for two members of clinical staff and four members of non-clinical staff. We found that all staff had completed training such as basic life support, fire safety and safeguarding for adults and children. We also found that all staff had been appraised within the last 12 months. Two new members of staff had been supported through a formal review six months after their employment began at the practice and annual appraisals were scheduled for both members of staff.

# Are services caring?

## Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing caring services as patient satisfaction was below the local and national average for most indicators and the number of carers identified was less than one percent of the patient population.

These figures were still in place at the time of this inspection with new figures due to be released in July 2017. Following receipt of the action plan shortly after our inspection in 2016 the practice had surveyed 100 patients per month since November 2016. The patient survey was implemented by the new practice manager that joined the practice in October 2016. Based on the results of the Friends and Family Test and practice surveys the practice had actively improved patient satisfaction overall.

We saw evidence that matters affecting patient satisfaction were discussed in both clinical and practice meetings. We saw that solutions were identified to improve patient satisfaction. For example, when the Patient Participation Group raised an issue around difficulty in phoning through to the practice, we saw evidence of a discussion with staff which asked staff to ensure all administration team members were answering phone calls first thing in the morning. Staff were also asked to ensure there was a minimum of one member of staff available to speak to patients face to face throughout the day.

As a result of a patient complaint about a medical consultation, we saw evidence that all clinicians were asked to remain aware of their body language and tone of voice during consultation. Clinicians were also asked to bring in a neutral member of staff with the patients permission if the patient was not happy during a consultation.

We found that the numbers of patients identified as carers increased from 55 at the inspection on 2 June 2016 to 174 patients at the inspection on 13 June 2017 which was more than one percent of the patient population.

The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

When we inspected on 2 June 2016 we saw evidence that 51% of patients would definitely or probably recommend

their GP surgery to someone who has just moved to the local area. This percentage was significantly lower than the local average of 73% and the national average of 80%. At the inspection on 13 June 2017 we saw evidence that patient satisfaction had increased in this area. For example, the FFT results for April 2017 showed that 73% of patients asked were extremely likely or likely to recommend the practice to friends and family. Satisfaction increased further in the May 2017 FFT figures which showed that 84% of patients asked were extremely likely or likely to recommend the practice to friends and family.

When we inspected on 2 June 2016 we had concerns around the low patient satisfaction scores related to clinical care. For example, results from the national GP patient survey showed patient satisfaction was below the local and national average for consultations with GPs and nurses.

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 66% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

At the time of our inspection the most recent analysis available from the practice survey was January and February. We saw evidence of surveys from March, April and May however the practice had not yet analysed these results. The practice survey specifically targeted patient satisfaction around clinical care and results from January and February 2017 which showed an improvement overall.

For example, patient survey results from January 2017 showed:

- Out of 100 patients asked, 91 felt GPs and nurses listened to them.

## Are services caring?

- Out of 100 patients asked, 97 felt GPs and nurses gave them enough time during consultations.
- Out of 100 patients asked, 94 had confidence in GPs and nurses at the practice.

Patient survey results from February 2017 showed:

- Out of 105 patients asked, 95 felt GPs and nurses listened to them.
- Out of 105 patients asked, 98 felt GPs and nurses gave them enough time during consultations.
- Out of 105 patients asked, 104 had confidence in GPs and nurses at the practice.

At the inspection on 13 June 2017 we saw evidence that the practice were using these patient survey results to engage with the Patient Participation Group and inform them on

areas for development and training for members of staff. For example, we saw evidence that the practice manager kept an informal log of training needs for staff as a result of feedback.

### **Care planning and involvement in decisions about care and treatment**

When we inspected on 13 June 2017 we asked to see the carers register and found that the number of carers was 55, less than one percent of the patient population. We spoke with one of the GP partners who identified a coding error. Staff at the practice were using different codes for carers. A search was performed utilising all of the carer codes used by staff and the practice confirmed there were 174 patients identified as carers (more than one percent of the patient population).