

Yorkleigh Surgery - CT

Quality Report

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Date of inspection visit: 23 July 2015

Date of publication: 20/08/2015

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out our inspection of Yorkleigh Surgery - CT on 23 July 2015 specifically to follow up on the findings of our last inspection carried out on 6 January 2015. The report for this inspection was published on 9 April 2015.

Overall we found the practice is rated as good with examples of safe medicines management practices and other aspects of safe patient treatment and support. Patients reported positive levels of satisfaction with the practice during our inspection.

Our key findings were as follows:

There were reliable systems, processes and practices in place to keep people safe and safeguarded from abuse for example;

- There were systems, processes and practices put in place and communicated to staff that were identified as essential to keep people safe. Staff were trained and made aware of these systems, processes and practices. The systems, processes and practices were monitored and improved when required.

- The arrangements for managing medicines in the practice kept patients safe; this included obtaining, prescribing, recording, handling, storing and security, dispensing, safe administration and disposal.
- Staff identified and responded to changing risks to patients who used the practice by monitoring them for deteriorating health and wellbeing and through the safe management of medicines and medical emergency equipment.
- Standards of cleanliness and hygiene were safely maintained and there were reliable systems in place to prevent and protect patients from a healthcare-associated infection.

We saw areas of outstanding practice including:

- The practice manager was a registered 'Carers Champion' for approximately 40 carers on the practices register and checked on their wellbeing and support needs.
- The practice was registered as a younger persons friendly practice and provided a young person's drop in clinic each week for advice and support about sexual health issues. This service was open to all young people including those not registered at the practice.

Summary of findings

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Medicines management processes were robust and were supported by up to date policies and practices which ensured patient safety.

Good



Summary of findings

What people who use the service say

We spoke with four patients visiting the practice during our inspection and saw the results of the last patient participation group survey. The practice provided access to recent findings from their 'friends and family' survey. The overall view was, 95.8% of patients stated they were likely or extremely likely to recommend the practice. We looked at the practice's NHS Choices website to look at comments made by patients (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey where 97.5% of patients described their overall experience at the practice as good.

The majority of comments made or written by patients were positive and praised the care they received. For example; about receiving the right treatment at the right

time, about seeing a named doctor at most visits and about being involved in the care and treatment provided. We heard and saw patients generally found access to the practice and appointments easy and how telephones were answered after a brief wait. The most recent GP survey showed 99.3% of patients said the last appointment they received was convenient compared to a Clinical Commissioning Group average of 93.2% and a national average of 91.8%.

Patients told us their privacy and dignity was respected during consultations and they found the reception area was sufficiently private for most discussions they needed to make. The GP survey showed 100% of patients said they had confidence and trust in the last GP they saw or spoke with compared to a Clinical Commissioning Group average of 97% and a national average of 95%.

Outstanding practice

We saw areas of outstanding practice including:

- The practice manager was a registered 'Carers Champion' for approximately 40 carers on the practice's register and checked on their wellbeing and support needs.
- The practice was registered as a younger persons friendly practice and provided a young person's drop in clinic each week for advice and support about sexual health issues. This service was open to all young people including those not registered at the practice.

Yorkleigh Surgery - CT

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who had remote access to advice from a specialist advisor.

Background to Yorkleigh Surgery - CT

Yorkleigh Surgery, 93 St Georges Road, Cheltenham, Gloucestershire. GL50 3ED; is located close to the city centre of Cheltenham. The practice covers a large area in and around Cheltenham including, Prestbury, Up Hatherley, Leckhampton and Charlton Kings.

The practice is part of the Gloucester Clinical Commissioning Group and has approximately 9,000 patients. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. The practice area is in the mid-range for deprivation nationally.

Access into the street level of the practice is via three short steps with support provided by hand rails. There is level access via a sloped driveway into the lower floor consulting and treatment area of the practice with a disabled person's parking space at that level. A bell is provided to alert staff if patients require assistance to enter at the lower level. Reception staff are normally aware if a patient who requires assistance is attending the practice. Toilets are accessible with facilities for patients with disabilities and a baby changing area. A small amount of parking is available at the

front of the practice with other parking available close by. There are a range of administrative and staff areas including meeting rooms within the practice, most of which are on the first floor.

There are two female and two male GP partners in the practice. Additionally there is locum GP working in the practice. In addition there are two prescribing nurses, two nurses and one health care assistant; a phlebotomist visits the practice to carry out blood tests as required. The practice also employs a small team of reception and administrative staff including a finance manager and office and IT manager. These teams are supported by a practice manager.

The practice has a General Medical Services (GMS) contract to deliver health care services; the contract includes enhanced services such as extended opening hours, online access and diabetes services. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is open between 8:00 am and 6:30 pm each day with extended hours until 8:00 pm on a Monday evening. The practice is closed for one afternoon every three months for staff training. Out-of-hours cover is in place during these afternoons; full details of opening hours are on the practice's website. The practice has opted out of providing out-of-hours services to their own patients. This Gloucestershire wide service is provided by Harmoni and patients are directed to this service by the practice during out of hours.

Detailed findings

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to follow up on whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The focus for this inspection was specifically around the safe domain.

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 23 July 2015.

We talked with about half the staff working in the practice on the day of the inspection. This included a GP a practice nurse, the practice manager and four administrative/reception staff. We spoke with four patients who were visiting the practice during our inspection.

Are services safe?

Our findings

Safe track record

The four patients we spoke with said they felt safe when they came into the practice to attend their appointments and confident in the treatment they received. Comments from patients who provided feedback about the practice via the NHS Choices website and through thank you cards reflected this.

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, a letter of complaint was received from a patient; it was identified as a possible significant event. The letter was passed to the management team and the complaint was investigated in accordance with the practice's significant events process.

We reviewed the updated and amended safety records, incident reports and minutes of meetings where these were discussed for the last 12 months. The records showed the practice had managed the issues consistently over time and so could show clear evidence of a safe track record over the longer term.

We saw that key information about safety alerts were available on the practice's computer records system via a notice board each time staff logged into the system. This was also used for communicating other information to or about staff such as when nurses were doing home visits..

There were formal arrangements in place for obtaining patient feedback about safety. The practice had carried out an in-practice patient survey and had an active Patient Participation Group (PPG). The practice manager told us that any concerns raised would be used to inform action taken to improve patient safety.

Learning and improvement from safety incidents

There were systems in place for reporting and recording significant events, incidents and accidents. There were records and a recently implemented log of significant events that had occurred during the last 12 months and we were able to review these. Significant events were a

standing item on the practice meeting agenda and a meeting was held at the time of the annual return to the Clinical Commissioning Group to review the significant events.

Complaints and significant events were also reviewed at the time they occurred during partners meetings and where relevant at the quarterly practice learning time meetings. There was clear evidence the practice had learned from these events and this learning was systematically shared with relevant staff. Staff, including receptionists, administrators and nursing staff told us they knew how to raise an issue for consideration and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. They explained to us the process used to manage and monitor incidents. We tracked two recent incidents and saw records were completed, scheduled for discussion and actioned in a timely way. We saw evidence of action taken as a result. For example, where a patient had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken. There was also a clear chronology from the incident through to sharing learning from the event.

National patient safety alerts were disseminated by the partners and the practice manager to practice staff. Staff we spoke with gave examples of recent alerts that were relevant to the care they were responsible for. They also told us and we saw from previously provided meeting minutes that alerts were discussed in management and partner and nurses meetings. This ensured all staff were made aware of those relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Training records showed staff had received relevant role specific training about safeguarding vulnerable patients. Staff were able to describe how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of

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safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details of relevant agencies were easily accessible to all staff.

The practice had appointed GPs with lead responsibility for safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role for example, level three for children and a similar level of learning for vulnerable adults. All staff we spoke with were aware who these lead staff were and who to speak with in the practice if they had a safeguarding concern. The practice was an accredited younger person's friendly practice and provided a young person's drop in clinic each week for advice and support about sexual health issues to support their safety. This service was open to all young people including those not registered at the practice.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments for example, children subject to child protection plans and vulnerable adults on the palliative care list. Monthly multidisciplinary team meetings were also held to discuss all patients near to the end of their life, those diagnosed with cancer and vulnerable patients including children where there were welfare or child protection concerns. These meetings were held with members of the district nursing team and health visitors. Minutes of these meetings were routinely shared with other staff.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, and reception staff, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. A risk assessment was in place for those reception staff who undertook chaperone duties.

Older patients, families, children and young people and vulnerable patients who were on the practices list of most vulnerable patients were also discussed at multidisciplinary team meetings. The practice had a system

in place which ensured patients including those diagnosed with co-morbidities (two or more diseases existing at the same time in the body) or took multiple medicines were reviewed. These reviews took place when the patients' condition changed. We heard how all GPs were aware of the patients on the practices list of most vulnerable patients. There were alerts placed on the patient record system to remind GPs and nurses about the vulnerabilities of these patients.

The practice also had systems in place to ensure carers were supported. The practice manager was a registered 'Carers Champion' for approximately 40 carers on the practices register. The systems in place enabled staff to check on carers wellbeing and identify their support needs or signpost them to other agencies who could support them.

We saw there were effective communication systems in place. Each staff team held regular meetings, minutes were recorded and shared with and made available to other teams. Practice learning time meetings were used to share information affecting the whole practice as well as to provide training. A system of formal appraisal had been introduced for staff; this was supported by one to one meetings and team meetings. These systems ensured staff were supported to provide safe treatment to patients.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to record the checks made of medicines to ensure they were within their expiry date and suitable for use. A stock control system was in place to ensure medicines could be accounted for. Expired and unwanted medicines were disposed of in line with waste regulations. The GPs bags we checked were routinely checked by the practice as part of the regular medicines checks. We saw no medicines were held in the bags and equipment required was in date and tested.

We saw records of practice meetings that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, hypnotics (medications

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that cause sleep) and sedatives and anti-psychotic (medicines that are mainly used to treat schizophrenia or mania caused by bipolar disorder) prescribing within the practice. For example, patients were invited into the practice to have their medicines reviewed following guidance about the strength of medicines patients should receive.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated on 25 June 2015. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that nurses and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. A member of the nursing staff was qualified as an independent prescriber and they received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in the practice. The protocol complied with the legal framework and covered all required areas. We saw an example of the process that was followed when a patient's medication had been changed following a visit to hospital. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary. There was a clear audit trail for the authorisation and review of repeat prescriptions. Alerts were raised when the GP was required to review the medicines or if the patient requested medicines early. Any changes to the patient's medicines were flagged on the computer system

The practice had established an electronic prescription service for patients to pick up their dispensed prescriptions at a number of pharmacy locations and had systems in

place to monitor how these medicines were collected. They also had arrangements in place to ensure that patients collecting medicines from these locations were given all the relevant information they required.

Cleanliness and infection control

We observed the premises to be clean and tidy with surfaces clutter free. The patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control.

The practice had a member of staff with lead responsibility for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead person had carried out audits for the previous year and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. For example, during intimate patient examinations.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Hot water was supplied by small water heaters in most locations, warning signs indicated the likelihood of very hot water. The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). Records confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable

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electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer. Other equipment such as fire extinguishers were also serviced and tested annually in line with fire safety requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative. Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, emergency processes were in place for identifying frail elderly patients, children and patients with long-term conditions. We heard about referrals made for patients whose health deteriorated suddenly. Emergency processes were in place for acute pregnancy complications and staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated

external defibrillator (used to attempt to restart a person's heart in an emergency). Staff were able to explain where this equipment was located and records confirmed that it was checked regularly. The notes of the practice's significant event meetings showed that staff had discussed a medical emergency concerning a patient and that practice had learned from this appropriately.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of utility suppliers to contact if the lighting, heating or water supplies failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills. There was an evacuation procedure displayed on the walls within the practice which set out who the 'emergency controller' was in case of evacuation and their role. The procedure also listed which member of staff was a designated fire warden.

Risks associated with service and staffing changes (both planned and unplanned) were required to be included on the practice risk log. We saw an example of this, for example, the loss of a GP and the mitigating actions that had been put in place to manage this.