

# The Surgery

## Quality Report

28 Holes Lane

Woolston

Warrington

Cheshire

WA1 4NE

Tel: 01925 599855

Website: [www.holeslanesurgery.co.uk](http://www.holeslanesurgery.co.uk)

Date of inspection visit: 03/02/2017

Date of publication: 14/03/2017

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

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to The Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery on 23 March 2016. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for The Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection on 23 March 2016 we rated the practice as 'good' overall but as 'requires improvement' for providing a safe service as we identified breaches of Regulations 16 and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have a robust system in place for recording, investigating and taking action in response to significant events. The procedures for managing complaints also required improvement to ensure; patients were provided with accessible and accurate information about how to make a complaint, that all complaints were fully investigated in a timely manner and action was taken to prevent a re-occurrence.

This inspection was a desk-based review carried out on 3 February 2017 to confirm that the provider had carried out their plan to meet the legal requirements in relation

to the breaches in regulation identified at our previous inspection. This report covers our findings in relation to that and additional improvements made since our last inspection.

The findings of this inspection were that the provider had taken action to meet the requirements of the last inspection and the service is now rated as good for providing safe services. Our key findings were as follows:

- The provider has taken action to review the processes in place for managing significant events. There is now a more robust system in place for recording, investigating and taking action in response to significant events and for oversight and review of events.
- The complaints procedure had been reviewed and updated. Information provided to patients had been reviewed to include details about the different options for making a complaint and the stages of this. Systems for the oversight of complaints had been introduced including ensuring appropriate timescales were in place for responding to complaints. Complaints were discussed at regular clinical meetings and a review of complaints was carried out on a bi-annual basis.

# Summary of findings

The provider had also made a number of improvements where we had identified these at our last inspection. These included;

- A risk assessment had been carried with regards to whether or not staff required a Disclosure and Barring Service (DBS) check linked to their roles and responsibilities.

- The process for referring patients to secondary care for tests or treatments had been reviewed. The provider had designated additional staffing to improve the efficiency of the referrals process.

**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?**

A system was in place for recording, investigating and taking timely action in response to significant events and complaints.

**Good**



# The Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

The inspection was carried out by a CQC lead inspector.

### Background to The Surgery

The Surgery is located at 28 Holes Lane, Woolston, Warrington, Cheshire, WA1 4NE. The practice was providing a service to approximately 10,800 patients at the time of our inspection. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health condition is similar to the local and national averages.

The practice is run by five GP partners. There is an additional salaried GP. There are two practice nurses, one health care assistant, a practice manager and a team of reception/administration staff.

The practice is open from 8am to 6.30pm Monday to Friday. The practice had signed up to providing longer surgery hours as part of the government agenda to encourage greater patient access to GP services. As a result patients could access a GP at a Health and Wellbeing Centre in the centre of Warrington during evenings and at weekends by pre-booked appointment. Outside of practice hours patients can access the Bridgewater Trust for primary medical services.

The practice has a Personal Medical Services (PMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

### Why we carried out this inspection

We undertook a follow up desk based focused inspection of The Surgery on 3 February 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was meeting legal requirements.

### How we carried out this inspection

We carried out a desk-based focused inspection of The Surgery. The inspection involved reviewing evidence that the provider submitted to us at our request, including evidence about the management of significant events and complaints.

# Are services safe?

## Our findings

### Monitoring risks to patients

The findings of this inspection were that the provider had taken action to meet the requirements of the last inspection and the service is now rated as good for providing safe services.

Following our previous inspection on 23 March 2016, we issued a requirement notice as the provider did not have a robust system in place for recording, investigating and taking action in response to significant events.

As part of this inspection the provider submitted evidence to confirm they had taken action to improve the system in place for recording, investigating and taking action in response to significant events. These improvements include:

- Ensuring immediate action is taken following an event including putting safeguards in place to prevent a recurrence.
- Providing flow charts to inform staff about how to respond to a significant event.
- Ensuring all staff are notified of events.
- The provision of staff training; including training on the process and as a result of any identified training needs as part of the learning from events.
- Discussion at regular clinical meetings.

- A six monthly review of all significant events to ensure all processes are completed and to identify any themes.

Following our previous inspection on 23 March 2016, we issued a requirement notice for the provider to make improvements to the complaints process to ensure; patients are provided with accessible and accurate information about how to make a complaint and the various stages of this, to ensure all complaints are fully investigated in an appropriately timely manner and action is taken to prevent a recurrence.

As part of this inspection the provider submitted evidence that action had been taken to improve the handling of complaints. These improvement include;

- Displaying and providing information about how patients can complain and the different avenues for this.
- Discussing complaints at regular clinical meetings as they occur to ensure timely action has been taken and complaints have been responded to.
- The provision of staff training about the process and in response to any training needs identified as part of the learning from complaints.
- Providing patients with details of the second stage of the complaints process so that they are aware of the actions they can take if they are not satisfied with how their complaint has been handled.
- A six monthly review of all complaints to identify trends.