

Highfield Surgery

Quality Report

25 Severn Street,
Leicester
Leicestershire
LE2 0NN

Tel: 0116 254 3253

Website: www.highfieldsurgerysevernstreet.co.uk

Date of inspection visit: 17 December 2015

Date of publication: 04/02/2016

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.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to Highfield Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection of Highfield Surgery, 25 Severn Street, Leicester, Leicestershire, LE2 0NN on 17 December 2015.

Our previous inspection in April 2015 had found breaches of regulations relating to safe delivery of services and services being well-led.

We found the practice had made improvements since our last inspection in April 2015. Specifically the practice was:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Process of reviewing and learning of incidents following were not documented with actions and action owners.
- A ramp had been erected at the back door to evacuate patients with reduced mobility in the event of a fire.
- Information about services and how to complain was available and easy to understand but only available in English.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management.
- The practice had an approved set of Patient Group Directives to allow specified staff to administer a medicine directly to patients without the need for a prescription.
- Processes and procedures had been reviewed and were stored in a central place on the desktop of all computers in the practice.
- Staff following processes, such as fridge checks were not aware of what to do if there was a problem.
- Nurses did not have protocols to follow for example raised blood pressure.
- Recruitment checks such as DBS had taken place or been applied for in relation to new staff members.

The areas where the provider should make improvement are:

- Ensure that staff have a formal annual appraisal.
- Have a system in place to ensure audit cycles have been completed.
- Practice meetings to include items such as, significant events, complaints, risk management, infection control and NICE guidance. Clinical meetings should be minuted in order to record summaries of topics discussed and actions to be taken.

Summary of findings

- Ensure staff have appropriate policies, protocols and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and that the staff understand them.
- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the

provision of safe services and requires improvement for the provision of well-led services. The practice had been rated as good for the provision of effective, caring and responsive 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.

Good



- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- A ramp had been fitted to the back door to enable safe evacuation of patients in a wheelchair.
- Staff had been trained and were up to date including the safeguarding training for GP's and fire safety training for all staff.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a number of policies and procedures to govern activity however these had not all been implemented and thoroughly reviewed.
- The practice held regular practice meetings but minutes did not show that learning was shared from incidents.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice did not proactively identify risks.
- Annual appraisals had not taken place for all staff.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure that staff have a formal annual appraisal.
- Have a system in place to ensure audit cycles have been completed.
- Practice meetings to include items such as, significant events, complaints, risk management, infection control and NICE guidance. Clinical meetings should be documented in order to record summaries of topics discussed and actions to be taken.
- Ensure staff have appropriate policies, protocols and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and that the staff understand them.
- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.

Highfield 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.

Background to Highfield Surgery

Highfield Surgery, 25 Severn Street, Leicester, Leicestershire, LE2 0NN has a General Medical Service contract (GMS) and serves over 3,300 patients.

Care and treatment is provided by two GP partners (one male and one female), one locum GP, a part-time business manager who is contracted for nine hours per week, four receptionists, one health care assistant who also covers reception duties and two locum practice nurses. The General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The two GP partners had officially taken over the practice on January 1 2015 and at the time of our visit in April were in the process of reviewing the systems and processes used by the previous practice team. They had employed a business manager to work with them for three hours a week who was still in place and they had since promoted one of the reception staff to assistant practice manager.

Highfield Surgery is a multi-level practice, with access for disabled patients but does not have car parking facilities. The surgery is open 8am to 6.30pm Monday, Tuesday, Wednesday and Friday. Thursday the practice is open 8am to 1pm. The practice offers an extended hours service with pre-booked appointments on Monday evenings between

6.30pm and 8.00pm. The practice has been awarded funding to make some improvements to the practice. In 2016 the practice will be extending and having a lift installed for patients to access the new areas that will be upstairs.

The practice has one location registered with the Care Quality Commission (CQC) which is Highfield Surgery, 23 Severn Street, Leicester, LE2 0NN.

Why we carried out this inspection

We carried out this inspection on 17 December 2015 to follow up and assess whether the necessary changes had been made following our inspection on 8 April 2015. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection.

This report should be read in conjunction with the full inspection report published in August 2015.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the provider. This told us how they had addressed the breaches of regulations identified during the comprehensive inspection. During our visit, we spoke with staff that were on duty including the GP partners, business manager, assistant practice manager and two members of the reception team.

Detailed findings

We reviewed information, documents and records kept at the practice including a range of policies and procedures the service used to govern their activities.

We inspected the premises to look at the cleanliness and the arrangements in place to manage risks associated with healthcare related infections.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports, and minutes of meetings where these were discussed. Staff told us that they were able to raise any concerns and were able to identify significant events and also explain the process of reporting them. However the GP we spoke with recalled an incident that had occurred that they had not recorded as a significant event.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Staff were able to explain to us what a significant event was and the process to report them.
- We saw that the fridges were been checked and temperatures were been recorded as part of the process that had been implemented since our last visit. However on the day of the inspection it was noted that the fridge temperature on 30 November 2015 had been 14 degrees. No action had been taken in relation to this and the staff we spoke with were unaware of what they should do. The process did not cover actions to take if the fridges were out of range. The business manager told us that this is the day that the expiry dates were checked and that would account for the increase in temperature. Once prompted the practice recorded this incident as a significant event and contacted public health and the CCG (Clinical Commissioning Group) for information on what action to take. Following the inspection the business manager forwarded an investigation review form with actions and learning to be taken from this event and also a process for staff to follow if temperatures are not within range. The practice was identifying if any patients had been involved and if so would be contacting them to explain and apologise.

- A temporary ramp had been fitted at the back fire door so that patients with reduced mobility could be evacuated in the event of a fire.
- GP's at the practice had been trained in both adult and child safeguarding and we saw certificates to confirm this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Task sheets were in place that the cleaner completed each day; these showed which tasks were performed daily, weekly and monthly. An infection control audit had taken place in November 2015.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been applied for. References for a new staff member had not yet been received however the GP we spoke with told us that they had received verbal references although these had not been recorded. Since the inspection the practice has informed us that all written references are now in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Portable appliance testing (PAT) had taken place on all electrical equipment in July 2015.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

All staff had completed fire safety training within the last 12 months.

Are services well-led?

Requires improvement 

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff and had been reviewed within the last 12 months.
- Staff were completing tasks such as the fridge temperature checks without an understanding of why they were doing this and what they should do if the temperature was not in range.
- The process for the checking of temperatures at the time of our visit did not inform staff of what to do or who to report to.
- Reviews of incidents, lessons learned and actions taken were not clearly documented in the minutes of the practice meetings.
- Not all staff had received an annual appraisal however the partners, at the time of the inspection had only taken over 11 months before.
- The practice had since the inspection completed a second action plan identifying further areas that they needed to improve on.
- There were no protocols in place for nursing staff and health care assistants to follow, for example if a patient had a raised blood pressure reading. Since the inspection these have now been written including an algorithm for blood pressure and urine tests.

- They did not have a programme of clinical audits to use to monitor quality and systems to identify where action should be taken although one clinical audit had been completed with a second cycle.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care however the practice had still been unable to recruit a practice nurse therefore the practice was reliant on locum nursing staff which meant that the GP's in the practice were seeing patients that may normally be seen by a practice nurse. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The most recent patient participation group (PPG) meeting minutes were available on the website and also a paper copy was available in the waiting area.