

The Little 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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 30 June 2016. We also carried out a focussed follow-up of this practice on 7th and 13 March 2017.

Breaches of legal requirements were found in relation to governance arrangements within the practice. We issued

the practice with a warning notice requiring them to achieve compliance with the regulations set out in those warning notices by 30 June 2017. We undertook this focused inspection on 2 August 2017 to check that they now met the legal requirements. This report only covers our findings in relation to those requirements.

At the inspection on 2nd August 2017 we found that the requirements of the warning notice had been met.

Summary of findings

Our key findings across the areas across the areas we inspected for this focussed inspection were as follows:

- The practice had made considerable improvements since the last inspection.
- We found the practice had made improvements to its system for significant events, near misses and incidents but the system required further development to evidence that all events were captured, fully investigated, learning identified and actions implemented.
- Risks to patients were now assessed and well managed.
- Most patients on high risk medicines had been reviewed, alerts and blood monitoring were in place.
- Considerable improvements had taken place in regard to the system for patients who required a medication review.
- An effective system had been put in place for the monitoring of staff training.

- The practice now had a governance framework in place which supported the delivery of their strategy and good quality care.

The provider should:

- Continue to embed the system in place for significant events, incidents and near misses.
- Ensure all the actions from the health and safety, premises risk assessments are completed.
- Complete the medication reviews for patients on medicines for high blood pressure and under active thyroid to ensure the safe prescribing and monitoring of continued prescribing of medicines for patients.
- Ensure Care Quality Commission inspection reports are displayed on the practice website.

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?

- We found the practice had made improvements to its system for significant events, near misses and incidents but the system required further development to evidence that all events were captured, fully investigated, learning identified and actions implemented.
- Risks to patients were now assessed and well managed.
- Most patients on high risk medicines had been reviewed. We found most patients had alerts and blood monitoring had taken place.
- Considerable improvements had taken place in regard to the system for patients who required a medication review.

Are services well-led?

- The practice now had a governance framework in place which supported the delivery of their strategy and good quality care.
- An effective system had been put in place for the monitoring of staff training.
- We found that the practice had not displayed the inspection reports from previous Care Quality Commission inspections. We spoke with the management team who told us they would ensure that this is corrected and the reports are displayed.
- The practice had reviewed its process for the identification of carer's

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to embed the system in place for significant events, incidents and near misses.
- Ensure all the actions from the health and safety, premises risk assessments are completed.
- Complete the medication reviews for patients on medicines for high blood pressure and under active thyroid to ensure the safe prescribing and monitoring of continued prescribing of medicines for patients.
- Ensure Care Quality Commission inspection reports are displayed on the practice website.

The Little Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP Specialist Advisor.

Background to The Little Surgery

The Little Surgery is located in Stamford which is a town on the River Welland in Lincolnshire.

There is direct access to the practice by public transport from surrounding areas. Whilst parking facilities are not provided on site, public car parks and on road parking is available within short walking distance.

The practice currently has a list size of approximately 3817 patients.

The practice holds a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is managed by two GP Partners (one male, one female). They are supported by one part time practice

nurse. The practice has a dispensary on site with three members of staff working as dispensers. The practice also employs a team of reception, clerical and administrative staff.

The practice is open on Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays 8.30am to 6pm, Tuesdays 8.30am to 7.30pm, Wednesdays 8.30am to 6pm, Thursdays 8.30am to 6pm and Fridays 8.30am to 6pm. The practice is closed during weekends.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends.

We inspected the following location where regulated activities are provided:-

The Little Surgery, 21 St Marys Street, Stamford, Lincolnshire. PE9 2DG

On the 1st July 2016 The Little Surgery Stamford became part of Lakeside Healthcare. (There are now three surgeries in Stamford who joined to formally merge in to a single 'super-practice along with GP practices in Northamptonshire from 1 July 2016).

The Little Surgery is one of three surgeries in Stamford who merged with Lakeside Healthcare on 1 July 2016.

Patients who are registered at The Little Surgery took part in a recent consultation about merging the patient lists at St Mary's Medical Centre, Sheepmarket Surgery and The Little Surgery to create one practice in Stamford.

The consultation ended on 1 May 2017 and the feedback was discussed with NHS England and South Lincolnshire Clinical Commissioning Group. The application to merge was approved and the new practice will be called Lakeside Healthcare Stamford.

Detailed findings

From 22nd September 2017 The Little Surgery Stamford will relocate to The Sheepmarket Surgery, Ryhall Rd, Stamford PE9 1YA.

On 22 November 2017, The Little Surgery will merge its clinical system with The Sheepmarket Surgery and St Mary's Medical Centre. From 23 November 2017 all patients from the three practices will then be registered with Lakeside Healthcare Stamford.

The Little Surgery Stamford had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

Why we carried out this inspection

On 30 June 2016 we had carried out a comprehensive 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 check 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.

We undertook an announced focussed inspection of The Little Surgery on 7 March 2017 and a further visit on 13 March 2017. This inspection was carried out to check that

improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30 June 2016 had been made. We inspected against two of the five questions we asked about the service:

At the inspection on 7 and 13 March 2017 we found that the practice had not made significant improvements since the last inspection to assure us that patients were kept safe from harm. Two warning notices were issued in relation to governance arrangements. As a result we undertook a further focused inspection on 2 August 2017 to follow up on whether action had been taken to address the breaches.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We carried out this announced visit on 2 August 2017. During our visit we:-

Spoke with the Registered Manager, practice manager and members of the dispensary team.

We reviewed policies and procedures relating to the clinical and general governance of the service.

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 the comprehensive inspection in June 2016 we rated the practice as requires improvement for providing safe services as the arrangement in place for the assessment of risks to the health and safety of service users who received care or treatment were not effective. We found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety such as a process for the monitoring of high risk medicines.

These arrangements had not improved when we undertook a follow-up inspection on 7 March 2017 and a further visit on 13 March 2017 and we found concerns in relation to significant events, assessing and monitoring of risk in relation to high risk medicines, medication reviews, fire, legionella and electrical safety.

Safe track record and learning

A new system for dealing with significant events had been introduced. All staff had signed to say they understood the new system. This system still needed to be further embedded. We found in meeting minutes of 5 July 2017 an example of an event that should have been a significant event. The practice manager immediately completed a significant event form and it will now be processed through the investigation process. Going forward the practice plan to keep a detailed log with each incident categorised and details kept of review dates, actions and where and when events had been discussed.

Management of Medicines

At the inspections in June 2016 and March 2017 we found that patients prescribed high risk medicines had not been subject to regular monitoring and review to ensure their health needs and requirements were met.

At this inspection we found that considerable improvements had been made. We saw from minutes of a meeting held on 5th July 2017 that a GP from Lakeside Healthcare had completed a full review of all patients on high risk medicines. Each patient now had an alert on their patient electronic record and were now part of a recall process to ensure regular blood monitoring. Any patients who did not attend would be discussed with a GP. We looked at patient care records and a sample of 12 who were on high risk medicines. We found that in eight records

were complete but one did not have an alert and one had not had blood monitoring in the last six months. We spoke with the management team who told us they would review the records of both of these patients.

We also reviewed the process the practice had in place for medication reviews. Medication reviews were carried out to make sure a patient is on the correct medicines for their medical conditions. We saw from minutes of a meeting held on 5th July 2017 that patients who were overdue for a medication review had had their records reviewed. Patients who were due or overdue for a review had been contacted by the practice.

We found that the system in place had considerably improved since the last inspection. 98% of patients on four or more medicines and 97% of patients who had repeat prescriptions had now been reviewed. We looked at a sample of patient care records and found an accurate, complete and contemporaneous record was maintained for every patient. However we found that for patients on medicines for high blood pressure 12% of patients out of 380 had not received blood monitoring in the past year. We also found that 13% of patients out of 133 on medicines for underactive thyroid had not received blood monitoring in the last year.

Monitoring risks to patients

In June 2016 and March 2017 we found that not all risks to patients were assessed and well managed. At this inspection we found:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy dated May 2016 and the health and safety statement had been updated in June 2017. We saw an associated risk assessment to monitor the safety of the premises had been completed on 24 April 2017. We saw that an action plan had been created as a result of the risk assessment but the copy we reviewed had not been updated as to the progress that had been carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We saw that the practice had undertaken a comprehensive review of fire safety. The fire safety policy had been reviewed and updated in January 2017. A fire drill had been carried out and documented. Fire safety training had taken place for all staff. A fire risk

Are services safe?

assessment had been carried out on 17 August 2016. The practice planned to complete an in house re-audit to ensure no changes have taken place. Checks of fire equipment and the alarm system were also carried out regularly.

- At our inspection we saw that a legionella risk assessment had been undertaken on 16 March 2017. Remedial actions had been completed. A legionella policy was now in place to provide guidance to staff and an external company visited the practice each month to complete the water monitoring tests. Legionella is a

term for a particular bacterium which can contaminate water systems in buildings. We saw that recommended actions had been implemented in order to mitigate the risk.

- A review of Electrical safety had taken place since the last inspection the practice. An external contractor had undertaken an assessment of the electrical installation. Remedial work had been recommended and this had been completed. Remedial work had been completed and the practice now had an electrical installation condition certificate dated 12 July 2017. A further installation test would be required in five years.

Are services well-led?

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

Our findings

At the comprehensive inspection on 30 June 2016, we rated the practice as requires improvement for providing well-led services as we found that arrangements to improve the quality and safety of services provided required improvements in oversight and monitoring of governance arrangements.

We undertook a follow-up inspection on 7 March 2017 and a further visit on 13 March 2017. We found that some of the issues had not significantly improved and also found further areas of concern.

Vision

The practice vision was to be a small and friendly practice who offered high quality health care.

Leadership and culture

At our inspection in June 2016 we found a lack of leadership and governance relating to the overall management of the service and at the time the practice was unable to demonstrate strong leadership in respect of safety. In March 2017 we found that the clinical leaders were not always aware of what was happening during all day-to-day services and there was a lack of clinical oversight for some aspects of the service.

At this inspection we found that the practice had made considerable improvements and had taken appropriate steps to ensure patients remained safe.

Governance arrangements

At our inspections in May 2016 and March 2017 we found that the practice had a limited governance framework and systems and processes in place to support the delivery of their strategy.

At this inspection we found :

- There was an updated process in place for the reporting, recording and monitoring of significant events and incidents. This system still needed to be further embedded to ensure that staff report any incidents and near misses detailed in the significant event monitoring and analysis policy.
- Risks to patients were now assessed and well managed. For example in relation to legionella, fire safety and the electrical installation of the building
- The system for patients who were prescribed high risk medicines had been reviewed and updated and in most cases appropriate monitoring and reviews had been completed in accordance with best practice guidance.
- We looked at the process the practice had in place for the recall of patients with long term conditions. There had been a significant improvement. In March 2017 only 52% of patients who had medicines had received a review and only 48% of patients on four medicines or more had been reviewed. At this inspection we found that 97% of patients had received a medication review and 98% of patients on four medicines or more had been reviewed. This data was given to us by the practice but had not been validated.
- An effective system had been put in place to monitor the training needs of staff
- The practice had reviewed its process for the identification of carers. A Carer's policy and a supporting carer's policy were now in place. An area of the reception was dedicated to information for carers to the various avenues of support available to them and posters were in place. We were told that the practice had increased its number of carers by 16.5% in the last month.
- We found that the practice had not displayed the inspection reports from previous Care Quality Commission inspections. We spoke with the management team who told us they would ensure that this is corrected and the reports are displayed.