Lister Lane Surgery

Inspection report

30 Lister Lane
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Date of inspection visit: 05/09/2018
Date of publication: 28/09/2018

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 location	Good
Are services well-led?	**Good**

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lister Lane Surgery on 28 March 2018. The overall rating for the practice was good; however, the practice was rated as requires improvement for providing well-led services. A breach of regulation was identified. The full comprehensive report for the March 2018 inspection can be found by selecting the 'all reports' link for Lister Lane Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 5 September 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 28 March 2018. This report covers our findings in relation to those requirements as well as additional information relating to our last inspection.

Our key findings were as follows:

- The practice had reminded staff of the incident reporting and recording process. Staff were aware of their responsibilities in relation to reporting and recording incidents. However, no significant events had been recorded in the five months following our last inspection.
- Staff at all sites were able to access policies and protocols. The sample of policies we saw were in date. However, we saw that some information contained within the policies was not in line with current guidance.
- Processes for recording, disseminating and taking action in relation to patient safety alerts had been reviewed.
- The practice had established links with the organisation responsible for health and safety assessments at their Boothtown branch site, and these had been completed.
- The disabled toilets at the Nursery Lane branch site had been fitted with a call alert device to aid patient safety.
- The immunisation status of staff had been reviewed. Staff had been asked to supply evidence of their own immunisation status.
- Infection prevention and control measures had been improved. Systems were in place to ensure all sharps bins were appropriately signed and dated, and were stored in a safe manner.
- The practice had identified 2% of their practice population as unpaid carers, and provided appropriate support and signposting.
- The practice had systems in place to encourage uptake of routine screening programmes, such as cervical, breast and bowel screening.
- We saw that the complaints process had been revised, and plans were in place to include Parliamentary and Health Services Ombudsman (PHSO) details on all communication with patients.

There were areas of practice where the provider needs to make improvements.

The provider should:

- Take immediate steps to ensure that all policies are appropriately reviewed by the designated lead, and quality assured to reflect current guidance to ensure safe care and treatment.
- Continue to embed the significant event reporting process amongst all staff.
- Take steps to improve the distribution of minutes from meetings to all relevant staff in a timely manner.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

This inspection was carried out by a CQC lead inspector.

Background to Lister Lane Surgery

Lister Lane Surgery is situated in the centre of Halifax, HX1 5AX. Lister Lane Surgery has branch sites at Nursery Lane Medical Centre, HX3 5TE, and Boothtown Surgery HX3 6EL. There is one single patient list, and patients are able to be seen at any of the sites operated by the practice. We visited the Lister Lane and Nursery Lane sites during our visit. There are currently 7,732 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The Public Health National General Practice Profile shows that approximately 21% of the practice population are of Asian origin, with 2% mixed ethnicity, and 1% of other non-white ethnic groups. The remainder of the population are of White British origin. The level of deprivation within the practice population is rated as one on a scale of one to ten. Level one represents the highest level of deprivation; and level ten the lowest. People living in more deprived areas tend to have greater need for health services.

The age/sex profile of the practice is in line with national averages. The average life expectancy for patients at the practice is 75 years for men and 80 years for women. The national average is 79 years and 83 years respectively.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice offers a range of enhanced services such as childhood immunisations and minor surgery.

There are two GP partners, both male, and one female salaried GP. A clinical pharmacist has recently been recruited to the practice. At the time of our visit the practice were in negotiations for another partner to join the practice. The clinical team is completed by three practice nurses, two female and one male. There are four female health care assistants, all of whom also provide some reception or secretarial support. Clinical staff rotate between all three sites, although nurses are allocated primarily to one of the three sites. Non-clinical staff, in the main, remain at one site.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours openings are Monday 6.30pm to 8.30pm. In addition, patients can access a GP or nurse appointment at an adjacent practice, under a local extended access scheme, between 6.30pm to 8pm Monday to Friday.

All three sites have parking facilities, with access for disabled patients. All are accessible by public transport.

Out of hours care is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS 111 service.

When we returned to the practice for this inspection, we checked, and saw that the ratings from the previous inspection were displayed, as required, on the practice website and in the practice buildings we visited.

Good

Are services well-led?

At our previous inspection on 28 March 2018, we rated the practice as requires improvement for providing well-led services. This was because:

- There was a lack of oversight and review of internal policies and protocols. A number had not been appropriately updated at the time of inspection. Not all staff had access to practice policies and procedures.
- The arrangements for governance and risk management were not always clear or operated effectively. Processes for recording, analysing and disseminating learning from significant events and complaints were not sufficiently thorough. Actions taken following receipt of MHRA and other patient safety alerts were not recorded.

We issued a requirement notice in respect of these issues and found some arrangements had improved when we undertook a follow up inspection of the service on 5 September 2018.

- Access to policies and protocols had been improved. We saw that staff at branch sites were able to access policies through the practice's shared drive. However, although the sample of policies we viewed were in date, we saw that the information contained within the policies was not always in line with current guidance. For example, the recruitment policy, updated in September 2018, referred to criminal records bureau (CRB) checks for new employees, rather than the current disclosure and barring service (DBS) checks.
- The practice had reviewed and improved their processes for receiving, disseminating and recording MHRA and other patient safety alerts.
- Since our last visit no new complaints had been received, however we saw that plans were in place to include PHSO details on all patient communication.
- No new significant events had occurred since our last visit. The practice told us staff awareness of the significant event processes had been improved.
- We saw that systems and processes for disseminating information to all staff was not thorough enough. Not all staff knew how to access minutes from meetings. After the inspection the provider gave us evidence to show that meeting minutes would be stored on the practice's shared drive in future to enable all staff to access these.

Culture

The practice told us they valued a culture of high-quality, sustainable care.

- The practice told us they responded in an open and transparent way when dealing with incidents and complaints. No new significant incidents had occurred since our last visit. The practice told us they would in future record summary details. We saw that staff and clinical meetings did occur, however systems for disseminating learning to staff were not clear. Not all staff knew how to access minutes from meetings.
- We saw that guidance had been developed to ensure that communication with patients following complaints would contain details of the Parliamentary and Health Services Ombudsman in all cases. This would mean that patients were made aware of how to proceed with their complaint if they were not happy with the outcome.

Governance arrangements

There were some systems of accountability to support good governance and management.

- The practice had completed a review of internal policies and procedures. We viewed examples of these and found that they were in date. However, they did not contain information in line with latest guidance in all cases. Staff at all sites, including branch sites, did have access to policies and protocols.
- Staff we spoke with told us they were able to attend meetings. Internal staff meetings were held on alternate months. We saw that clinical meetings were held, although these had been less frequent of late due to workload and other pressures. Not all staff had access to minutes from meetings. The practice told us they would include these on the practice shared drive in future.

Good

Are services well-led?

- Staff were clear on their roles and responsibilities, including in respect of infection prevention and control. There were documented systems for cleaning equipment, and systems to ensure that equipment, such as sharps bins, were safely stored and replaced in a timely manner.

Managing risks, issues and performance

The practice had reviewed their approach to managing risks, issues and performance, and revised recording processes.

- The practice had improved their systems when dealing with Medicines and Health Regulatory Agency (MHRA) and other patient safety alerts. We saw that searches were made, and plans in place to take appropriate action when required. We saw minutes from clinical meetings to indicate that such alerts were listed as a standing agenda item.
- The practice told us there were systems in place to collate, analyse and review trends from complaints and incidents in the practice. At the time of our visit no new issues had arisen. We saw that staff attended team meetings, however minutes from such meetings was not routinely disseminated to all staff. The practice told us they would improve their processes in this regard.