

# Grafton Road 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.

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We first inspected Grafton Road surgery on 20 September 2016 as part of our comprehensive inspection programme. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Grafton Road surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk). During the inspection in September 2016 we found the practice required improvements two areas. Following the inspection the practice wrote to us to say what they would do to meet the regulations.

This inspection was an announced focused inspection carried out on 15 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall we found improvements had been made to the concerns raised at the previous inspection and as a result of the inspection findings the practice is now rated as Good.

Our key findings were as follows:

- Patients' needs were assessed and care was planned and delivered following evidence based guidance. At the previous inspection in September 2016 we found an historic safety alert received from the Medicines and Healthcare Products Regulatory Agency (MHRA) had not been actioned. At this inspection we found that the practice had implemented a clear and defined system to action alerts and minimise risks to patient safety, which the clinical commissioning group (CCG) had shared with other local practices as an example of good practice.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Patients and staff were protected by comprehensive safety policies and procedures and we found there was a thorough analysis and review of events which were discussed at staff meetings. Since the last inspection the practice had also started to report incidents and events through the National Reporting and Learning System (NRLS), which is a central database of patient safety incident reports to share learning.
- We found at the previous inspection that there was limited evidence of quality improvement including

# Summary of findings

clinical audit. The practice had introduced a programme of clinical audits to monitor the quality of the services provided and ensure patient needs were being met.

- The practice had identified that there were patients over the age of 75 years of age who lived alone and were vulnerable to the risk of isolation. The practice with the support of Contact the Elderly; a registered charity, provided tea parties every three months to offer advice and support and build friendships within the group. Representatives from Age Concern and Solihull Carers also attended to ensure patients were aware of what services were available.
- Emergency medicines were available and all staff were aware of their location. At the inspection in September 2016 we found that the GPs used the medicines for home visits which reduced the stock available in practice and no risk assessments were in place to mitigate the risk. At this inspection we found risk assessments had been completed and a policy was in place.
- At the previous inspection we identified an area that had not been actioned from the infection control audit

that had been completed in July 2015. At this inspection we found this had been actioned and 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. At the previous inspection we found the practice manager received minimal support from the GP partners and due to staff shortages the manager was required to cover reception duties whilst continuing with their own role and responsibilities. At this inspection, we found the manager was receiving support and the shortage of staff had been addressed.
- We found at the previous inspection that team meetings were not regular due to the shortage of staff. At this inspection we saw evidence to confirm that monthly team meetings were being held and these were governed by agendas and meetings were clearly minuted.

**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?**

At our previous inspection, we rated the practice as requires improvement for providing safe services as some areas relating to safe care needed improving. These arrangements had significantly improved when we undertook a follow up inspection on 15 June 2017.

- Patients' needs were assessed and care was planned and delivered following evidence based guidance. At the previous inspection in September 2016 we found an historic safety alert received from the Medicines and Healthcare Products Regulatory Agency (MHRA) had not been actioned. At this inspection we found that the practice had implemented a clear and defined system to action alerts and minimise risks to patient safety, which the clinical commissioning group (CCG) had shared with other local practices as an example of good practice
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Patients and staff were protected by comprehensive safety policies and procedures. The practice carried out a thorough analysis of all events and these were discussed with staff at monthly practice meetings. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise further risks. Since the last inspection we saw evidence that the practice also reported where appropriate to the National Reporting Live System (NRLS), which is a central database for patient safety incident reports so learning could be shared.
- At the inspection in September 2016 we found that emergency medicines were taken out of the practice by the GPs for home visits and no risk assessment had been completed to offer assurance of what procedures would be implemented if emergency medicines were unavailable. At this inspection we found an effective system had been put in place and risk assessments had been completed.
- During our previous inspection we found damaged seating identified as needing repair in the infection control audit completed in July 2015 had not been acted on. At this inspection we saw that the damaged seating had been removed.

Good



# Summary of findings

## Are services well-led?

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing well-led services as governance arrangements and communication with staff were not effective. These arrangements had significantly improved when we undertook a follow up inspection on 15 June 2017. For example:

- There was a clear leadership structure and staff felt supported by management. At the previous inspection we found the practice manager received minimal support from the GP partners and due to staff shortages the manager was required to cover reception duties whilst continuing with their own role and responsibilities. At this inspection, we found the manager was receiving support and the shortage of staff had been addressed.
- The practice held regular meetings; these included monthly meetings of the GP partners to discuss significant events and complaint and multidisciplinary (MDT) meetings every two months. We found at the previous inspection that team meetings were not regular due to the shortage of staff. At this inspection we saw evidence to confirm that monthly team meetings were being held and these were governed by agendas and meetings were clearly minuted.
- At the inspection in September 2016 we found there were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these had not been effective in the management of historic safety alerts. At this inspection we found the practice had introduced an effective system to ensure all alerts were recorded and actioned appropriately.
- At the previous inspection we found that audits were not driving improvement. At this inspection we saw a programme of audits had been implemented to monitor patient outcomes.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 15 June 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Grafton Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Grafton Road Surgery

Grafton road surgery is in Shirley, Solihull an area of the West Midlands. The practice has a Personal Medical Services contract (PMS) with NHS England. A Personal Medical Services (PMS) contract is a locally agreed contract between NHS England and a GP practice. PMS contracts offer variation in the range of services which may be provided by the practice. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

There are two GP partners (1 male, 1 female). The nursing team consists of one practice nurse and one health care assistant. The non-clinical team consists of a practice manager, administrative and reception staff. Based on data available from Public Health England, the levels of deprivation in the area served by Grafton road surgery are ranked at five out of ten, with ten being the least deprived. The practice has a registered list size of approximately 2,900 patients.

The practice is open to patients between 8am and 6.30pm Monday, Tuesday, Thursday and Friday and 8am to 1pm on Wednesday. Extended hours appointments are available 6.30pm to 7.15pm Tuesday and Thursday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The practice had a messaging service for patients to remind them of

their appointment times. When the practice is closed, primary medical services are provided by Badger, an out of hours service provider and NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Grafton Road surgery on 20 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services.

We undertook a further announced comprehensive inspection of Grafton Road surgery on 15 June 2017. This inspection was carried out to ensure improvements had been made and to check whether the provider is 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 provider under the Health and Social Care Act 2008 and associated regulations.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced focused visit on 15 June 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice nurse, health care assistant, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed patient survey information
- Reviewed the practices policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed 12 comment cards where patients and members of the public shared their views and experiences of the service and the latest results of the Friends and Family Test showed 100% of patients would recommend the practice.

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 our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing safe services as we found an historic medicine alert received from the Medicines and Healthcare Products Regulatory Agency (MHRA) had not been actioned, emergency medicines were taken out of the practice by the GPs for home visits and no risk assessment had been completed on the actions to take if emergency medicines were unavailable and identified actions from the latest infection control audit had not been acted on.

These arrangements had significantly improved when we undertook a follow up inspection on 15 June 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- The practice carried out a thorough analysis of all events and these were discussed with staff at monthly practice meetings. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise further risks. Since the last inspection we saw evidence that the practice also reported where appropriate to the National Reporting Live System (NRLS), which is a central database for patient safety incident reports so learning could be shared.

Patients' needs were assessed and care was planned and delivered following evidence based guidance. At the previous inspection in September 2016 we found an historic medicine alert received from the Medicines and Healthcare Products Regulatory Agency (MHRA) had not been actioned. At this inspection we found the practice

had implemented a clear and defined system to action alerts and minimise risks to patient safety, which the clinical commissioning group (CCG) had shared with other local practices as an example of good practice.

### Overview of safety systems and process

During our previous inspection we found action identified during an infection control audit had not been completed, at this inspection we found all actions had been completed. The latest infection control audit carried out in January 2017 showed an achievement of 98%. .

### Monitoring risks to patients

We saw evidence of a legionella risk assessment that had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

When we carried out the previous inspection we found that the practice manager did not have the agreement of the GP partners to recruit temporary staff to cover the shortage within the administration and nursing team. We found at this inspection that a new health care assistant had been employed to support the practice nurse and administration team had the option to work extra hours when required.

### Arrangements to deal with emergencies and major incidents

At the inspection in September 2016 we were told that emergency medicines were taken out of the practice and used for home visits. The practice had not undertaken a risk assessment to consider actions to be taken in the event of an emergency should these medicines not be available. We found at this inspection that the practice had carried out a risk assessment and implemented a comprehensive policy on the use of emergency medicines, which included that no medicines were to be taken out of the practice and this was supported by a risk assessment. .

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing well led services as in the absence of team meetings, the practice was unable to demonstrate effective communication amongst the team and we found the GP partners gave minimal support to the practice manager in the running of the practice. We also found there were some arrangements for identifying, recording and managing risks, but these had not been effective in the management of safety alerts, both current and historic. These arrangements had significantly improved when we undertook a follow up inspection on 15 June 2017. The practice is now rated as good for providing well led services.

### Vision and strategy

The practice had a clear vision to provide primary health care to patients; however we found at the previous inspection that systems to deliver this vision and strategy were not always effective. At this inspection we found that this had improved and systems were now in place to ensure all staff were aware of the vision and strategy of the practice through regular communication. We spoke with three members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

### Governance arrangements

The governance arrangements outlined the structures and procedures in place and ensured that:

- At the previous inspection we found there were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these had not been effective in the management of historic safety alerts. At this inspection we found the practice had introduced an effective system to ensure all alerts were recorded and actioned appropriately.
- At the previous inspection we found that audits were not driving improvement. At this inspection we saw a programme of audits had been implemented to monitor patient outcomes and on the day of inspection we reviewed two completed clinical audits.

### Leadership and culture

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

- Staff told us there was an opportunity to raise any issues with the GPs and manager and they felt confident and supported in doing so. At the previous inspection we found the practice manager received minimal support from the GP partners and due to staff shortages the manager was required to cover reception duties whilst continuing with their own role and responsibilities. At this inspection, we found the manager was receiving support and the shortage of staff had been addressed.

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

- Since the last inspection in September 2016 the practice had introduced a schedule of staff meetings to ensure there was regular communication within the team. We saw evidence that monthly team meetings were being held and these were governed by agendas and meetings were clearly minuted.

### Continuous improvement

Since the last inspection the practice have acted on the findings of the inspection and introduced systems and processes to improve patient outcomes. For example:

- The practice had implemented effective systems to monitor patients care through the delivering excellence in Solihull scheme, as part of the Solihull clinical commissioning group to support the delivery of high quality care in general practice. The practice had set up a reporting system to monitor ambulance reports received on a daily basis to identify patients who had received secondary care due to falls.
- The practice had implemented a programme of clinical audits to monitor improved outcomes for patients, this included prescribing audits to ensure all patients received appropriate reviews.
- The practice had identified that there were patients over the age of 75 years of age who lived alone and were vulnerable to the risk of isolation. The practice with the support of Contact the Elderly; a registered charity, provided tea parties every three months to offer advice and support and build friendships within the group. Representatives from Age Concern and Solihull Carers also attended to ensure patients were aware of what

# Are services well-led?

Good 

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

services were available. The practice had on average 15 patients attended each event. Feedback from support agencies on the day of inspection showed the practice was committed to identifying and supporting vulnerable patients.

- The practice had actively sought support from MacMillan Cancer support network and had worked with a specialist to increase the uptake of screening

programmes for bowel and breast screening and had seen an increase in the number of patients attending national screening programmes. For example: At the previous inspection 67% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%. At this inspection we found 76% of females had been screened.