

Chapel Lane Surgery

Quality Report

13 Chapel Lane
Formby
Merseyside
L37 4DL

Tel: 01704 876363

Website: www.chapellanesurgery-formby.nhs.uk

Date of inspection visit: 30 June 2017

Date of publication: 24/07/2017

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



Are services effective?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	7
Background to Chapel Lane Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chapel Lane Surgery on 17 November 2016. The overall rating for the practice was requires improvement with requires improvement for safe, effective and responsive services, inadequate for well led and good for providing a caring service. The full comprehensive report on the 17 November 2016 inspection can be found by selecting the 'all reports' link for Chapel Lane Surgery on our website at www.cqc.org.uk.

This inspection was an announced follow up inspection carried out on 30 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 on 17 November 2016. This report includes our findings in relation to those requirements.

Overall the practice is now rated as good for providing services.

The practice had made significant improvements and addressed the issues identified in the previous inspection. The practice engaged all staff in driving forward improvements and utilised new technology. Improvements included:

- A review of the governance systems in place to ensure the quality and safety of the service. All policies and protocols had been revised. The practice now utilised a computer software programme to help monitor systems.
- All staff had received mandatory training relevant to their role and had received an appraisal. There was now a system in place to monitor the training and appraisals staff received.
- Recruitment checks were in place for all staff. Staff were asked to update their DBS checks at annual appraisals.
- There were increased monitoring systems now in place for cleaning and the safety of the premises. This included having a fixed electrical wiring safety certificate for the premises.
- Improvements in the content of patient specific directions for nursing staff to administer medicines safely.
- A system to review any abnormal screening checks for patients.
- Responding to patient feedback about making appointments and waiting to be seen beyond their allocated time by engaging with the PPG and Healthwatch and working towards the national New Ways of Working programme. The practice had

Summary of findings

implemented a system of triaging patient calls and trained staff to become care navigators to signpost patients to the most appropriate service instead of automatically being booked in with a GP. To support this, the practice had recruited a variety of new staff such as a phlebotomist and an advanced nurse practitioner.

- Clinical meetings were now documented.
- The practice had correctly registered with us to carry out the regulated activity of family planning.

In addition:-

- The practice had a new carers' policy and actively sought ways to identify carers by utilising a carer's questionnaire available in the waiting room and offer tailored support.
- The practice had reviewed its safeguarding registers.

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. This was because the practice had addressed the issues identified during the previous inspection 17 November 2016, such as important actions to monitor the safety and cleanliness of the premises, appropriate recruitment checks were completed and had ensured instructions for nursing staff to administer medicines were appropriate. All staff had received safeguarding training relevant to their role and there were new systems in place to check the safeguarding register was up to date.

Good



Are services effective?

The practice is rated as good for providing effective services. This was because the practice had addressed the issues identified during the previous inspection 17 November 2016, such as important actions to ensure all staff received mandatory training and appraisals.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. This was because the practice had addressed the issues identified during the previous inspection 17 November 2016, such as responding to patient access demands.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had addressed the issues identified during the previous inspection. There were improvements in risk assessments, audits and monitoring systems to improve the quality and safety of the service. There were regular staff meetings to support shared learning for the whole team and staff had received further training. The practice had reviewed all policies and procedures to govern activity. The practice sought feedback from patients and actively engaged with their patient participation group (PPG).

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 safe, effective, responsive and well-led services identified at our inspection on 17 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for older people.

Good



People with long term conditions

The provider had resolved the concerns for safe, effective, responsive and well-led services identified at our inspection on 17 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for people with long term conditions.

Good



Families, children and young people

The provider had resolved the concerns for safe, effective, responsive and well-led services identified at our inspection on 17 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for families, children and young people.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe, effective, responsive and well-led services identified at our inspection on 17 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for working age people.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, effective, responsive and well-led services identified at our inspection on 17 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

The practice is rated as good for providing services for people whose circumstances make them vulnerable.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe, effective, responsive and well-led services identified at our inspection on 17 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The practice is rated as good for providing services for people experiencing poor mental health.

Good



Chapel Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector.

Background to Chapel Lane Surgery

Chapel Lane Surgery is based in Formby town centre. There were approximately 8,050 patients on the practice register at the time of our inspection.

The practice is managed by four GP partners. There is also a salaried and sessional GP. There are two advanced nurse prescribers, five practice nurses and two health care assistants. Members of clinical staff are supported by two interim practice managers, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours

on one evening each week between 6.30pm and 8.30pm. The practice closes on one Wednesday afternoon per month for staff training. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of Southport and Formby Clinical Commissioning Group.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Chapel Lane Surgery on 17 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 17 November 2016 inspection can be found by selecting the 'all reports' link for Chapel Lane Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused follow up inspection carried out on 30 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 on 17 November 2016. This report includes our findings in relation to those requirements.

How we carried out this inspection

The inspector :-

- Reviewed information available to us from other organisations e.g. local clinical commissioning groups (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 30 June 2017.
- Spoke to staff and two representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of: monitoring the safety and cleanliness of the building, recruitment checks, managing screening test results, staff training in safeguarding and protocols for managing safeguarding requests needed improving.

The practice had carried out the work we had requested when we undertook a follow up inspection on 30 June 2017. We were shown evidence that demonstrated:

- All staff had now received safeguarding children and adults training appropriate to their role.
- The safeguarding register had been updated and was checked on a weekly basis and there was now a log of requests for safeguarding reports that could be tracked.
- The premises were clean and tidy. There were cleaning schedules and monitoring systems in place.
- All staff had received training updates in infection control.
- The practice had worked with the local medicines management team to ensure that patient specific directions to allow nursing staff to administer medications were sufficient in detail.
- Appropriate recruitment checks had been undertaken prior to employment for staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- A fixed electrical wiring check had been carried out to ensure the premises were safe.
- The practice monitored water temperatures as identified in the legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were designated members of staff who were accountable for carrying out safety checks. The checks were recorded on the practice's computer system for audit purposes so that managers could identify any outstanding actions needed. There was a system of start/end of day safety checks.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training and appraisals needed improvement. In addition, the practice GPs did not have any system in place to ensure that any abnormal results from national patient screening programmes were followed up.

The practice had carried out the work we had requested when we undertook a follow up inspection on 30 June 2017. Evidence reviewed demonstrated:

- The practice had updated its policy for managing test results of cervical smears. There was a monthly audit to check all results were received and when there were abnormal results this was relayed to the patient and a follow up appointment was made.
- All staff received induction training and regular updates on infection prevention and control, safeguarding, fire procedures, equality and diversity and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.
- All staff had received an appraisal and there was a system to log when the next appraisals were due.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of responding to patient feedback about accessing and waiting times for appointments needed improvement.

The practice had carried out the work we had requested when we undertook a follow up inspection on 30 June 2017. We were shown evidence that demonstrated:

- The practice had reviewed the national GP patient survey information and NHS choices and had audited appointment waiting times.
- Telephone systems had been changed and the practice had increased some appointment times and allocated time to catch up as a result of feedback.
- There was a text reminding service which had reduced the number of missed appointments.
- The practice had carried out audits and worked with Healthwatch to improve access.
- The practice had worked towards the national New Ways of Working scheme by implementing triage systems and had trained staff to become care navigators. The care navigators would appropriately sign post patients to the relevant service as opposed to always making an appointment with a GP. This new system of access was due to be implemented the week after our inspection.
- To support this, the practice had taken on new members of staff. For example, a new advanced nurse prescriber and a phlebotomist. The practice had taken on a sessional GP and was still advertising for a new salaried GP.
- The practice had a new carers' policy and actively sought ways to identify carers by utilising a carer's questionnaire available in the waiting room and offer tailored support.

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 17 November 2016, we rated the practice as inadequate for providing well-led services as there was a limited governance structure to ensure relevant risk assessments, audit work and active shared learning took place to improve patient outcomes.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 30 June 2017. The practice is now rated as good for being well-led.

Evidence reviewed demonstrated that the practice had improved the systems in place since our last inspection 17 November 2016. For example the practice had:-

- Reviewed all practice policies and protocols.
- Assigned staff lead roles for accountability of improvement work. For example, staff took it in turns to be responsible for taking minutes of staff meetings and there were lead roles for the monitoring of the health and safety of the premises.
- Installed a new computer software programme to help monitor systems. This enabled the practice

management to have oversight of staff training needs, appraisals, recruitment, and be able to monitor the compliance with health and safety regulations for the premises.

- All staff had now received mandatory training.
- All staff had received an appraisal and this incorporated an annual update with regards to their suitability for the role.
- Team meetings and clinical meetings which demonstrated that significant events, performance and audit work were discussed to improve shared learning for the staff team and minutes from these meetings were documented and available to all staff. The practice now used a standardised template which included an attendance register, action plan and action tracker with time-limited indications, incorporating assignment of responsibility for task completion.
- Actively Identified audit work to improve the quality of patient outcomes. For example, audits of appointment systems,
- Completed risk assessments for health and safety and completed essential actions.
- Held quarterly business meetings to ensure the practice remains compliant with regulations.