

The Hollies

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 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hollies Surgery, on 13 April 2016. The overall rating for the practice was 'Good'. The practice were found to be requiring improvement in one area, covered by the key question of 'Safe'. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for The Hollies on our website at www.cqc.org.uk.

This inspection was an announced focused follow-up inspection carried out on 1 February 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 13 April 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as Good

Our key findings were as follows:

- All significant events are formally reported, recorded, investigated and findings shared with all staff, including clinicians who may not be working at the practice any more, but who were working at the practice at the time of an incident.

- Formal patient specific directions are now in place. These cover medicines administered by nurses and health care assistants, that are not covered by patient group directions, for example, Vitamin B injections.
- A system for dealing with information requests from multi-agency safeguarding hubs and child protection teams has been put in place. We saw that staff were aware of this system and how it should be used by the practice.
- Staff recruitment checks were in place and copies of these checks were held by the practice.

In addition the provider should:

- Progress the correct registration of the partnership with CQC, including removal of those partners who no longer work at the practice.

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. We carried out this inspection to check that improvements had been made in relation to the recording, reporting, investigation and sharing of findings of significant events. Improvements were also required in the management of requests for safeguarding reports, the use of patient specific directions and staff recruitment checks. At our visit to the practice, we were shown how these areas for improvement had been addressed. We saw that the systems now in place were fit for purpose and understood by all relevant staff.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Progress the correct registration of the partnership with CQC, including removal of those partners who no longer work at the practice.

The Hollies

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed follow-up inspection was carried out by a CQC Lead Inspector.

Background to The Hollies

The Hollies is a GP partnership practice, based in a residential area of Formby, Liverpool. The practice is located in a former domestic property which has been extended and developed over time to provide GP consulting and treatment facilities. The practice is led by three GP partners, one male and two female, supported by a salaried GP. The clinical team is complemented by two practice nurses (female) and two health care assistants (female). The practice administrative team is led by a practice manager who oversees the work of five administrative and reception staff. The practice is registered to deliver three regulated activities, diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services. Those patients requiring family planning services or surgical procedures are referred to other services locally by the GPs at the practice. All services are delivered under a PMS contract. The practice list size is approximately 4,900 patients.

All parts of the practice are located on the ground floor; the practice had been adapted over time to be wheelchair accessible. Doorways were also wide enough for pram and pushchair access. The practice has four GP consulting rooms, two clinical treatment rooms, two dedicated office areas and a meeting room. There are separate staff and patient toilet facilities. The patient toilets have baby changing facilities. The practice offers any breast feeding

parents the use of a room for their comfort and privacy. There is limited car parking outside the practice; there are no parking bays specifically reserved for use by disabled patients.

The practice is open from 8am to 6.30pm each weekday, with later opening until 7.30pm on Tuesday and on Thursday, when extended hours surgeries are offered. Appointments are available from 8.30am to 11.50am each morning and from 2.30pm to 6.10pm each afternoon. Later appointments are available in the the two extended hours surgeries each Tuesday and Thursday evening with the last bookable appointment being at 7.15pm.

Outside these hours, patients contacting the surgery are diverted to NHS 111 who handle calls and refer those patients in need of a GP, to the locally appointed out of hours service provider Go to Doc.

Why we carried out this inspection

We undertook a comprehensive inspection of The Hollies on 13 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, but rated as requires improvement for the key question of safe. The full comprehensive report following the inspection on 13 April 2016 can be found by selecting the 'all reports' link for The Hollies on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Hollies on 1 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of The Hollies on 1 February 2017. This involved reviewing evidence that:

- Effective systems were in place to report, record, investigate and share learning from all significant events within the practice.
- A clear protocol was in place for handling requests for safeguarding reports from local authority safeguarding teams.
- That patient specific directions are in place for medicines administered by nurses or health care assistants, that are not covered by patient group directions, for example, Vitamin B injections.
- That all required staff recruitment checks are in place for all staff

Are services safe?

Our findings

At our previous inspection on 13 April 2016, we rated the practice as good overall, but rated the key question of safe as requires improvement. This was because:

- Effective arrangements for recording, reporting, analysis and sharing of learning from all significant events were not in place. We found that clinical staff who had been involved in incidents but were no longer working there, did not receive a copy of summary of findings from events, which limited their learning from those incidents.
- A clear protocol for the handling of requests for reports from child safeguarding teams was not in place, so these requests were not always responded to.
- Patient specific directions were not in place for nurses and health care assistants to follow when administering medicines not covered by patient group directions, for example, in the case of Vitamin B injections.
- All recruitment checks, as required by Schedule 2 of the Health and Social Care Act 2008, for all staff were not in place.

The provider was issued with Requirement Notices to make improvements to ensure that all of the above aspects of safety were addressed.

Following our inspection of April 2016, the provider submitted an action plan, detailing how these matters would be addressed. At this inspection, carried out on 1 February 2017, we made checks to ensure these improvements had been made.

Safe track record and learning

The practice had reviewed the process it had in place for reporting, recording and analysis of significant events. As a result of the review, any clinician no longer working at the practice, but who may have been involved in a significant event, for example, a locum GP, is sent a copy of the analysis of the significant event and learning points via a secure email address. A read receipt is used and kept for practice records. This improves safety by ensuring that any learning points are communicated to all people involved in significant events occurring at the practice.

Overview of safety systems and process

Safeguarding processes at the practice had been reviewed. Through work with the Clinical Commissioning Group, a protocol had been introduced which GPs would follow when dealing with requests for information from multi-agency safeguarding hubs (MASH). This protocol was set out clearly for GPs to follow and also gave details on how staff should alert the GPs working on the day if an urgent 'Red' request was received by the practice. We were assured that staff had been given this information in training sessions and were aware of their responsibilities in assisting the timely production of these reports.

The practice had implemented the use of patient specific directions, to assist nurses and any health care assistants, administering medicines to patients which are not covered by a patient specific direction. We reviewed a patient specific direction drawn up by the practice and were able to confirm that all information required such as medication start date and end date, name of medicine to be administered, dose, site and route of administration, frequency, allergic properties and reason for prescribing was contained within the direction. The direction had an expiry date that matched the duration for which the medicine was prescribed. We saw that the direction was signed by the prescribing GP and the administering nurse or health care assistant.

Monitoring risks to patients

The practice had taken steps to update staff records, to include all items referred to in Schedule 3 of the Health and Social Care Act 2008. On the day of this inspection we found three staff folders where copies of identity had not been brought in by staff as requested. This was addressed on the day of the inspection.

Whilst visiting the practice, we noted that the registration of the partnership had been updated to include a new partner. However, a partner that had recently left the practice had not been removed from the registration. We highlighted this to the provider. From checks on records we confirmed that an application to remove this partner had been received but had not yet been processed. We requested that the practice progress chase this, to ensure all regulated activities are being delivered by the partners named in the registration of the practice, which is a condition of registration.