

Dr Young & Partners

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 effective?

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 Dr Young & Partners on 6 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 6 July 2016 inspection can be found by selecting the 'all reports' link for Dr Young & Partners on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 3 March 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 comprehensive inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- GPs had completed safeguarding vulnerable adults training.
- Systems were in place to ensure equipment is prepared in line with current guidelines before use.

- Actions had been taken to ensure the security of prescription forms in printers when consulting and treatment rooms are not in use.
- The practice had introduced systems and processes to ensure patient safety alerts are actioned and actions taken are clearly documented.
- Systems and processes to ensure all staff received an annual appraisal had been reviewed.
- A programme of clinical audits has been introduced, and there are systems in place to implement and monitor actions to improve patient outcomes.

At our previous inspection on 6 July 2016, we told the provider that they should:

- Review their systems and processes for checking emergency medicines and equipment.
- Ensure all staff receive infection control and prevention training appropriate to their role.

On this inspection on the 3 March 2017, the provider sent us information on their reviewed systems and processes for checking the emergency medicines and equipment. We were also sent information to show that all staff had attended infection prevention and control training.

Summary of findings

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

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 the last comprehensive inspection on the 6 July 2016, we found the practice was not meeting legal requirements for providing safe services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

Specifically, the practice had:

- Ensured all GPs had completed safeguarding vulnerable adults training.
- Ensured equipment was prepared in line with current guidelines before use.
- Taken action to ensure the security of prescription forms in printers when consulting and treatment rooms are not in use.
- Introduced systems and processes to ensure patient safety alerts were actioned and actions taken were clearly documented.
- Reviewed their systems and processes for checking emergency medicines and equipment.
- Ensured all staff had received infection control and prevention training appropriate to their role.

Good



Are services effective?

At the last comprehensive inspection on the 6 July 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

Specifically, the practice had:

- Reviewed systems and processes to ensure all staff receive an annual appraisal.
- Introduced a programme of clinical audits and there were systems in place to implement and monitor actions to improve 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 effective identified at our inspection on 6 July 2016 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 effective identified at our inspection on 6 July 2016 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 effective identified at our inspection on 6 July 2016 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 effective identified at our inspection on 6 July 2016 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 effective identified at our inspection on 6 July 2016 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 effective identified at our inspection on 6 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Young & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Young & Partners

Dr Young and Partners also known locally as Seven Posts Surgery and Greyholme Surgery is a GP partnership located in Cheltenham. Greyholme Surgery is the provider's branch surgery located approximately three miles from the main practice. The practice premises are both single storey buildings, accommodating five consulting rooms and one treatment room at Seven Posts Surgery and, four consulting rooms and one treatment room at Greyholme Surgery.

The practice provides its services to approximately 10,000 patients under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice delivers its services from the following addresses:

326A Prestbury Road,

Prestbury,

Cheltenham,

Gloucestershire,

GL52 3DD.

And,

Greyholme Surgery,

Church Road,

Bishops Cleeve,

Gloucestershire,

GL52 8LT.

The practice partnership has six GP partners and two salaried GPs making a total of approximately five whole time equivalent GPs. There are two male and six female GPs. The nursing team include one nurse practitioner and three practice nurses who were all female. The practice also employed two health care assistants. The practice management and administration team included a practice manager, a deputy manager and 17 administration and reception staff.

The practice has a higher than average population of patients aged between 45 and 54, and above the age of 65. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 81 and 84 years, which is above the national average of 79 and 83 years respectively.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are from 8am to 6pm. Extended hours are available on Mondays from 6.30pm to 8pm.

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Young & Partners on 6 July 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. The full comprehensive report following the comprehensive inspection on 6 July 2016 can be found by selecting the 'all reports' link for Dr Young & Partners on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection on 3 March 2016. 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.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr Young & Partners on the 3 March 2017. This involved reviewing evidence that:

- GPs had now completed required safeguarding vulnerable adults training.
- An ongoing clinical audit plan had been implemented.
- Systems were in place to ensure equipment was prepared in line with current guidelines before use.
- Actions had been taken to ensure the security of prescription forms in printers when consulting and treatment rooms are not in use.
- Systems and processes were implemented to ensure patient safety alerts were actioned and actions taken were clearly documented.
- All staff had received an annual appraisal.
- Staff had received infection control and prevention training appropriate to their role.
- The system for checking emergency medicines and equipment had been reviewed, improved and implemented consistently.

We did not visit the practice because they were able to demonstrate that they had taken action to address the breaches of regulation found during the inspection of 6 July 2016 without the need for a visit.

We also spoke with the lead partner and the practice manager.

Are services safe?

Our findings

At our previous inspection on 6 July 2016, we rated the practice as requires improvement for providing safe services as we found:

- There was no evidence that some of the GPs had completed safeguarding vulnerable adult training.
- The spirometer had not been calibrated in line with guidance.
- Some of the medicines and equipment had passed their expiration date.
- Prescription forms in printers were not secure when consulting and treatment rooms were not in use.
- The practice kept records of patient safety alerts and could demonstrate this had been cascaded appropriately. However, the practice could not demonstrate that safety alerts had been acted upon and actions taken were not clearly recorded.
- Staff were given relevant information relating to infection prevention and control, however, staff had not received appropriate infection and prevention control training.

These arrangements had improved when we undertook a follow up inspection on 3 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had introduced fortnightly clinical meetings where clinical issues, including patient safety alerts and clinical audits were discussed. The practice had also introduced a system to ensure that all relevant staff had received safety alerts. There was a dedicated member of staff who kept a log of the actions taken following a safety alerts. This member of staff would also follow up with the relevant clinician to enable the log to be updated with the action taken. We saw evidence that policies relating to the processing of safety alerts had also been reviewed.

Overview of safety systems and process

At this inspection on the 3 March 2017, the practice was able to demonstrate that all GPs had undertaken safeguarding vulnerable adults training.

The practice had also ensured that, in addition to providing staff with relevant information relating to infection prevention and control, staff had also received training appropriate to their role.

The practice had undertaken a risk assessment in relation to the security of prescription forms in printers when consulting rooms and treatment rooms were not in use. The practice had now taken action to ensure the security of these by ensuring that all prescription forms were removed from printers and stored securely when consulting and treatment rooms were not in use.

Monitoring risks to patients

At the last inspection on the 6 July 2016, we found that the spirometer had not been calibrated in line with guidelines. The practice had reviewed their systems and processes to ensure the equipment was appropriately calibrated and safe to use. This involved ensuring that the spirometer was calibrated before each respiratory clinic. We saw evidence that this was being undertaken regularly in addition to the annual calibration and service schedule.

Arrangements to deal with emergencies and major incidents

The practice had reviewed its system for checking emergency medicines and equipment. Specifically, expiry dates of medicines and consumables were now recorded to ensure these were monitored. A member of staff for each of the provider's sites, had been identified to check that medicines and equipment are in date and actions taken when necessary.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisal needed improving.

These arrangements had improved when we undertook a follow up inspection on 3 March 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice had arrangements to ensure there was a regular programme of audits including re-audits. There had been two completed audits where improvements were implemented and monitored. For example, an audit on the number of patients taking a medicine for treating

overactive bladder with symptoms of an urgent need to urinate had been undertaken. The practice identified that this medicine was the third preferred medicine in the local formulary due to its side effects in elderly patients. Thirty-nine patients were identified as taking this medicine, of which 23 could benefit from a review to either change the medicine or for it to be stopped. Patients were invited for a review. A re-audit five months later showed that 11 patients stopped taking the medicine, six patients changed to either the first or second preferred medicine from the local formulary. Three patients were deceased and three patients remained on the medicine.

Effective staffing

The practice had reviewed systems and processes to ensure all staff receive an annual. The practice had a schedule for appraisals and records showed that all staff had received an annual appraisal.