

Rising Brook 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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Rising Brook Surgery on 20 June 2016. The overall rating for the practice was good with requires improvement for providing safe services. The full comprehensive report on the 20 June 2016 inspection can be found by selecting the 'all reports' link for Rising Brook Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 July 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 20 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good but remains requires improvement for providing safe services.

Our key findings were as follows:

- An annual analysis of significant events to identify common trends had been completed. However, there was no formal system in place to share learning with staff to maximise learning and help mitigate further errors.
- Staff and patients were protected from the risk of health care acquired infections.
- Most staff employed had received training in fire safety and basic life support. However, some of the GPs had still not completed basic life support training in line with national guidance.
- Recruitment checks for staff met legislative requirements.
- All of the necessary safety checks on the building had been completed and copies of records obtained.
- Systems for managing the GP workflow through the practice were not supported by adequate staff training, guidance or audit.

We also saw the provider had implemented the best practice recommendation we previously made at our inspection on 20 June 2016 in relation to providing an effective service:

- Full cycle clinical audits had been carried out to show improvements made had been effective.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients in particular:
- Implement a formal system to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors.
- Implement a safe and effective system to manage the GP workflow through the practice.
- Clinical staff must complete basic life support training in line with national guidance.

In addition the provider should:

- Continue to work with NHS Property Services to ensure that all safety risk assessments are up to date and dated to provide an audit trail of when risk has been reviewed.

At our previous inspection on 20 June 2016, we rated the practice as requires improvement for providing safe services. At this inspection we found not all GPs had received basic life support training in line with national guidance and a formal system to share learning from significant events and trends was not in place. In addition, systems for managing the GP's workflow were not supported by adequate staff training, guidance or audit. Consequently, the practice is still rated as requires improvement for providing safe 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?

The practice is rated as requires improvement for providing safe services.

- An annual analysis of significant events to identify any common trends had been completed, however there was no formal system in place to share learning with staff to maximise learning and help mitigate further errors.
- Staff and patients were protected from the risk of health care acquired infections.
- Most staff employed had received training in fire safety training and basic life support. However, some of the GPs had still not completed basic life support training in line with national guidance.
- Recruitment checks for staff met legislative requirements.
- All of the necessary safety checks on the building had been completed and copies of records obtained.
- Systems for managing the GP's workflow through the practice were not supported by adequate staff training, guidance or audit.

Requires improvement



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients in particular:
- Implement a formal system to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors.
- Implement a safe and effective system to manage the GP workflow through the practice.

- Clinical staff must complete basic life support training in line with national guidance.

Action the service **SHOULD** take to improve

- Continue to work with NHS Property Services to ensure that all safety risk assessments are up to date and dated to provide an audit trail of when risk has been reviewed.

Rising Brook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission inspector.

Background to Rising Brook Surgery

Rising Brook Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. The provider holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The patient list size is around 9,400 patients. The patient demographic is comparable with the local clinical commissioning group (CCG) and national averages. Fifty-nine per cent of patients have a long-standing health condition which is higher than the CCG average of 55% and the national average of 53%. This may mean increased demand for GP services. The practice has higher than average deprivation but a lower unemployment rate of 2%, which is comparable with the CCG average of 3% and the national average of 4%.

The practice is an accredited training practice for medical students, foundation doctors and GP registrars and is managed by a team of two male GP partners. There is also a salaried female GP and a regular female GP locum. The partners are assisted by a clinical team of two female advanced nurse practitioners (ANPs), three female practice

nurses, a female health care assistant, and two phlebotomists. Clinical staff are assisted by a range of administration and reception staff that includes the practice manager and a patient services team leader.

The practice is open from 8am until 6.30pm Monday to Friday. Pre-bookable extended hours appointments are available Monday, Wednesday and Thursday mornings from 7.30am. Nurses are available during this period on a Monday and a Wednesday. Evening appointments with a GP are available on a Tuesday until 7pm. These appointments are usually for people who would otherwise find it difficult to see a GP during normal opening hours. Routine appointments can be booked up to four weeks in advance. Patients are advised to call the practice in the event of urgent medical problems during surgery hours or NHS 111 for problems occurring during surgery closure. The Out of Hours service is provided by Staffordshire Doctors Urgent Care.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Rising Brook Surgery on 20 June 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 with requires improvement in providing safe services. The full comprehensive report following the inspection on 20 June 2016 can be found by selecting the 'all reports' link for Rising Brook Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Rising Brook Surgery on 31 July 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

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced focused inspection on 31 July 2017. During our inspection we:

- Spoke with the practice manager, a GP partner and an administrator.
- Reviewed protocols and looked at information the practice used to deliver care and treatment.

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 June 2016, we rated the practice as requires improvement for providing safe services. This was because:

- An annual analysis of significant events to identify common trends had not been completed.
- The risk to staff and patients of health care acquired infections had not been assessed and mitigated against.
- Some staff had not received training in fire safety and basic life support.
- Recruitment checks for some staff did not met legislative requirements.
- Evidence that necessary safety checks on the building had been completed was not fully available.

Most of these arrangements had improved when we undertook a follow up inspection on 31 July 2017 however we identified a further area of concern. The practice remains as requires improvement for providing safe services.

Safe track record and learning

The practice had recorded 16 significant events in the previous year. We saw significant events were documented, analysed and discussed at GP partner meetings. An annual analysis of incidents to identify any common trends had been completed. However, a formal system to share this learning with staff to maximise learning and help mitigate further errors had not been implemented.

Overview of safety systems and process

The practice had reviewed its procedures on offering immunisations to ensure clinical staff were free of and protected from exposure to health care acquired infections. We saw that all clinical staff had received or been tested for immunity for hepatitis B. The practice had made the decision that non-clinical staff did not require immunisation however a risk assessment to demonstrate how this decision had been made or how any potential risks would be mitigated had not been completed. The day after our inspection the practice forwarded an appropriate risk assessment to us.

We looked at the staff training matrix and saw that most staff had received training in fire safety. However, the GPs had not completed this training. Following our inspection

the practice forwarded to us certificates demonstrating that the GPs completed online fire safety training the day after our inspection. We looked at the staff training matrix and saw that staff had not received recent training in basic life support, including the GPs. Guidance from the Resuscitation Council (UK) advises that clinical staff should have at least annual updates in basic life support training. We saw that two GPs had not completed this training since September 2015, however training was arranged for all staff to attend in August 2017. Another GP had not completed basic life support training since July 2015 and was not available to attend the training arranged for August 2017. An alternative date had not been planned.

We saw that two administrative staff were responsible for managing the GP workflow through the practice. This included making decisions regarding which hospital discharge letters needed to be reviewed by a GP, for example where a patient referral to another service or change in medication was required, and those that did not. However, the practice was not able to demonstrate they had carried out an assessment to identify potential risks associated with this process and how they would be mitigated. An appropriate protocol had not been put in place to underpin this process, and there was no documented evidence that staff making these decisions had received recognised training. In addition, the process had not been audited to ensure that it had been carried out safely. A recent complaint and significant event raised in the practice showed that there had been a failure to refer a patient for an assessment of a potentially life threatening condition following a request in a recent hospital discharge letter to the practice. The letter had been scanned into the patient's record without a review by a GP. Appropriate systems had not been implemented following this incident meaning patients remained at potential risk.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

Monitoring risks to patients

NHS Property Services maintained the practice building and carried out the required safety checks. There was a system in place to ensure that health and safety building checks, for example emergency lighting, were carried out on a monthly basis.

A legionella risk assessment had been completed in November 2013. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that NHS Property Services had

informed the practice that an up to date risk assessment was imminent but a date was not specified. Daily site reports demonstrated that maintenance and cleaning work had been carried out on the water system at the practice.

A fire risk assessment had been carried out in December 2009 and an action plan put in place and implemented to mitigate any risks identified. We saw that a review of the fire risk assessment had been completed when changes had been made to the building. However the review was not dated meaning an effective audit trail was not in place. The annual fire evacuation drill had been carried out in October 2016.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• A formal system to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors was not in place.• A safe and effective system to manage the GP workflow through the practice was not in place.• Some clinical staff had not completed basic life support training in line with national guidance. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>