

Grove Medical Centre

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



Are services caring?

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 of this practice on 11 October 2016. We set a requirement in relation to safe care and treatment. The practice sent in an action plan informing us about what they would do to meet legal requirements in relation to the following;

- The systems and processes to address risk were not robust enough to ensure patients were kept safe. The practice must comply with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System.

During the initial inspection we also found areas where improvements should be made:

- Develop a system to proactively identify carers.
- Ensure annual reviews are completed for patients on the learning disability register.

- Improve access for routine appointments for patients.
- Ensure lessons learned from significant events are communicated widely throughout the practice.
- Proactively monitor required improvements to deliver better outcome for patients.

The practice told us these issues were addressed and have provided us with evidence to show they had taken the action to address the concerns.

We undertook a desk top review on 31 January 2017 to make a judgement about whether their actions had addressed the requirements.

The overall rating for the practice is good. You can read our previous report by selecting the 'all reports' link for on our website at www.cqc.org.uk

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 inspection on 11 October 2016 we found that:

- The systems and processes to address risk were not robust enough to ensure patients were kept safe. The practice did not comply with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

During the initial inspection we found areas in the safe domain where improvements should be made:

- Ensure lessons learned from significant events are communicated widely throughout the practice.

Our focused inspection on 31 January 2017 found that:

The practice is rated as good for providing safe services.

- The practice provided evidence of actions taken to ensure that they complied with the MHRA and CAS alerts the practice received. We saw evidence it was added as a standing agenda on the weekly practice meetings and clinical team meetings.

The practice provided additional information for the areas highlighted where improvements should be made:

- The practice had embedded the sharing of learning across the practice. Learning from significant events, complaints and compliments formed part of the agenda for practice meetings. Discussions in team meetings, the practice intranet and staff newsletters were used to summarise learning outcomes and provided all staff the opportunity to be included and encouraged within a positive and open culture throughout the practice.

This report should be read in conjunction with the full inspection report from 11 October 2016.

Good



Are services effective?

During the initial inspection on 11 October 2016 we found areas in the effective domain where improvements should be made:

- Ensure annual reviews are completed for patients on the learning disability register.
- Improve access for routine appointments for patients.
- Proactively monitor required improvements to deliver better outcome for patients.

Good



Summary of findings

Our focused inspection on 31 January 2017 found that:

The practice is rated as good for providing effective services.

- The practice had reviewed its learning disability register to ensure appropriate patients were coded correctly. Of the 60 patients on the register, 40 had been reviewed since April 2016.
- The practice had employed a further nurse practitioner to improve access to routine appointments for patients. The practice had increased the number of pre-bookable appointments and direct on the day appointments. The practice was part of the GP Plus appointments system which offered extended hours GP services where the practice could book appointments for patients at other locations when the practice was closed.
- Data from the QOF results for the 2015/2016 year showed an overall score of 86% which was 11% below the Clinical Commissioning Group (CCG) average and 10% below the England average. However the practice provided unverified performance results for the 2016/2017 QOF. We saw that since April 2016 the practice had so far achieved 83% of the current years QOF. The practice had sourced a company which started working with the practice in January 2017 to ensure long term conditions registers were accurate and to assist in Asthma, Atrial Fibrillation/Anticoagulation, Type 2 Diabetes Mellitus and Osteoporosis reviews.

This report should be read in conjunction with the full inspection report from 11 October 2016.

Are services caring?

During the initial inspection on 11 October 2016 we found areas in the caring domain where improvements should be made:

- The practice should develop a system to proactively identify carers.

Our focused inspection on 31 January 2017 found that:

The practice is rated as good for providing caring services.

- The practice had identified 346 patients as carers (2.4% of the practice list).

This report should be read in conjunction with the full inspection report from 11 October 2016.

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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Grove Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based review was completed by a CQC inspector.

Why we carried out this inspection

As a result of the last inspection on 11 October 2016 we had concerns and issued a requirement notice in respect of safe care and treatment. This was because the practice had not ensured that the systems and processes to address risk were robust enough to ensure patients were kept safe. The practice did not comply with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS).

How we carried out this inspection

We reviewed the information received from the practice, spoke with the practice manager and a partner at the practice and requested additional information.

We have not revisited Grove Medical Centre as part of this review because they were able to demonstrate they were meeting the standards without the need for a visit

We carried out a desk-based review on 31 January 2017.

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

We found improvements were needed in relation to safe care and treatment at our last inspection on 11 October 2016, we found that:

- The systems and processes to address risk were not robust enough to ensure patients were kept safe. The practice did not comply with relevant Patient Safety Alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS). We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged and shared. However data searches were not completed to ensure that medicines that were subject to safety alerts continued to be adequately monitored.

During the initial inspection we found areas in the safe domain where improvements should be made:

- Ensure lessons learned from significant events are communicated widely throughout the practice. The practice carried out an analysis of the significant events, however lessons learned were not communicated

widely throughout the practice. For example, only the people involved in the significant event attended the meeting to discuss it and we saw no evidence of this then shared further.

The provider sent us an action plan informing us about the action they would take to ensure that patients were safe.

Our focused inspection on 31 January 2017 found that the practice had implemented and embedded clearly defined systems, processes and practices.

The practice is rated as good for providing safe services.

- The practice provided evidence of actions taken to ensure that they complied with the MHRA and CAS alerts the practice received. We saw evidence these were added as a standing agenda on the weekly practice meetings and clinical team meetings.

The practice provided additional information for the areas highlighted where improvements should be made:

- The practice had embedded the sharing of learning across the practice. Learning from significant events, complaints and compliments formed part of the agenda for practice meetings. Discussions in team meetings, the practice intranet and staff newsletters were used to summarise learning outcomes and provided all staff the opportunity to be included and encouraged within a positive and open culture throughout the practice.

Are services effective?

(for example, treatment is effective)

Our findings

During the initial inspection on 11 October 2016 we found areas in the effective domain where improvements should be made:

- Ensure annual reviews are completed for patients on the learning disability register. The practice had 71 patients on their learning disability register and had reviewed 15 patients between October 2015 and October 2016.
- Improve access for routine appointments for patients. GP patient survey results published on 7 July 2016 showed 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73% and 21% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG and national average of 59%.
- Proactively monitor required improvements to deliver better outcome for patients. The practice used the information collected by the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results for the 2015/2016 year were 86% with an 8% exception reporting rate (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Our focused inspection on 31 January 2017 found that:

The practice is rated as good for providing effective services.

- The practice had reviewed its learning disability register to ensure appropriate patients were coded correctly. Of the 60 patients on the register, 40 had been now been reviewed since April 2016.
- The practice had employed a fourth nurse practitioner to improve access to routine appointments for patients. The practice had increased the number of pre-bookable appointments and direct on the day appointments. The practice was part of the GP Plus appointments system which offered extended hours GP services where the practice could book appointments for patients at other locations when the practice was closed. The practice was using a system which allowed text messages, voice messages, emails and letters to be automatically sent to patients to invite them to clinics or to gain specific information. The patients' responses were coded into the medical records automatically.
- Unverified data provided by the practice of QOF results for the 2016/2017 so far this financial year showed the practice had already achieved 83% since April 2016 to January 2017. The practice had sourced a company which started in January 2017 to assist the practice to ensure long term conditions registers were accurate and to assist in Asthma, Atrial Fibrillation/Anticoagulation, Type 2 Diabetes Mellitus and Osteoporosis reviews. The practice were making direct contact with patients over the telephone to encourage patients to attend their long term condition reviews. The practice had written a presentation on QOF understanding and all staff members attended the teaching session in November 2016.

Are services caring?

Our findings

During the initial inspection on 11 October 2016 we found areas in the caring domain where improvements should be made:

- Develop a system to proactively identify carers. The practice had identified 65 patients as carers (only 0.5% of the practice list) therefore there was scope to improve the identification of these patients.

Our focused inspection on 31 January 2017 found that:

The practice is rated as good for providing caring services.

- The practice had identified 346 patients as carers (2.4% of the practice list). The practice had actively engaged with patients during the flu clinics to ensure patients

were identified as carers and who was cared for. The practice had 3479 patients who had attended the practice for a flu vaccination. The practice had identified some positive steps to encourage patients to be identified as carers, which included placing a message on all repeat prescriptions and updating the information on the waiting area monitor screens and other notices in the reception area. The practice website contained information on the Carers Direct service with relevant contact details. The practice were liaising with the patient participation group (PPG) regarding the planned carers day in May 2017 and were working with the Suffolk Family Carers to support carers' week in June 2017. Signs had been removed from the consultation room doors which stated that patients could discuss one condition per appointment.