

The Grove Road Practice

Quality Report

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Sutton

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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 The Grove Road Practice on 13 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for The Grove Road Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations 9(1) Person-centred care, 12(1) and 12(2) Safe care and treatment, and 18(2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 that we identified in our previous inspection on 13 October 2016. 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:

- Risks to patients were assessed and well managed.
- All staff had received training relevant to their role.
- The practice sent response letters for all patients who had made a complaint with all the relevant information.
- The practice undertook regular governance meetings for non-clinical staff.

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

The provider should:

- Review practice procedures to ensure that the outcomes for patients with long term conditions are improved especially for patients with diabetes.

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.

- Risks to patients were assessed and well managed.
- All staff had received basic life support, safeguarding adults and infection control training relevant to their role.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015/16 were significantly below average for the locality and compared to national average; Unpublished QOF results provided by the practice indicated a significant improvement.
- All staff had received Mental Capacity Act and information governance training relevant to their role.
- The practice had improved the identification of patients with Chronic Obstructive Pulmonary Disease (COPD).

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 effectiveness identified at our inspection on 13 October 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 effectiveness identified at our inspection on 13 October 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 effectiveness identified at our inspection on 13 October 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 effectiveness identified at our inspection on 13 October 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 effectiveness identified at our inspection on 13 October 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 effectiveness identified at our inspection on 13 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Grove Road Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a lead Care Quality Commission inspector.

Background to The Grove Road Practice

The Grove Road Practice provides primary medical services in Sutton to approximately 9000 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the second least deprived decile in England.

The practice population has lower than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is in line with the local and national average; the practice population of older people is above the local average and in line with the national average. Of patients registered with the practice for whom the ethnicity data was recorded, 37% are other white background, 6% white British and 6% are other Asian background.

The practice operates in converted premises. All patient facilities are wheelchair accessible on the ground floor and there is no lift access to the first floor; for patients who are not able to access the first floor appointments are provided on the ground floor. The practice has access to four doctors' consultation rooms and one treatment room on the ground floor and one doctors' consultation room and one treatment room on the first floor.

The clinical team at the surgery is made up of two full-time male GPs who are partners, one full-time male GP and one

part-time female salaried GP and two part-time female practice nurses. The non-clinical practice team consists of one practice manager and 14 administrative and reception staff members. The practice provides a total of 40 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am until 6:30pm Monday to Friday. Appointments are available from 8:30am to 11:30am and 3:30pm to 6:00pm every day. Extended hours surgeries are offered on Mondays from 6:30pm to 8:00pm and on Saturdays from 9:00am to 12:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of The Grove Road Practice on 13 October 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.

Detailed findings

The full comprehensive report following the inspection on October 2016 can be found by selecting the 'all reports' link for The Grove Road Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Grove Road Practice on 11 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.

How we carried out this inspection

We carried out a focused inspection of The Grove Road Practice on 11 July 2017. During our visit we:

- Spoke to two GPs, the practice nurse and the practice manager.
- Reviewed the risk assessments including fire, legionella and health and safety risk assessment of the premises.

- Reviewed cleaning records and records for checks made of the oxygen and defibrillator.
- Reviewed staff training records to ascertain if staff had completed training appropriate to their role including
- Reviewed the 2016/17 Quality and Outcomes Framework data provided by practice to ascertain if patient outcomes had improved.
- Reviewed their system to monitor medicines and safety alerts.
- Reviewed the data provided by the practice to ascertain of identification of patients with Chronic Obstructive Pulmonary Disease (COPD) had improved.
- Reviewed the complaints folder to ascertain if response letters were sent to all patients who had made a complaint.
- Reviewed governance meeting minutes for non-clinical staff.

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 13 October 2016, we rated the practice as requires improvement for providing safe services as the provider did not adequately assess and manage risks to patients. The practice had not undertaken a fire, legionella and health and safety risk assessment of the premises. There was no system to record the cleaning carried out on a daily basis; records were not maintained of checks made for oxygen and defibrillator. The practice had no formal system to monitor implementation of medicines and safety alerts.

These arrangements had significantly improved when we undertook a follow up inspection on 11 July 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had a clear system to monitor the implementation of medicines and safety alerts and we saw evidence to support this.

Overview of safety systems and process

All staff had received safeguarding adults and infection control training relevant to their role and we saw evidence to support this.

The practice maintained cleaning logs and records appropriately. The practice also had a specific cleaning log for clinical staff which included cleaning of the treatment couch, table, stethoscope and medical instruments to ensure they were clean before procedures were carried out.

Monitoring risks to patients

The practice had undertaken a comprehensive fire, Legionella and health and safety risk assessment of the premises to monitor the safety of the premises (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that the recommendations following these risk assessments were actioned.

Arrangements to deal with emergencies and major incidents

All staff received fire safety and annual basic life support training.

The practice had maintained records to indicate that the oxygen and defibrillator were regularly checked.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training and outcomes for patients with long term conditions needed improving. Some of the staff had not undertaken basic life support, safeguarding vulnerable adults, infection control, fire safety, Mental Capacity Act and information governance training relevant to their role. Data from the Quality and Outcomes Framework (QOF) for showed patient outcomes were significantly below average for the locality and compared to the national average.

These arrangements had significantly improved when we undertook a follow up inspection on 11 July 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for 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). The most recent published results were 79.9% (Clinical Commissioning Group average 94.7%; National average 95.3%) of the total number of points available, with 5.5% (CCG average 6.8%; national average 9.8%) clinical exception reporting. (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.) Unpublished QOF data for 2016/17 provided by the practice indicated that practice had achieved 90.02% of the total number of points available, with 6.72% clinical exception reporting which is a significant improvement when compared to 2015/16 results. Data from 2015/16 showed:

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national average. For example, 68% of patients (below average exception reporting of 4.9%) had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. Unpublished QOF results for 2016/17 provided by the practice indicated that the practice had

achieved 68% for this indicator which was the same as 2015/16. The practice informed us that they are working on referring more patients to community clinic for optimisation and were signed up to take part in the National Diabetes Prevention Programme.

- We saw 66% of patients (in line with average exception reporting of 5.4%) with diabetes had received a foot examination in the preceding 12 months which was below the CCG average of 87% and national average of 89%. Unpublished QOF results for 2016/17 provided by the practice indicated that the practice had achieved 80% for this indicator which was significantly higher when compared to 2015/16 results.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (below average exception reporting of 0%), which was above the CCG average of 83% and national average of 84%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 89% (in line with national average exception reporting of 10.1%), which was in line with the CCG average of 88% and national average of 87%. Unpublished QOF results for 2016/17 provided by the practice indicated that the practice had achieved 94% for this indicator which was higher when compared to 2015/16 results.
- Performance for mental health related indicators was below the CCG and national averages; 61% of patients (in line with average exception reporting of 10.8%) a comprehensive agreed care plan in the last 12 months compared with the CCG average of 91% and national average of 89%. Unpublished QOF results for 2016/17 provided by the practice indicated that the practice had achieved 81% for this indicator which was significantly higher when compared to 2015/16 results.
- Records showed 73% of patients (in line with average exception reporting of 8.5%) with dementia had received an annual review which was below the CCG average of 86% and national average of 84%. Unpublished QOF results for 2016/17 provided by the practice indicated that the practice had achieved 84% for this indicator which was significantly higher when compared to 2015/16 results.
- The national QOF data showed that 62% (in line with national average exception reporting of 6.1%) of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 76%.

Are services effective?

(for example, treatment is effective)

- 65% of patients (above average exception reporting of 16.4%) with Chronic Obstructive Pulmonary Disease (COPD) had received an annual review compared with the CCG average of 89% and national average of 90%. Unpublished QOF results for 2016/17 provided by the practice indicated that the practice had achieved 88% for this indicator which was significantly higher when compared to 2015/16 results. The practice had increased their COPD prevalence from 56 to 72 patients; the practice informed us that they reviewed their procedures in the identification of patients with COPD.

The practice obtained the support of an external company who reviewed their coding, patient finding and clinical templates. The review indicated that on 12 QOF domains

their recorded prevalence was lower than their true practice prevalence due to incorrect or absent coding and affected a total of 447 patients. The practice informed us that they had addressed all these issues and the prevalence of many diseases had improved. This had resulted in a significant improvement in QOF outcomes for 2016/17 when compared to 2015/16.

Effective staffing

All staff had received information governance training.

Consent to care and treatment

All clinical and non-clinical staff had received Mental Capacity Act training relevant to their role.