

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?

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 Rising Brook Surgery on 20 June 2016. The overall rating for the practice was good with requires improvement in providing safe services. We carried out a focused follow up inspection on 31 July 2017 and found there were ongoing issues in providing safe services. The practice remained rated as requires improvement for providing safe services. The full comprehensive report for the 20 June 2016 and the focused report for 31 July 2017 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 17 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation 12 that we identified in our previous inspection on 31 July 2017. 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 and good for providing safe services for all population groups.

Our key findings were as follows:

- There was a formal system in place to share learning from significant events with all staff and an analysis of trends had been completed.
- A safe and effective system had been implemented to manage the GP workflow throughout the practice.
- Most staff had received recent training in basic life support. Training for all staff had been arranged for February 2018.
- The practice was working with the landlord to ensure that the fire risk, that had exceeded its specified five year duration, was updated. They were exploring training options to ensure there was a fire marshal within the practice.

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

The provider should:

- Ensure that all staff attend and complete the basic life support training planned for February 2018.
- Continue to work with the landlord to ensure the fire risk assessment is updated and there is a trained fire marshal within the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that all staff attend and complete the basic life support training planned for February 2018.
- Continue to work with the landlord to ensure the fire risk assessment is updated and there is a trained fire marshal within the practice.

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. We 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 in providing safe services. We carried out a focused follow up inspection on 31 July 2017 and found there were ongoing issues in providing safe services. The practice remained rated as requires improvement for providing safe services. The full comprehensive report for the 20 June 2016 and the focused report for 31 July 2017 can be found by selecting the 'all reports' link for Rising Brook Surgery on our website at www.cqc.org.uk.

The patient list size is around 9,323 patients. The patient demographic is comparable with the local clinical commissioning group (CCG) and national averages. Fifty per cent of patients have a long-standing health condition which is comparable with the CCG average of 57% and the national average of 54%. The practice has average deprivation when compared with the local and national averages.

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 regular female locum GP. 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, Tuesday, Wednesday and Thursday mornings from 7.30am. Nurses are available during this period on a Monday and a Wednesday. 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.

The practice offers a range of services for example, management of long term conditions such as diabetes, immunisations for children, travel vaccinations, family planning and child development checks. Further details can be found by accessing the practice's website at www.risingbrooksurgey.nhs.uk.

Why we carried out this inspection

We 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 in

Detailed findings

providing safe services. We carried out a focused follow up inspection on 31 July 2017 and found there were ongoing issues in providing safe services. The practice remained rated as requires improvement for providing safe services. The full comprehensive report for the 20 June 2016 and the focused report for 31 July 2017 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 17 January 2018 under Section 60 of the Health and Social Care Act 2008. It was part of our regulatory functions to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation 12 that we identified in our previous inspection on 31 July 2017.

Are services safe?

Our findings

At our previous inspection on 31 July 2017, we rated the practice as requires improvement for providing safe services. This was because:

- 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.
- Some safety risk assessments were not up to date and dated to provide an audit trail of when risk has been reviewed.
- 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.

These arrangements had improved when we undertook a follow up inspection on 17 January 2018. The practice is now rated as good for providing safe services and for all population groups.

Safety systems and processes

A safe and effective system to manage the GP workflow of patients' discharge letters and test results throughout the practice had been implemented. A protocol to manage the GP workflow had been developed to provide support and guidance to staff. Administrative staff and a GP had received formal training through the Brighton and Hove model to ensure a recognised process of handling clinical letters and results was in place. This training was being rolled out to other members of the administrative team and there was a system in place to ensure each staff member was competent to carry out this role. Regular audits had been carried out by GPs and the practice manager to ensure the system was safe and effective. Staff told us that when issues were identified through the audit

process, they were informed and learning was shared with the team. Staff spoke positively about the changes made and the feedback they received from the management team.

Risks to patients

All of the GPs had completed basic life support training in line with national guidance. However, we saw that an advanced nurse practitioner had not received face to face basic life support training since 2015. They had however, completed online training in December 2017. Basic life support training was booked for all staff to attend on 27 February 2018.

Rising Brook Surgery was based within Rising Brook Health Centre. A fire risk assessment had been completed by the landlord of Rising Brook Health Centre in July 2011. The risk assessment stated this should be reviewed and updated every five years. However, this had not been completed. We saw evidence that the practice had proactively requested that the landlord updated the fire risk assessment which had exceeded its duration.

Following an incident when the fire alarm was activated outside of the health centre core hours, the practice had identified the need for a trained fire marshal within their practice. The practice manager was in the process of sourcing this training.

Lessons learned and improvements made

A formal system to share learning from significant events and analysis of trends with staff to maximise learning and help mitigate further errors had been implemented. The practice held quarterly team meetings with all staff to discuss significant events, the actions taken and the learning from the events. We saw that minutes from these meetings were shared with all staff. An annual analysis of trends in significant events had been carried out.