

Roseheath Surgery Ltd

Quality Report

Roseheath Drive
Halewood
Merseyside
L26 9UH
Tel: 0151 244 3255
Website: www.roseheathsurgery.co.uk

Date of inspection visit: 3 May 2016
Date of publication: 06/06/2016

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

Are services effective?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
What people who use the service say	6

Detailed findings from this inspection

Our inspection team	7
Background to Roseheath Surgery Ltd	7
Why we carried out this inspection	7
How we carried out this inspection	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at this practice on 12 February 2015.

A breach of legal requirements was found. The practice was required to make improvements in the domain of 'Effective'.

After the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Supporting staff; which corresponds with:

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We undertook this focused review to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Roseheath Surgery Ltd on our website at www.cqc.org.uk

Our key findings were as follows:

- The practice had addressed the issues identified during the previous inspection.
- Staff had received the appropriate training required for their role. There was a training matrix in place to monitor when refresher training was due.
- A comprehensive staff appraisal system was in place. Staff learning needs were identified and development needs were met, for example, in relation to the health care assistants as their roles developed.
- Work to correctly identify those patients vulnerable to unplanned hospital admission had been completed and care plans for these people were in place.
- The practice website gave information to meet the needs of each population group. Work to engage effectively with younger patients was on-going.

We identified areas where the practice could make improvements, at our inspection in February 2015. We found that the practice had also responded to this. Our findings showed:

- The practice had reviewed performance in customer service, year on year by holding annual reviews of complaints and compliments to help identify any emerging trends.

Summary of findings

- Risk assessments on water testing for Legionella were kept and available for review along with a record of water temperature testing.

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 effective?

The practice is rated as good for providing effective services.

- Staff had received annual appraisal. A training matrix was in place to monitor when all mandatory and refresher training was due.
- Staff were receiving training specific to their role and for further development, as identified at appraisal.
- Work to correctly identify those patients vulnerable to unplanned hospital admission had been completed and care plans for these people were in place.
- The practice website gave information to meet the needs of each population group. Work to engage effectively with younger patients was on-going.

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



The practice had undertaken work to correctly identify those patients who were vulnerable to unplanned hospital admission. These patients had a care plan in place which was reviewed by GPs. Staff had received training on the Mental Capacity Act 2005.

Families, children and young people

Good



The practice website gave information to meet the needs of each population group. This included information on contraception and sexual health. Staff had received training on The Childrens' Act 1989 and 2004 and on Gillick competency. Work to engage effectively with younger patients was on-going, for example, encouraging younger people to become involved with the patient participation group.

Summary of findings

What people who use the service say

As this was a focussed follow-up review we did not speak to any patients.

Roseheath Surgery Ltd

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector carried out this focused follow-up review.

Background to Roseheath Surgery Ltd

Roseheath Surgery is located within a purpose built facility, sharing the building with three other GP practices and a number of other community health services. The facility is part of a complex that offers a library, post office and citizen's advice bureau. The facility is served by a regular bus service.

The building meets the requirements of the Equality Act 2010, having good access for wheelchair users and other patients with impaired mobility. Parking for disabled patients is located close to the entrance to the building, and access doors are automated. Roseheath Surgery is well signposted within the building, and is based on the ground floor. Toilet facilities which are accessible to disabled patients are available on the ground floor. The bathroom has baby changing facilities and a private room for any breast feeding mothers is available on the first floor.

The practice is open from 8.00am to 6.00pm each evening, except on Mondays when extended hours are offered until 7.30pm. The practice register is open to new patients; at the time of this inspection the number of patients registered with the practice was approximately 2,300.

Two GPs work at Roseheath Surgery; the clinical sessions delivered allow for 96 GP appointments each week. The practice has two nurses, one of whom is an advanced nurse

clinician who can prescribe across the British National Formulary. (BNF). Both nurses can make home visits if a patient's treatment requires this. A number of clinics are delivered by the nurses, for example, in chronic disease management.

The practice delivers services under a General Medical Services (GMS) contract.

There are no branch surgeries linked to Roseheath Surgery. At the time of our inspection, out of hours services were provided by another external provider, Urgent Care 24 (UC24).

Why we carried out this inspection

This focused follow-up review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection in February 2015, had been implemented. We reviewed the practice against one of the five questions we ask about services: is the service effective? This is because the service was not meeting some legal requirements at the previous inspection.

How we carried out this inspection

We carried out focused follow-up review of the practice on 3 May 2016. We spoke with, the practice Business Development Manager and looked at records the practice maintained in relation to staff training and appraisal. We also reviewed records of water temperature testing, complaints handling and minutes of practice meetings.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

When we inspected the practice in February 2015 we identified some concerns in relation staff training and appraisal. The practice did not have an effective system in place to ensure all staff received annual appraisals and to identify training needed relevant to each staff members role. We found that patients at risk of unplanned hospital admission had not been correctly identified and that engagement with younger patients was limited.

- At this inspection we found the practice had addressed all of the concerns. Staff had received the appropriate mandatory training required for their role. There was a training matrix in place to monitor when refresher training was due. Annual appraisals for all staff were undertaken and recorded.
- Work to correctly identify those patients vulnerable to unplanned hospital admission had been completed and care plans for these people were in place.
- The practice website gave information to meet the needs of each population group. Work to engage effectively with younger patients was on-going.

The practice Business Development Manager showed us a comprehensive staff training matrix which had been put in place. This showed which members of staff had attended specific training courses and when refresher training was

due. We saw that systems in place were sufficient to ensure that staff were able to access training required to deliver their duties effectively. For example, we saw that a learning and development consultant was retained by the practice for two days each week, to deliver training to health care assistants. We saw that particular courses had been highlighted for both the practice nurse and health care assistants in spirometry which would enable better care for patients with respiratory diseases. We saw that health care assistants and the practice nurse, received clinical input to their annual appraisal, which assisted in identifying any other areas of clinical knowledge development required.

The practice management team had also been assigned courses on developing management skills and potential, which were accredited by a local university. All administrative staff were being appraised annually and had used tools to identify any gaps in their own knowledge that could be addressed.

The practice had also responded positively to suggestions made for further improvements:

- The practice had a risk assessment in place in respect of water testing for the presence of legionella bacteria. This also included catalogued water temperature checks and records of pipe flushing within the practice.
- We were sent a number of audits for review, some of which consisted of more than one full cycle.
- Complaints were being reviewed year on year to check for any common themes or emerging trends.