

Mile End Road Surgery

Quality Report

29 Mile End Road
Norwich, Norfolk
NR4 7QX

Tel: 01603 442200

Website: www.castle-partnership.co.uk

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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 Mile End Road Surgery on 5 May 2016. The overall rating for the practice was good, with the safe domain being rated as requiring improvement. The full comprehensive report on the 5 May 2016 inspection can be found by selecting the 'all reports' link for Mile End Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 20 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 5 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good.

Our key findings were as follows:

- We reviewed safety records, incident reports, patient safety alerts and the amended recording process that had been implemented after our last inspection. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

- Cleanliness concerns and premises related risks were addressed appropriately, including outstanding actions following a legionella assessment.
- The provider had reviewed its carers' register and identified additional carers. The register had increased from 140 (just under 1%) at our 5 May 2016 inspection, to 227 (over 1%) at our 20 June 2017 inspection. The provider explained they worked closely with local carers groups and signposted patients when required. Various carers' information was available in the practices.
- After our 5 May 2016 inspection we requested the provider to ensure that annual reviews for patients experiencing poor mental health or with a learning disability were undertaken in a timely manner. At our 20 June 2017 inspection the provider had 216 registered patients experiencing poor mental health, of which 141 had undergone a review in 2016/17. 25 patients had refused a review and 11 patients were noted as exempt from a review. 39 patients had not attended despite the provider sending multiple invitations. The provider had 103 patients with confirmed learning difficulties, of whom 55 had undergone a review in 2016/17. The provider had contacted all patients with learning difficulties and sent multiple invitations. The coding system for these patients had been reviewed and amended with the aim to increase the number of patients on the register.

Summary of findings

The provider had also undertaken various other actions with the aim to improve the number of reviews for these patients. These included the addition of system alerts on patient records, ensuring the same GP was available and making every effort to contact any patients that didn't attend, which included referral to external learning disability 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.

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Our focused inspection on 20 June 2017 found that:

- We reviewed safety records, incident reports, patient safety alerts and the amended recording process that had been implemented after our last inspection. We saw evidence that lessons were shared and action was taken to improve safety in the practice.
- Cleanliness concerns and premises related risks were addressed appropriately, including outstanding actions following a legionella assessment.

Good



Mile End Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was undertaken by a CQC Lead Inspector.

Background to Mile End Road Surgery

Mile End Road Surgery is situated in Norwich, Norfolk and is run by the Castle Partnership. It has branch surgery locations in two other areas of Norwich: Tuckswold Surgery and Gurney Surgery. The practice provides services to approximately 16,700 patients across the three locations. It holds a General Medical Services contract with NHS Norwich CCG.

According to Public Health England, the patient population has a lower number of patients aged below 25 in comparison to the practice average across England. It has a higher proportion of patients aged 60 and above compared to the practice average across England, with a considerably higher proportion of females over the age of 85. Income deprivation affecting children is higher than the practice average across England, but lower than the local average. Income deprivation affecting older people is higher than the local and the practice average across England.

The practice has eight GP partners, four male and four female. There are five salaried GPs and two GP registrars. There are four nurse practitioners, four practice nurses and five health care assistants active across the three locations. The practice also employs a business manager who is supported by an assistant manager, as well as surgery

managers and team leaders at each location. There are shared secretarial and IT teams across the three sites. There are also administration and reception teams with individual leads.

All three locations provide opening hours on Monday to Friday from 8am to 5.30pm. Extended hours clinics are available Saturday morning from 8.30am to 11am, these are held at each location on a rotational basis. Patients are able to attend appointments at all three locations. Out-of-hours care is provided by Integrated Care 24.

The practice is a training practice and teaches medical students as well as GP registrars (trainee doctors). The practice was also actively involved in various research projects.

Why we carried out this inspection

We undertook a comprehensive inspection of The Castle Partnership at Mile End Road Surgery on 5 May 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. A requirement notice was issued in relation to Regulation 15, Premises and equipment. The safe domain was rated as requires improvement. The full comprehensive report following the inspection on 5 May 2016 can be found by selecting the 'all reports' link for Mile End Road Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Castle Partnership on 20 June 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 as detailed in the requirement notice.

Detailed findings

How we carried out this inspection

During our visit we:

- Spoke with the business manager, practice manager and two GP partners.
- Reviewed audit records and processes.
- Reviewed infection control records and processes.

- Reviewed legionella records.
- Visited the Gurney and Tuckswood locations and reviewed building plans.
- Looked at information the practice used to deliver care and treatment plans.

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 5 May 2016, we rated the practice as requires improvement for providing safe services. The following improvements were needed:

- Ensure cleanliness is of a good standard, especially at the Tuckswood and Gurney surgeries.
- Maintain an audit trail of the dissemination and implementation of national safety alerts and updates to all relevant staff.
- Ensure actions from the legionella assessment are undertaken.
- Ensure premises related risks are highlighted and addressed appropriately.

These arrangements had improved when we undertook a follow up inspection on 20 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place. There were various members of staff involved in the process ensuring resilience in case of any absence. Records were detailed and provided a clear oversight of the process and actions taken as a result of updates or alerts. The practice also shared electronic versions with all relevant staff. A library containing historical alerts was also maintained on the practice's intranet system so that all staff could access these at any time.

Overview of safety systems and processes

During our inspection on 5 May 2016 we reviewed the cleanliness in the three practices and found that mixed standards of cleanliness and hygiene were maintained. During our inspection on 20 June 2017 we found that cleanliness had improved. Both the Gurney and the Tuckswood Surgeries had undergone a change in the cleaning regime which had led to higher quality cleaning.

We found the Tuckswood Surgery to be visibly clean. At the Tuckswood Surgery there was ongoing building work during our inspection. This was to expand the building with various rooms, including additional consultation rooms. We found the quality of the design befitting to the requirements of the practice. For example, the new flooring was of good standard and sinks were present in consultation and treatment rooms.

The Gurney Surgery had also undergone considerable improvements, for example, the air conditioning system was functioning in patient areas of the building, but not in the staff rest and meeting areas. The unpleasant damp odour that was noticed at our last inspection had considerably reduced and damp patches and leaks had been addressed. Ceiling ventilation panels had been cleaned and replaced where necessary. Some stained carpets remained in place although they had been cleaned and improved from the last inspection. The provider explained that due to the cost of the work undertaken thus far and the impending change of location, subject to NHS England approval, it was too costly to replace the carpets.

We reviewed plans for the Gurney Surgery to be relocated to a nearby refurbished location. The plans indicated a considerable increase in size and quality of the building and incorporated improved space to ensure collaborative working with other local services. Final confirmation and dates were not yet agreed with NHS England but it was envisaged that the practice intended to use the new premises within nine months of our inspection. This was confirmed by NHS England but was dependent on several external factors.

Infection control leads and effective processes were in place, monthly and quarterly audits took place and clinicians maintained audits of treatment and consultation rooms.

The practice had a variety of risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health, infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). During our 5 May 2016 inspection we noted that the legionella assessments had been undertaken in August 2015 at all three surgeries and had highlighted remedial actions were required regarding pipe and boiler work and staff training needed addressing. During our 20 June 2017 inspection we

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were informed that all the remedial work had been carried out and we saw evidence that staff had received training. Three members of staff were able to undertake water testing to assess for risk of legionella.

We noted, when we visited Tuckswood Surgery, that premises' related risks had been addressed. For example, where previously we found that hot radiators were exposed in the reception area, we found all radiators were now protected with a cage around them.