Links Road Surgery

Quality Report

The Surgery,
27-29 Links Road,
Portslade,
BN41 1XH

Tel: 01273412585
Website: www.linksroadsurgery.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
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Links Road Surgery on 27 July 2016. We found that the practice required improvement for the provision of safe and well led services because breaches of regulation were identified. The full comprehensive report on the 27 July 2016 inspection can be found by selecting the 'all reports' link Links Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 16 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing safe and well led services and rated as good overall.

Our key findings were as follows:

- There were clear processes for reporting, recording, acting on and monitoring of significant events to ensure leesons were learnt.
- A programme of ongoing clinical audit had been implemented.
- Risk assessments had been completed.
- There were clear processes for the management of controlled drugs.
- There was improved governance and oversight of policies and procedures that governed activity including safeguarding, complaints, recruitement processes and infection prevention control.
- A patient participation group had been initiated.

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?

Good

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Our key findings were as follows:

- There were clear processes for reporting, recording, acting on and monitoring of significant events to ensure lessons were learnt.
- A programme of on-going clinical audit had been implemented.
- Risk assessments had been completed.
- There were clear processes for the management of controlled drugs.
- There was improved governance and oversight of policies and procedures that governed activity including safeguarding, complaints, recruitment processes and infection prevention control.
- A patient participation group had been initiated.

Are services well-led?

Good

At the last comprehensive inspection on the 27 July 2016, we found the practice was not meeting legal requirements for providing well led services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

Specifically we found:

- An on-going programme of clinical audit had been implemented to drive improvement in patient outcomes

Summary of findings

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were operating effectively. For example those relating to the oversight of complaints received.
- Processes to improve governance and oversight of staff training had been implemented.
- All staff had been informed and kept up to date regarding future plans.
- A patient participation group (PPG) had been set up to improve the practices ability to act on feedback from patients.

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 well-led identified at our inspection on 27 July 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 well-led identified at our inspection on 27 July 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 well-led identified at our inspection on 27 July 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 well-led identified at our inspection on 27 July 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 well-led identified at our inspection on 27 July 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 well-led identified at our inspection on 27 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Links Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was undertaken by a CQC Inspector.

Background to Links Road Surgery

Links Road Surgery is located in a residential area of Brighton and Hove, providing personal medical services to approximately 6,100 patients within the Portslade and West Hove area. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with dementia or nursing needs.

There are five GPs; four GP partners and one salaried GP (three female, two male). Collectively they equate to approximately four full time GPs. There are five female members of the nursing team; four practice nurses and one phlebotomist/trainee healthcare assistant. GPs and nurses are supported by the practice manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are under 18 when compared to the national average. The number of patients under over 65 years of age is slightly below the national average.

The practice is open from 8am to 6:30pm Monday to Friday. The practice closes at lunchtime from 1pm to 2pm; during this time patients can call the normal surgery phone number and a doctor is available. Outside of the opening hours care is provided by an out of hours service. Extended hours appointments are offered on alternate Saturday mornings and Wednesday evenings.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website. The out of hours service is provided by IC24.

The practice runs a number of services for its patients including; family planning, minor surgery, health checks, smoking cessation, and travel vaccines (including yellow fever).

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Brighton and Hove Clinical Commissioning Group and is registered to provide services from the following location:

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Prior to the inspection we noted that the provider did not have a Registered Manager in place and the partners listed on the practices registration certificate was different to those within the practice. The provider informed us that they had taken immediate action to resolve these issues by submitting the appropriate application forms to the CQC and that they have received acknowledgement informing them that the applications were being processed.

Why we carried out this inspection

We undertook a comprehensive inspection of Links Road Surgery on 27 July 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 for providing

Detailed findings

safe and well led services. The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link for Links Road Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Links Road Surgery on 16 August 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

During our visit we:

- Spoke with the practice manager and a nurse.
- Reviewed a selection of practice policies and procedures, including the processes for reporting, recording, acting on and monitoring significant events, incidents and near misses to ensure that lessons were learnt.
- Looked at minutes of practice meetings.
- Reviewed information from the patient participation group.

Good

Are services safe?

Our findings

At our previous inspection on 27 July 2016, we rated the practice as requires improvement for providing safe services as the during the inspection we found:

- There were not clear processes for reporting, recording, acting on and monitoring significant events, incidents and near misses to ensure that lessons were learnt.
- Not all disposable curtains had been replaced every six months to comply with national infection control guidelines.
- Not all policies and procedures used to govern activity were regularly reviewed and up to date, including safeguarding arrangements.
- There were not clear and defined arrangements in place to securely store, monitor and dispose of controlled drugs.
- Not all recruitment checks had been completed.
- Risk assessments for electrical and gas safety had not been completed.

These arrangements had significantly improved when we undertook a follow up inspection on 16 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The process for reporting and recoding significant events had been improved to ensure detailed reporting and reviews were in place. Since the previous inspection in July 2016, 21 significant events had been reported. We saw that these had been discussed at practice meetings , actions taken and learning points discussed. For example, a request for a home visit had been entered onto the wrong day and resulted in the GP not visiting the patient. This had been discussed at a practice meeting and systems were changed to minimise reoccurrence. These changes had been audited at a later date to ensure it was working efficiently. The practice had also carried out an analysis of the reported significant events to identity trends.

Overview of safety systems and process

The practice had worked with other practices in the clinical commissioning group (CCG) to develop tools to support improved safeguarding relevant recording. For example, if the word, “bruise” was entered during a consultation, a prompt box would ask if this indicated a safeguarding concern. On the practice computer system there were links to centralised NHS safeguarding resources. For example, prompt cards for clinicians relating to adult, child and learning disabilities safeguarding . The system enabled all entries marked as a “potential safeguarding” entry to be visible to a GP, which ensured issues and trends could be evaluated for that patient. Additional training had also been undertaken by the practice, which had included PREVENT training (training to prevent vulnerable people being radicalised).

We saw that disposable curtains had been replaced every six months to comply with national infection control guidelines. A system had been introduced that sent a reminder to the lead nurse when they needed to be replaced.

The practice had fitted locks to printer trays to ensure the safety of blank prescriptions. There was a system in place for logging prescription numbers. Where there were multiple users of a printer, each user had their own allocated tray of prescription with the relevant numbers recorded. This ensured blank prescriptions were effectively tracked through the practice.

Controlled drugs (CDs) were stored in an appropriate double locked cupboard within the practice. GPs no longer carried CDs in their bags. An updated policy fully supported safe storage, use and destruction of CDs. We saw that the practice was keeping accurate records of the CDs they held in the practice.

We reviewed the recruitment files of the two members of staff who had been recruited since the inspection in July 2016. We found that all recruitment checks had been undertaken appropriately, including references and photographic proof of identity. A check list of items required when recruiting new employees had been added to staff files to improve processes and management oversight.

Monitoring risks to patients

Evidence was provided that demonstrated that gas and electrical safety checks had been completed for the premises.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 27 July 2016, we rated the practice as requires improvement for providing safe services as the during the inspection we found:

- There was lack of evidence to show that clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these did not always operate effectively. For example, those relating to patient care plans, recording of complaints.
- Systems and processes for ensuring oversight of staff training requirements were not always effective.

These arrangements had significantly improved when we undertook a follow up inspection on 16 August 2017. The practice is now rated as good for providing well led services.

Governance arrangements

The practice had implemented a programme of clinical audit. Five clinical audits, one of which was a completed audit where the improvements made were implemented and monitored, had been undertaking This was in addition to prescribing audits, requested by the clinical commissioning group. Dates for undertaking second cycles of the other audits had been determined. Results had been discussed at practice and governance meetings to ensure learning points were cascaded and implemented.

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were operating effectively:

- At the inspection in July 2016 only one patient had been identified by the practice as having had a learning disabilities annual review in the previous 12 months. This meant that those patients with learning difficulties who had not been reviewed may not have received the appropriate care. This meant that those patients with learning difficulties who had not been identified may not have received the appropriate care. At this inspection we saw that the practice had identified 21 patients. Of these patients 14 had received a comprehensive assessment and review and 13 had a care plan in place. Systems had been improved to ensure all patients with learning difficulties on the register now had a recall date for an annual review on their clinical record.
- The practice had introduced a system that gave oversight of all complaints and ensured lessons learnt were documented and enabled the practice to analyse trends. We saw a log of complaints that detailed discussions and learning points that had taken place.
- Processes to improve governance and oversight of staff training had been implemented. The practice had also signed up for e-learning programmes which facilitated this further.

Leadership and culture

- All staff had been informed and kept up to date regarding future plans. We were told by a member of staff that at the monthly practice meetings they were told of developments even if the management team were unsure how these would be taken forward.

Seeking and acting on feedback from patients, the public and staff

- A patient participation group (PPG) had been set up since the inspection in July 2016 to improve the practices ability to act on feedback from patients.
- The group and the practice has met every four to six weeks group. The PPG communicated to us that the practice had welcomed suggestions from the PPG and had listened and acted upon suggestions. For example, in the development of a new practice website and a surgery open morning for patients.