

St Peters Hill Surgery

Inspection report

The Surgery
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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 location

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating May 2018 – Good)

The key questions at this inspection are rated as:

Are services well-led? - Good

We carried out an announced focused inspection at St Peters Hill Surgery on 2nd October 2018. The practice had previously been rated as good overall in May 2018. However we were rated as requires improvement in delivering well-led services. This inspection was to investigate whether the governance systems had been implemented to improve systems for complaints, infection control, staff training and monitoring of refrigerator temperatures.

At this inspection we found:

- The practice had reviewed and taken action on the report published in May 2018 and implemented systems and processes to improve the practice performance.
- The system for complaints and significant events ensured that incidents were investigated and reported on in a timely matter. We saw that staff members were involved with the process and the practice understood the duty of candour where appropriate.

- The practice had a system to manage infection prevention and control and had implemented a new cleaning schedule for all areas of the practice.
- The management of staff records and training was well managed and alerted staff when training was due to be completed.
- Refrigerators temperatures were monitored twice daily and secondary thermometers were in use.

The areas where the provider **should** make improvements are:

- The provider should hold an immunisation record for staff.
- Ensure that back up thermometers provide accurate information.
- Continue developing the meeting schedule within the practice and providing accurate meeting minutes.

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

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection was led by a Care Quality Commission (CQC) lead inspector.

Background to St Peters Hill Surgery

St Peters Hill Surgery is a GP practice which provides a range of primary medical services to around 15,750 patients from a surgery in the town centre of Grantham at an address of 15 St Peter's Hill, Grantham, NG31 6QA.

The practice's services are commissioned by West Lincolnshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide 5 regulated activities; treatment of disease, disorder and injury, minor surgery, family planning, maternity and midwifery services and diagnostics and screening.

The service is provided by four GP partners (two male and two female), two salaried GPs (one male and one female), three practice nurses, one paramedic, four healthcare assistants, one practice care coordinator, one practice manager and one reception manager supported by a team of administrators and receptionists.

The practice website provides information about the healthcare services provided by the practice.

We reviewed information from the CCG and Public Health England which showed that the practice population had higher deprivation levels compared to the CCG average but lower than the average compared to other practices in England.

The practice is open between 8am and 6.30pm from Monday to Friday and between 8.30am and 12.30pm on Saturdays. Extended hours appointments are offered on Saturday mornings.

When the practice is closed patients are asked to contact NHS 11 for out-of-hours GP care. Appointments can be booked through 111 for extended hours via the K2 federation which the practice is part of.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- We saw evidence of the managers and leader's discussions about the practice stability and succession plans.
- Practice staff reported leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice management liaised with other practices through a GP improvement scheme.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued as team members. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values from staff or patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw evidence of the practice responding to complaints in a timely manner.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff told us they would be involved in the investigation process if required and could access all information regarding incidents on the internal shared document system.
- There were processes for providing all staff with the development they need. The practices previous inspection in October 2017 identified that the practice needed to improve their system for appraisals. We looked into appraisals during this inspection and found that staff had received annual appraisals with two members of staff currently awaiting booked appraisals. Staff informed us that their appraisals included career development conversations.
- We asked to look at the validation status of all clinical staff which was recorded on a tracking system to highlight when revalidation was due. Practice management supported staff to meet requirements where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practices October 2017 inspection identified that the process from infection control was not effective. The lead for infection control had since completed training courses and implemented a new infection control policy and audit. We saw evidence that an action plan had

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been completed and the practice were working through the action plan in the agreed timescales. The practice had also implemented a cleaning schedule for the contracted cleaners. The infection control lead completed monthly spot check audits of different rooms to ensure that the cleaning schedules had been completed.

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. On the day of the inspection the practice were in the process of reviewing all policies and making them available on the computer system they had implemented for all staff to have instant access to.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. The practice held regular meetings to discuss the future of the practice.
- Practice leaders had oversight of safety alerts, incidents, and complaints. We saw evidence that these were discussed during manager meetings and information was disseminated to the wider staff team.
- The practice had implemented a process for recording temperatures of fridges which contained medicines. We saw evidence these fridges were recorded twice a day. Staff knew what to do if the fridge went out of range. The practice had also put secondary thermometers in the fridge. However they were in the process of changing them due to the download of data not always working.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice was involved with the CCG to implement any requirements.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. We saw evidence of the practice using templates on the clinical system to ensure prescribing was in line with national and local guidance. The practice monitored prescribing on an ongoing basis.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Following the practices previous inspection in October 2017, the practice had implemented a system for significant events and complaints. We saw all incidents and complaints were investigated and reported in a timely manner. We saw the practice responded promptly to complainants and

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included apologies if necessary. Complaints and significant events were available to all staff during team meetings or the document sharing system for the practice.

- We asked to look at recruitment files for staff on our inspection and found that management had organised the staff files into sections and documents which were required were there. However, there was no immunisation status for staff on the day of the inspection. The practice informed us they would be putting it on the computer system when available along with any flu vaccination status in the future.
- Staff training had been identified during the October 2017 inspection and we saw that improvement had been made during this inspection. The practice management had an overview of training and could see in advance any which were going to expire. The practice were in the process of moving over from face to face training sessions to ensuring staff completed online training necessary for their role.

- The practice had implemented a meeting schedule for team meetings, clinical meetings and informal doctor's meetings. Since their previous inspection, the practice produced formal minutes for meetings however felt that this was not required for the informal daily doctor's meetings. The practice had implemented a new system for capturing what was discussed. The minutes from other meetings were available to staff who could not attend.
- The practice had regular full team meetings to discuss a set agenda including any upcoming changes. The practice then provided regular protected learning time for individuals to complete mandatory training or to work towards any objectives which had been identified during the staff appraisals.

Please refer to the evidence tables for further information.