

Dr A F Cooper & Partners, Lockswood Surgery

Quality Report

Lockswood Surgery

Centre Way

Locksheath

Southampton

SO31 6DX

Tel: 01489 576708

Website: www.lockswoodsurgery.co.uk

Date of inspection visit: 25 April 2017

Date of publication: 01/06/2017

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 effective?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr A F Cooper & Partners, Lockwood Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A F Cooper & Partners, Lockwood Surgery on 21 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr A F Cooper & Partners, Lockwood Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 25 April 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 21 June 2016. 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.

Our key findings were as follows:

- The practice had focused on improving care for those with certain long term conditions.

- There was a dedicated lead GP for all each of the main population groups.
- The number of registered patients registered as carers was increasing and staff and patients were more aware of the need for this group of patients to be identified and coded correctly on the electronic patient system.
- There was an increase in annual health checks for those with learning difficulties.
- The practice encouraged patient feedback and had implemented an action plan to continue to improve care.

However, there was an area of practice where the provider needs to continue to make improvements.

The provider should:

- Ensure that the number of patients who are identified as carers continues to increase.

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 had introduced new systems to improve patient outcomes.
- There was increased monitoring and review of patients with long term conditions.
- The practice had a greater focus on increasing the number of face to face reviews.
- Patients were being recalled more regularly for review of their treatment.

Good



Are services well-led?

- The practice was implementing better systems for patient monitoring.
- Each patient population group had a GP lead responsible for improved care outcomes for that group.
- There was a practice policy to improve the quantity of patient feedback.
- Patient and staff feedback had been shared at general meetings.
- The practice had implemented a new course in customer care that all staff were required to attend.

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

The provider had resolved the concerns for effective and well-led identified at our inspection on 25 April 2017 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 effective and well-led identified at our inspection on 25 April 2017 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 effective and well-led identified at our inspection on 25 April 2017 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 effective and well-led identified at our inspection on 25 April 2017 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 effective and well-led identified at our inspection on 25 April 2017 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 effective and well-led identified at our inspection on 25 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr A F Cooper & Partners, Lockswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a lead CQC inspector

Background to Dr A F Cooper & Partners, Lockswood Surgery

Dr A F Cooper, Lockswood Surgery, is located at Centre Way, Locksheath, Southampton, SO31 6DX.

The practice is situated close to a shopping centre and has a level car park with two disability spaces. The practice is located in a purpose built building which is privately owned and leased to the partners. The building has six consulting rooms, two treatment rooms and a bright and spacious waiting room, which has a radio playing at low level. There is a large open reception area.

Dr A F Cooper, Lockswood Surgery, has a general medical services (GMS) contract to provide a range of essential and enhanced services for around 13,500 patients.

Approximately 200 patients are residents living in a residential care homes. Generally the practice population has few ethnic minorities with only 1.4% of patients identifying themselves as from an Asian origin as opposed to white British. The practice is located in one of the least deprived parts of the country.

The practice serves the surrounding area of Locksheath, Warsash and Sarisbury Green. There are two full time GPs

and seven part time GPs. Four of the GPs are partners in the practice. In addition there is a nursing team of four practice nurses and three health care assistants. There is an administration team of two managers, a head administrator and 13 receptionists and secretaries.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are also offered outside these hours as part of the Commuter Clinics that the practice has. These extended hours are Tuesday evenings 6.30pm – 7pm; Wednesday mornings 7.30am – 8am; Wednesday evenings 6.30 – 7.30pm; Thursday mornings 7.30am – 8am. On the first and third Saturday of each month the practice is open from 8am to 11.30am.

When the practice is closed the patients are encouraged to call the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr A F Cooper & Partners, Lockswood Surgery, on 21 June 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. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Dr A F Cooper & Partners, Lockswood Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Dr A F Cooper & Partners, Lockswood Surgery on 25 April

Detailed findings

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

We carried out a desk-based focused inspection of Dr A F Cooper & Partners, Lockswood Surgery, on 25 April 2017. This involved reviewing evidence that previous areas for improvement had been met.

The provider submitted evidence of data collected by the practice with regards to patient outcomes, audits, minutes of meetings, survey results and action 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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 21 June 2016, we rated the practice as requires improvement for providing effective services as patient outcomes were low compared to the national average.

These arrangements had improved when we undertook a follow up desk top review on 25 April 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

In our previous inspection the practice outcomes for patient care and treatment was not always acted upon or used effectively to improve care. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF data showed that the practice was an outlier in two clinical outcomes of diabetes and patients with high blood pressure, and overall had a high level of exception reporting. (Exception reporting is when patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect). In the previous inspection the data for 2014-2015 had shown that the practice had only achieved 92% of the points available under the QOF system and had an overall exception reporting of 16%.

In April 2017 the published data we looked at for 2015-2016 demonstrated that the practice had achieved 91% of the total points available with an overall exception reporting level of 8%. The practice supplied us with the unpublished data for 2016-2017 as part of the inspection process which showed that the practice was now achieving 97% of all the total points available but there was no overall exception reporting level given.

National data for the year 2015-2016 showed that the practice was no longer an outlier for diabetes indicators in that year. For example in 2014-2015 the data showed that patients with diabetes who had an acceptable blood pressure reading in the last 12 months was 62% and had a

21% exception rating for this. However for 2015-2016 the data showed that of this same group of patients that 67% now had an acceptable blood pressure recorded and that the exception reporting level had reduced to 16%. When we inspected in April 2017 we saw the unpublished data for the practice 2016-2017 showed that those patients with diabetes with an acceptable blood pressure was now 76% with an exception rate of 16%.

The practice was also found to be an outlier for patients with high blood pressure at the previous inspection in June 2016. The number of patients that had a blood pressure of 150/90 mmHg or less measured in the previous 12 months was 73%. This percentage was observed to go down to 66% in the published data of 2015-2016 and remained an outlier. However the unpublished data that the practice evidenced at the time of the follow up inspection in April 2017 showed that the number of patients with a blood pressure of 150/90 mmHg or less was 78% in the year 2015-2016.

The practice had undertaken to train a new nurse to assist with the diabetic and hypertension monitoring. There was an established lead GP for diabetes and all GPs were being given leads for each main disease group. Furthermore each GP now had a lead responsibility for the care within each of the population groups in order to further improve the monitoring of all patients.

The QOF targets were now a standing agenda item within the practice peer reviews.

Supporting patients to lead healthier lives

At the previous inspection in June 2016 it was noted that 32% of all registered patients with learning disabilities had received a health check. By the time of the inspection in 2017 this percentage had increased to 76% of this patient group. All of these patients who had been seen for a health check now had an action plan in place for future care. The practice staff were reminding carers of annual reviews by telephone and sending timely reminders for all routine appointments for this patient group. Ad hoc clinics were also accommodated for this patient group in order to increase attendance and review where deemed appropriate.

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 21 June 2016, we rated the practice as requires improvement for providing well-led services as there were weaknesses in some of the governance systems, for example the monitoring of patient feedback. There were no actions in place to improve care for people with long term conditions.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 25 April 2017. The practice is now rated as good for being well-led.

Governance arrangements

At the previous inspection it was noted that although the practice had some understanding of the performance of the practice there needed to be further actions to drive improvement. In particular there needed to be better care planning for people with long term conditions and those with learning disabilities.

At the follow up inspection in April 2017 it was noted that the practice had worked towards increasing the monitoring

and review of patients with long term conditions and with learning disabilities. There was some improvement in the national data and in the unpublished data that the practice provided us with. The practice now had a policy in place that ensured that there was a lead clinician for each population group and a lead GP for certain disease groups such as diabetes and hypertension.

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

At the previous inspection it was noted that the practice needed to take action to improve the patient experience and feedback.

At the follow up inspection in April 2017 it was found that the practice had undertaken a patient satisfaction survey and had implemented actions based on the information collected. This action plan had been shared with the patient participation group (PPG) and all the practice staff at a general practice meeting, with each member of staff acknowledging that they had read the action plan and survey.

The practice had implemented a training course in customer care as an annual requirement for all staff.