

# Drs Busch, Rhys-Davies & Rajput

## Quality Report

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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 effective?	Good	
Are services caring?		
Are services responsive to people's needs?	Good	
Are services well-led?	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 Stickney Surgery on 24 November 2016. The overall rating for the practice was requires improvement. Specifically we found the practice to be requires improvement in safe, effective and responsive and inadequate in well led. It was rated as good in the caring key question. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Drs Busch, Rhys-Davies & Rajput on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 3 October 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 24 November 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:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events and to ensure learning was cascaded to staff.
- There was an effective system was in place to record, analyse and prevent dispensing errors.
- There were effective systems in place to ensure all clinical staff were kept up to date with guidelines from the National Institute for Health and Care Excellence and all types of patient safety alerts.
- Information about services and how to complain was readily available and there was an effective system to ensure learning from complaints was cascaded to staff.
- Data from the Quality Outcomes Framework showed the practice to have significantly improved performance across a wide range of clinical indicators.
- There was an effective system to ensure patients with long term conditions were recalled for review.

# Summary of findings

- Staff had been recruited only after all the relevant checks had been undertaken to help ensure their suitability.
- All staff had received annual appraisal of their work and performance.
- New staff received a comprehensive induction.
- A notice informing patients of the availability of chaperones was clearly displayed.
- The practice had taken steps to significantly increase the number of identified carers since our last inspection.

- Staff we spoke with praised the new management and management structure and told us they felt empowered to perform and improve the service.

However there were areas of practice where the provider should make improvements:

- The practice should continue to support and encourage the Friends of Stickney Surgery with a view to the body becoming an effective patient participation group.

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



- There was an effective system in place to ensure that all types of patient safety alerts were actioned.
- There was a system in place for reporting and recording significant events, including dispensing errors that ensured learning was cascaded to staff.
- Processes ensured staff had been recruited only after all the relevant checks had been undertaken.
- Patients were informed of the availability of chaperones.
- Multi-disciplinary meetings were held to discuss children considered to be at risk.
- The practice had a system in place to identify and follow up on children who did not attend appointments in secondary care.

### Are services effective?

Good



- There were effective systems in place to ensure all clinical staff were kept up to date with guidelines from the National Institute for Health and Care Excellence.
- All staff had received annual appraisal of their work and performance.
- New staff received a comprehensive induction.
- Data from the Quality Outcomes Framework showed the practice to have significantly improved performance across a wide range of clinical indicators.
- There was an effective system to ensure patients with long term conditions were recalled for review.

### Are services caring?

### Are services responsive to people's needs?

Good



- The practice had taken steps to significantly increase the number of identified carers since our last inspection.
- Information about services and how to complain was readily available and there was an effective system to ensure learning from complaints was cascaded to staff.

### Are services well-led?

Good



- Staff we spoke with praised the new management and management structure and told us they felt empowered to perform and improve the service.

# Summary of findings

- Revised policies and procedures helped ensure safe and effective delivery of services.
- The partners and management had clear oversight of practice performance.
- There were effective systems to ensure learning from complaints and significant events was cascaded to staff.
- There was an effective process in place to record, analyse and learn from dispensing errors.
- The patient participation group was undergoing a period of transformation with the aim of becoming more representative of the patient population and working with the practice to improve the service.
- There were effective processes in place to ensure safe and effective staffing.

# 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, effective, responsive and well-led identified at our inspection on 24 November 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, effective, responsive and well-led identified at our inspection on 24 November 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, effective, responsive and well-led identified at our inspection on 24 November 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, effective, responsive and well-led identified at our inspection on 24 November 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, effective, responsive and well-led identified at our inspection on 24 November 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, effective, responsive and well-led identified at our inspection on 24 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should continue to support and encourage the Friends of Stickney Surgery with a view to the body becoming an effective patient participation group.

# Drs Busch, Rhys-Davies & Rajput

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by CQC inspector and a included a GP specialist advisor.

## Background to Drs Busch, Rhys-Davies & Rajput

Drs Busch, Rhys-Davies & Rajput, known as Stickney Surgery provides primary medical services to approximately 5,300 patients from a single surgery situated in the village of Stickney, Lincolnshire.

Public transport links are poor and there are pockets of rural deprivation and isolation. The practice is in the fifth decile of deprivation scores.

At the time of our inspection the practice healthcare was provided by three male GP partners, one female salaried GP (whole time equivalent WTE 0.6), one nurse practitioner (whole time equivalent WTE 0.5), two practice nurses (WTE 1.6) and one health care assistant (WTE 1.0). They are supported by a team of dispensers, management, administration, reception and housekeeping staff.

The practice is located within the area covered by NHS Lincolnshire East Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is registered to provide the regulated activities of Surgical procedures; Maternity and midwifery services; Diagnostic and screening procedures; Treatment of disease, disorder or injury.

The practice has a General Medical Services (GMS) contract which is a contract between the GP partners and the CCG under delegated responsibilities from NHS England.

It is a dispensing practice to eligible patients.

The surgery is open from 8am to 6.30pm Monday to Friday.

The practice has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

## Why we carried out this inspection

We undertook a comprehensive inspection of Drs Busch, Rhys-Davies & Rajput - Stickney Surgery on 24 November 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 on November 2016 can be found by selecting the 'all reports' link for Drs Busch, Rhys-Davies & Rajput on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection on 3 October 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.



# Detailed findings

## How we carried out this inspection

We carried out a focused inspection of Drs Busch, Rhys-Davies & Rajput - Stickney Surgery on 3 October 2017. This involved reviewing evidence that:

During our visit we:

- Spoke with a range of staff including GPs, receptionists, dispensers, administration staff and the practice manager.

- We spoke with a patient who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- 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 24 November 2016, we rated the practice as requires improvement for providing safe services as;

- the arrangements for reporting, recording and learning from significant events were not effective.
- There was no system in place for the 'near miss' recording of errors prior to dispensing medicines or analysis of post-dispensing errors reported by patients to identify any trends or recurring themes.
- There were no meetings held to discuss children considered to be at risk.
- The appropriate recruitment procedures, intended to protect patients, had not always been completed before staff started work at the practice.
- Notices explaining that chaperones were available were not displayed in patient waiting areas.

We issued a requirement notice in respect of these issues.

These arrangements had significantly improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events and to ensure learning was cascaded to staff. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.

- There was an effective system in place to record, analyse and prevent dispensing errors. We spoke to three dispensers who told us that the system was effective and had made a positive impact on the culture in the dispensary with a more open and honest approach to mistakes being made. Learning from incidents had resulted in some changes to the dispensing process, for example in the bagging of medicines where more than one prescription was being fulfilled. Staff were able to demonstrate how they would record an incident using the on-line form and submit it.

### Overview of safety systems and process

- Notices that informed patients of the availability of chaperones were clearly displayed in the patient waiting area.
- The practice had introduced multi-disciplinary meetings with other healthcare partners to discuss children considered to be at risk.
- The practice had put in place a system that identified children who did not attend appointments in secondary care and a process for following up the reason for none attendance. Referrals were made to other agencies where appropriate.
- We looked at the staff files of recently recruited staff and saw that all the necessary checks had been made on the applicant's suitability to work in a healthcare environment prior to them commencing work at the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 24 November 2016, we rated the practice as requires improvement for providing effective services as;

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally significantly lower than both the CCG and national average across a range of clinical indicators.
- There was no effective re-call system for patients with long term conditions.
- There was an ineffective process to ensure clinicians were kept up to date with evidence based guidance and standards.
- There was little evidence of appraisals and personal development plans for all staff.
- There no evidence of an induction process for staff.

We issued a requirement notice in respect of these issues.

These arrangements had significantly improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

- Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, which were stored on the practice intranet and available to all staff. The practice had systems to keep all clinical staff up to date which included 'read receipts' to indicate that clinicians had viewed the documents. Staff had access to the guidelines and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.
- The practice had recently reviewed and amended its NICE guidance protocol to inform and instruct staff.

### Management, monitoring and improving outcomes for people

- There was an effective system to ensure patients with long term conditions were recalled for review.
- The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all practices in England and was introduced as part of the GP contract in 2004.
- In the year 2015/16 the practice had achieved 77% of the total number of points available across the combined clinical and public health domains. This was 18% below both the CCG and national average. These figures were reflected in our report on the inspection of 24 November 2016.
- The unpublished figures for 2016/17 indicate that QOF performance had significantly increased to 92% of the points available. Examples included an improvement in the dementia indicators from 50% in 2015/16 to 82% in 2015/16 and in the mental health indicators from 33% in 2015/16 to 70% in 2016/17.
- GPs we spoke with attributed the improvement to better recall systems and better coding. They acknowledged that this figure was still below national averages but fully expected the rate to further rise as the recall process became embedded. The partners had appointed an information technology manager who held a key role in ensuring this happened.

### Effective staffing

- All staff had received annual appraisal of their work and performance within the last 12 months. Staff we spoke with told us that the appraisal system was much improved with ample opportunity to prepare for the interview and record their reflection of their performance and identify training needs.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services caring?

## Our findings

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 24 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. We issued a requirement notice in respect of these issues.

These arrangements had significantly improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

- Since the last inspection the practice had taken positive steps to identify carers and had been successful in increasing the numbers from 19 (0.37% of the patient list) to 76 (1.4% of the patient list). Staff told us that they

were continuing to identify carers opportunistically and offered them such services as flu jabs and appointments that took into account the needs of the carer and the person they cared for.

### Listening and learning from concerns and complaints

- We saw that the complaints policy had been reviewed and the policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system both in the waiting room and on the practice website.
- We viewed complaints received since the last inspection and saw that they had been dealt with expeditiously and any learning from them cascaded to staff at the monthly practice meetings.

# 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 24 November 2016 we rated the practice as requires improvement for providing well-led services as there was an ineffective overarching governance structure.

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 3 October 2017. The practice is now rated as good for being well-led.

### Governance arrangements

- We viewed the governance structure chart and saw that it was logical and provided staff with a clear understanding of their line of management and who they were responsible to. Staff we spoke with told us that the new structure was a positive move and said that it had removed the uncertainty that had previously been ingrained in the practice.
- All of the staff we spoke with praised the new management and management structure and told us they felt empowered to perform and improve the service.
- The new practice manager had reviewed the recruitment process to ensure safe and effective staffing.
- Revised policies and procedures helped ensure safe and effective delivery of services.
- The partners and management had clear oversight of practice performance through, for example, better coding and improved QOF data input.
- There were effective systems to ensure learning from complaints and significant events was cascaded to staff.

- There was an effective process in place to record, analyse and learn from dispensing errors.

### Leadership and culture

- Monthly meetings were held for all staff groups.
- There was a clear leadership structure in place and all of the staff we spoke with were up-beat, enthusiastic and said they felt supported by the improved management and management structure.
- Staff said there was an open, no-blame culture within the practice and they had the opportunity to raise any issues at team meetings or with individual managers and partners and felt confident and supported in doing so, knowing they would be listened to and their concerns or suggestions considered.
- The practice placed a high value on its status as a training practice and embraced a philosophy of 'growing' its own workforce for the future. A former registrar allocated to the practice for their placement had remained with the practice as a salaried doctor.

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

- We spoke with the secretary of the Friends of Stickney Surgery. They told us that the organisation as it existed had not been an effective patient participation group. He told us the group was undergoing a sea change with the aim of becoming more representative of the patient population and working with the practice to improve the service. They told us that the practice manager had been proactive and encouraging in helping to effect change to turn the group away from being only a fund raising organisation, although stressing that they considered this to be an integral part of their work and fundraising would continue.