

Greengates Medical Group

Inspection report

The Surgery
25 Greenwood Avenue
Beverley
Humberside
HU17 0HB

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<http://www.greenwoodavenuesurgery.nhs.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 location

Good



Are services safe?

Good



Are services well-led?

Requires improvement



Overall summary

At this inspection we followed up on breaches of regulations identified at a previous inspection on 21 November 2018. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2018 inspection can be found by selecting the 'all reports' link for Greengates Medical Group on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 June 2019 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 on 21 November 2018. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

At the last inspection in November 2018 we rated the practice as requires improvement for providing safe services because:

- Recruitment files lacked information.
- Infection and prevention control standards were not adequate.
- Equipment testing was not consistent.
- We saw evidence of delays in urgent referrals.
- Safety alerts were not being recorded and actioned sufficiently.
- Blank prescriptions were not being stored securely.

At this inspection, we found that the provider had satisfactorily addressed these areas.

At the last inspection in November 2018 we rated the practice as requires improvement for providing well led services because:

- Appraisals were not up-to-date.
- There was a lack of overarching governance.
- Incident investigation needed improvement.
- Fire risks had not been sufficiently addressed.

We found that some improvements had been made in the well led key question, however further improvement was required therefore the rating remains requires improvement.

We based our judgement of the quality of care at this service is on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

The practice is now rated as good.

Our key findings were as follows:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review and improve the consistency of infection, prevention and control processes across all sites.
- Review and improve the system for completion and monitoring of mandatory training.
- Review and improve the cohesiveness for working across the practices' five sites.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Our inspection team

The inspection team consisted of a CQC Lead Inspector and Inspection Manager.

Background to Greengates Medical Group

We carried out an announced comprehensive inspection at Greengates Medical Group on 21 November 2018. The overall rating for the practice was requires improvement and we gave requirement notices for regulation 12, Safe care and treatment and regulation 17, Good Governance. The full comprehensive report on the November 2018 inspection can be found by selecting the 'all reports' link for Greengates Medical Group on our website at www.cqc.org.uk.

Greengates Medical Group is located at Greenwood Avenue Surgery, 25 Greenwood Avenue, Beverley, HU17 0HB. There are four branch sites located at:

Minstergate Surgery, Lincoln Way, Beverley HU17 9RH.

Walkergate Surgery, 117/119 Walkergate, Beverley HU17 9BP.

Cottingham Medical Centre, 17-19 South Street, Cottingham HU16 4AJ.

Molescroft Surgery, 30 Lockwood Road, Beverley HU17 9GQ.

Patients from the practice list can be seen and treated at any of the five sites. All five sites were visited during the inspection.

The practice offers dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The dispensary is based at the Walkergate surgery.

The provider is registered with CQC to deliver the Regulated Activities; Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Greengates Medical Group is situated within the East Riding of Yorkshire Clinical Commissioning Group (CCG) and provides services to approximately 21,031 patients under the terms of a primary medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has eight GP Partners and six salaried GPs, seven males and seven females. There are seven practice nurses, three nurse practitioners, two healthcare assistants, three phlebotomists and a team of dispensers. There is a practice manager, assistant practice manager, finance manager and a team of administration, reception and secretarial staff.

The percentage of the practice population in the 65 and over age groups is above the local CCG and England average. The percentage of the practice population in the under 18 age groups is similar to the local CCG and England average. Approximately 36% of the practice population are over the age of 65. The National General Practice Profile states that 97% of the practice population is from a White background. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Are services safe?

At our previous inspection on 21 November 2018, we rated the practice as requires improvement for providing safe services as:

- Recruitment files lacked information.
- Infection and prevention control standards were not adequate.
- Equipment testing was not consistent.
- We saw evidence of delays in urgent referrals.
- Safety alerts were not being recorded and actioned sufficiently.
- Blank prescriptions were not being stored securely.

These arrangements had significantly improved when we undertook a follow up inspection on 21 June 2019. The practice is now rated as good for providing safe services.

Safety systems and processes

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. However, some improvements were still required.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Risks to patients

- Following the inspection in November 2018 the provider was told they should review and improve the locum induction pack. At this inspection we found that the provider had developed a locum induction pack which was available for temporary staff and tailored to their role.

Lessons learned and improvements made

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. The practice amended their incident log during the inspection, so it clearly identified what type of incident had occurred, so trends could be monitored. We saw examples of incidents that had occurred since the last inspection and found they had been investigated and opportunities for learning and improvement identified. We saw that learning from incidents had been discussed and shared at staff meetings.

Are services well-led?

At our previous inspection on 21 November 2018, we rated the practice as requires improvement for providing well-led services as:

- Appraisals were not up-to-date.
- There was a lack of overarching governance.
- Incident investigation needed improvement.
- Fire risks had not been sufficiently addressed.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 21 June 2019. However, further improvement is required. The practice remains rated as requires improvement for being well-led.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, these were not working fully across all five practice sites.

- Structures, processes and systems to support good governance and management were clearly set out. Processes to identify learning from significant events, incidents and complaints were operating effectively. The practice learned and shared lessons, identified

themes and took action to improve safety in the practice. We saw examples of two incidents that had occurred since the last inspection and found they had been investigated in detail and opportunities for learning and improvement identified. We saw that learning from incidents had been discussed and shared at staff meetings.

- Records showed that appraisals had been had been completed and due dates set for future appraisals.
- Staff were clear on their roles and accountabilities including in respect of infection prevention and control (IPC) and fire. However, we found that staff at the Cottingham site were not always using the group policies, for example, new infection control policies had been issued but the staff were still referring to old policies. An IPC audit had been completed at Cottingham but no action plan had been developed.
- Practice leaders had identified staff to have oversight of safety alerts, incidents, and training. We saw that improvements had been made. However, we still found that not all staff were up to date with mandatory training, for example 57% of staff were not up to date with infection control training, 68% were not up to date with information governance and 65% were not up to date with safeguarding adults training.