

Longton Hall Surgery

Quality Report

186 Longton Hall Surgery

Blurton

Stoke On Trent

Staffordshire

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Date of inspection visit: 13 June 2017

Date of publication: 23/06/2017

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 safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Longton Hall Surgery on 4 July 2016. The overall rating for the practice was Good with requires improvement in providing safe services. The full comprehensive report from the 4 July 2016 inspection can be found by selecting the 'all reports' link for Longton Hall Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 13 June 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 4 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

- The provider had improved their system and processes for ensuring they had received all alerts

issued by external agencies about medicines that may affect patients' safety. However, they were not consistently running searches to identify patients that may be at risk associated with the alerts.

- The provider had ensured recruitment checks for most staff met legislative requirements.
- The provider had improved the system for ensuring that the monitoring of patients who took long term medicines on a shared care basis had taken place before medicines were prescribed.
- The provider had reviewed and updated their risk register of vulnerable patients and these patients were clearly identified to staff on the practice computer system.
- A programme of continuous clinical and internal audit to monitor quality and to make improvements had been implemented.

We also saw the following best practice recommendations we previously made in relation to providing effective and caring services had been actioned:

Summary of findings

- The provider had improved the identification of patients on their register who were carers and were looking to embark on a carers' scheme.
- The provider had ensured that all staff had timely access to training including safeguarding adults and infection control.

However, there was still an area of practice where the provider could make improvements.

The provider should:

- Ensure searches are carried out to identify any patients that may be at risk associated with all alerts received from external agencies that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA), and actioned.
- Include parents and siblings of children recorded on the safeguarding register.

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?

The practice is rated as good for providing safe services.

Good



- The provider had improved their system and processes for ensuring they had received all alerts issued by external agencies about medicines that may affect patients' safety. However, they were not consistently running searches to identify patients that may be at risk associated with the alerts.
- The provider had ensured recruitment checks for staff met legislative requirements with the exception of obtaining references prior to the start date of one staff member.
- The provider had improved the system for ensuring that the monitoring of patients who took long term medicines on a shared care basis, had taken place before medicines were prescribed.
- The provider had reviewed and updated their risk register of vulnerable patients and these patients were clearly identified to staff on the practice computer system.
- Data safety sheets for the control of substances hazardous to health (COSHH) for all cleaning products used had been obtained and staff had received COSHH training.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure searches are carried out to identify any patients that may be at risk associated with all alerts

received from external agencies that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA), and actioned.

- Include parents and siblings of children recorded on the safeguarding register.

Longton Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to Longton Hall Surgery

Longton Hall Surgery is registered with the Care Quality Commission as a GP partnership and is located in Blurton, Stoke on Trent. The provider holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is a member of the NHS Stoke On Trent Clinical Commissioning Group (CCG).

The practice is situated in a single storey building leased from a private landlord and managed by three male GP partners. The partners are assisted by two salaried female GPs, one advanced nurse practitioner, one nurse prescriber, one practice nurse and a health care assistant. The clinical team is supported by a practice manager, a secretary and a team of administrators and receptionists. The practice is an approved GP teaching practice and supports medical students.

The practice serves a population of around 6450 patients living in the Stoke On Trent CCG area. The practice age distribution is comparable to CCG and England averages, with the exception of female and males aged 30-39 years,

which is slightly lower than CCG and England averages. The practice has a lower percentage of unemployed patients (3%) compared to the CCG average of 7% and the national average of 4%.

The practice is open from 8.30am to 6.00pm Monday to Friday. The practice offers extended hours on a Tuesday evening from 6.30pm to 9pm. The practice is closed from 12.30pm to 2pm on a Thursday for staff meetings. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery. The out-of-hours service provider is Staffordshire Doctors Urgent Care Limited accessed through dialing 111.

Consultation times with GPs are available in the morning from 8.30am to 11.30am and from 3pm to 5.30pm in the afternoon. Consultation times with nurses are available in the morning from 8.30am to 12.30pm and from 2.30pm to 5.30pm in the afternoon.

In preparation for the inspection we identified that the practice had changed their partnership, although applications to vary the CQC registration to reflect the changes had not been received. The provider was in the process of submitting the relevant applications.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Longton Hall Surgery on 4 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for providing safe services. The full comprehensive report following the inspection on 4 July 2016 can be found by selecting the 'all reports' link for Longton Hall Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Longton Hall Surgery on 13 June 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

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced focused inspection on 13 June 2017. During our inspection we:

- Spoke with a range of staff including two GPs, the practice manager, a receptionist and an administrator.

- Spoke with two patients who used the service and a carer.
- Reviewed staff recruitment procedures and a selection of staff training records for four staff.
- Reviewed arrangements for the safe monitoring and prescribing of medicines on a shared care basis.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed protocols, clinical audits, vulnerable patient registers, minutes of meetings held and looked at information the practice used to deliver care and treatment.

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 4 July 2016, we rated the practice as requires improvement for providing safe services. This was because:

- The provider did not operate an effective system to take appropriate action on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.
- The provider had not ensured staff recruitment checks met legislative requirements.
- The system for ensuring patients on shared care arrangements had received the necessary monitoring before prescribing of the medicine needed to be improved.
- The registers held of vulnerable patients were not current to ensure information held was accurate and the system did not alert staff to all vulnerable patients.

These arrangements had improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At the previous inspection we saw the practice had a process in place to act on medicines and equipment alerts issued by external agencies that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we found the process was not always effective. Not all of the clinicians we spoke with were able to share examples of recent medicines alerts received and the action taken in response to alerts. During this inspection we saw the practice had improved their systems for obtaining and recording external alerts. The provider told us they were working with other practices within the locality and had developed and implemented a detailed electronic register of external alerts as seen during our inspection. All alerts were reviewed by the prescribing lead GP. However, we found the provider was not consistently running searches to identify patients that may be at risk associated with the alerts. The searches we conducted during our inspection did not identify that patients had been placed at risk of potential harm. However, the provider acknowledged they needed to improve their systems on acting on these alerts to ensure patients were safeguarded.

Overview of safety systems and process

At the previous inspection we saw the provider had arrangements in place to safeguard children and vulnerable adults from the risk of abuse. The practice had GP designated leads for safeguarding children and vulnerable adults and staff knew what constituted abuse and who to contact if they had concerns about a patient's welfare. We saw the practice held registers of vulnerable patients on their computer system; however, the registers were not current to ensure information held was accurate and the system did not alert staff to all vulnerable patients on the patient list. We also identified that a small number of staff needed to complete or update their training in safeguarding vulnerable adults. At this inspection we saw the safeguarding leads had reviewed the patients on the registers and ensured patients were appropriately coded on the computer system. However, parents and siblings of the children recorded on the register had not been identified on the computer system to alert staff. Multi-disciplinary meetings were held to share and discuss vulnerable patients. Training records reviewed and discussions held with staff showed all staff had since completed training in safeguarding adults and children.

At the previous inspection we saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and the hospital. The hospital organised the assessment and monitoring of the condition and the practice prescribed the medicines required. We found the system for ensuring patients had received the necessary monitoring before prescribing of the medicine needed to be improved. At this inspection we saw the provider had run searches and the lead GP had reviewed patients identified on high risk medicines. Systems were in place to regularly rerun the searches to ensure patients were being appropriately monitored prior to prescribing medicines.

At the previous inspection we reviewed five personnel files and found omissions in staff recruitment checks. For example proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service. At this inspection we reviewed the personnel files for three staff that had been appointed since the last inspection in addition to the file of a member of staff appointed previously. We saw the provider had obtained all of the required documentation with the exception of obtaining references prior to the start date of

Are services safe?

one staff member. However, records showed requests had been followed up by the provider and received within 48 hours of appointment. The provider acknowledged the need to ensure all of the required documentation was in place prior to future staff commencing work.

At the previous inspection we found cleaning schedules were maintained but data safety sheets for the control of

substances hazardous to health (COSHH) were not available for all the cleaning products used, and the cleaner had not received training in infection control. We saw the provider had since obtained these and the cleaner had also received infection control training.