

Harvey Group Practice

Quality Report

13-15 Russell Avenue, St Albans, Hertfordshire.

AL3 5HB.

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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



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 Harvey Group Practice on 30 November 2016. The overall rating for the practice was good. However, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services. The full comprehensive report from the 30 November 2016 inspection can be found by selecting the 'all reports' link for Harvey Group Practice on our website at www.cqc.org.uk.

After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014
- Safe care and treatment.

The areas identified as requiring improvement during our inspection in November 2016 were as follows:

- Ensure an appropriate system is in place for the safe use and management of medicines including medical consumables and controlled drugs prescriptions.

- Ensure that sufficient fire safety systems and processes are in place and adhered to.

In addition, we told the provider they should:

- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including safeguarding, infection prevention and control and basic life support training.
- Ensure that all GPs have sufficient knowledge of the Deprivation of Liberty Safeguards (DoLS) and that a DoLS register is in place.
- Continue to identify and support carers in its patient population.
- Continue to take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are monitored and improved, including access to appointments.

We carried out an announced focused inspection on 15 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulation that we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Summary of findings

Our key finding on this focused inspection was that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing safe services.

On this inspection we found:

- A sufficient process was in place and adhered to for recording the collection of controlled drugs prescriptions.
- Staff completed appropriate checks on the stock and expiry dates of all medicines and medical consumables.
- Sufficient fire safety systems and processes were in place and adhered to.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- All staff had completed adult and child safeguarding, infection prevention and control and basic life support training within the required timescales.
- Some cold and hot water temperatures recorded at both surgeries were outside the required levels. Following investigation of the causes of this, the practice was considering its options as to how best to proceed to resolve the issue. In the meantime, the practice had measures in place to assist in reducing any risks to staff and patients.
- A programme was in place to ensure all staff received an appraisal on an annual basis and this was on schedule. We found that all non-clinical and nursing staff employed for more than a year, including those previously overdue their annual appraisals, had been offered or received a fully documented appraisal by December 2016.
- We saw that following our November 2016 inspection the practice took immediate action and introduced a Deprivation of Liberty Safeguards (DoLS) policy and process. (The Deprivation of Liberty Safeguards is a process used to lawfully deprive a person in a care home or hospital of their liberty in certain circumstances). A DoLS register was in place and this included the practice's computer system alerting staff if a patient was subject to a DoLS process. The GPs we

spoke with demonstrated a comprehensive understanding of the Deprivation of Liberty Safeguards including changes made to the legal requirements in April 2017.

- The practice had been proactive in increasing the amount of carers identified in its patient population and those offered a health review. We saw that a process was in place for all identified carers to receive a written invitation for an annual health review and the flu vaccination. We saw that part of the full staff meeting on 24 May 2017 was dedicated to discussing carers and the staff we spoke with told us they were encouraged to be proactive in identifying carers and informing them of the services available to them. The practice also held a carers' week in June 2017 to encourage the identification of carers and promote the services offered to them. As of 9 August 2017 the practice had identified 368 patients on the practice list as carers. This was approximately 2.8% of the practice's patient list and double the number identified in November 2016. Of those, 346 (94%) had been invited for a health review in the past nine months. This was a vast improvement on the 0% formally invited for a health review in the 12 months up to our inspection in November 2016.
- The practice demonstrated they had taken action to improve their below average satisfaction scores from the National GP Patient Survey published in July 2016. For example, the practice audited its appointments provision in January 2017 and following analysis of the results implemented various changes designed to make the appointments system more accessible to patients. This was done along with other changes not related to the audit. The results from the National GP Patient Survey published in July 2017 showed improvement in the areas previously of concern. For example, 46% of patients said they always or almost always saw or spoke with the GP they preferred compared to the Clinical Commissioning Group (CCG) average of 62% and the national average of 56%. Although still below local and national averages, this represented an improvement of 9% from the 37% satisfaction score achieved in July 2016.

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?

At our comprehensive inspection on 30 November 2016, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. During our focused inspection on 15 August 2017 we found the provider had taken action to improve and the practice is rated as good for providing safe services.

- A sufficient process was in place and adhered to for recording the collection of controlled drugs prescriptions.
- Staff completed appropriate checks on the stock and expiry dates of all medicines and medical consumables.
- Sufficient fire safety systems and processes were in place and adhered to.
- All staff had completed adult and child safeguarding, infection prevention and control and basic life support training within the required timescales.
- Some cold and hot water temperatures recorded at both surgeries were outside the required levels. Following investigation of the causes of this, the practice was considering its options as to how best to proceed to resolve the issue. In the meantime, the practice had measures in place to assist in reducing any risks to staff and patients.

Good



Harvey Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP acting as a specialist advisor.

Background to Harvey Group Practice

Harvey Group Practice provides a range of primary medical services from its premises at Harvey House Surgery, 13-15 Russell Avenue, St Albans, Hertfordshire, AL3 5HB and Jersey Farm Surgery, 2 St Brelades Place, St Albans, Hertfordshire, AL4 9RG. The practice has two registered managers in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 13,240 and is a teaching and training practice. The area served is less deprived compared to England as a whole. The practice population is mostly white British. The practice serves an above average population of those aged from 0 to 14 years and 35 to 54 years. There is a lower than average population of those aged from 15 to 29 years and 60 to 74 years.

The clinical team includes four male and three female GP partners, three female salaried GPs, three trainee GPs, four practice nurses and two healthcare assistants. The team is supported by a practice manager and 20 other managerial, secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

Harvey House Surgery is fully open (phones and doors) from 8am to 6.30pm Monday to Friday. There is no lunchtime closure at Harvey House Surgery. There is extended opening every Saturday from 8.40am to midday for GP and nurse pre-bookable appointments. Appointments are available from 9am to 12.30pm and 4pm to 6pm daily and additionally from 2.30pm to 4.30pm on some days, with slight variations depending on the doctor and the nature of the appointment.

Jersey Farm Surgery is fully open (phones and doors) from 8am to midday and 3.30pm to 6pm Monday to Friday except Wednesdays when the afternoon opening is from 2.15pm to 4.45pm. When Jersey Farm Surgery is closed the phones are answered at Harvey House Surgery. Appointments are available from 9am to 12.30pm and 4pm to 6pm daily except Wednesdays when the afternoon times change from 2.30pm to 4.30pm, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We undertook a comprehensive inspection of Harvey Group Practice on 30 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as good. However, we identified breaches of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services.

Detailed findings

The full comprehensive report following the inspection on 30 November 2016 can be found by selecting the 'all reports' link for Harvey Group Practice on our website at www.cqc.org.uk.

We undertook an announced follow up focused inspection of Harvey Group Practice on 15 August 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 information sent to us by the provider. This told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 30 November 2016. We carried out an announced focused inspection on 15 August 2017 and visited both surgeries.

During our inspection we spoke with a range of staff including two GP partners and members of the reception and administration team.

Are services safe?

Our findings

Overview of safety systems and process

At our inspection on 30 November 2016 we found that some systems, processes and practices relating to medicines management were insufficient. At Jersey Farm Surgery there was no appropriate system in place to check all medical consumables were in date. We found one oxygen mask and two pieces of oxygen tubing that were beyond their expiry dates by up to nine months. The system in place at both surgeries for recording the collection of controlled drugs prescriptions was insufficient. We saw that when prescriptions for controlled drugs were collected by individuals, this was not documented in the appropriate patient's record and staff were unable to check who had collected the prescription and when. We told the provider they must make improvements.

At our previous inspection we also identified areas where we told the practice they should make improvements. We found that some staff were overdue completing adult and child safeguarding and infection prevention and control training. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

During our follow up focused inspection and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

We saw that the practice's systems and processes relating to medicines management were sufficient. At Jersey Farm Surgery we saw that staff completed checks on the stock and expiry dates of all medicines and medical consumables. All of the items we checked, including the oxygen mask and tubing were within their expiry dates.

We saw that immediately following our November 2016 inspection the practice implemented a new controlled drugs policy. Log books were available and well completed at both surgeries which ensured that when controlled drugs prescriptions were collected the practice kept a record of who they were collected by and when this was done. Every three months all uncollected prescriptions

were reviewed, the relevant patients contacted and appropriate action taken. The GPs and reception staff we spoke with demonstrated a good understanding of the policy and process.

We looked at the training records of all nursing and non-clinical staff. We found that all of those employed between December 2016 and June 2017 had completed training in adult and child safeguarding and infection prevention and control within the required timescales.

Monitoring risks to patients

At our inspection on 30 November 2016 we found that the systems and processes in place relating to fire safety were insufficient. Plans of action to control and resolve the risks identified in the fire risk assessments were only partially completed. Fire alarm tests at Harvey House Surgery had started approximately two weeks before our inspection. At the time of our inspection no fire drills or walkthroughs had been completed at either surgery. We told the provider they must make improvements.

At our previous inspection we also identified areas where we told the practice they should make improvements. The practice completed its own water temperature checks; however at both premises hot water temperatures were regularly below the required level.

During our follow up focused inspection and from our conversations with staff, our observations and our review of documentation we found the practice had taken action to improve in these areas.

We saw the practice's systems and processes relating to fire safety were sufficient. The practice completed fire risk assessments for both surgeries in October and November 2016. We saw the significant action points from those assessments were completed. All staff employed at the time had received fire safety training as part of one of the practice's target training days on 21 June 2017. At Harvey House Surgery we saw that for the period we checked weekly fire alarm tests were completed and recorded. There was no fire alarm system installed at Jersey Farm Surgery, but an alternative fire alert system was used. We saw records to demonstrate the system was regularly tested. We saw that fire drills or walkthroughs were completed and recorded at Harvey House Surgery in December 2016 and August 2017 and at Jersey Farm Surgery in December 2016 and May 2017.

Are services safe?

We saw that a comprehensive water temperature checking process was in place and adhered to at the practice. We looked at the records for both surgeries and saw that there were fluctuations in both the cold and hot water temperatures recorded and some remained outside the required levels. We saw that as a result the practice had new Legionella risk assessments completed for both premises in July 2017 to assist them in identifying any issues and how they could be resolved. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). From our conversations with senior staff and our review of the assessments we found that the work required would be considerable and the practice was considering its options. In the meantime, we saw the practice had measures in place to assist in reducing any risks to staff and patients.

Arrangements to deal with emergencies and major incidents

At our inspection on 30 November 2016 we found that nine of the 20 non-clinical staff employed at that time had not completed basic life support training. We told the provider they should make improvements.

During our follow up focused inspection and from our conversations with staff and our review of documentation we found the practice had taken action to improve in this area.

We looked at the training records of all non-clinical staff employed between February and June 2017. We found they had all completed Cardiopulmonary resuscitation (CPR or basic life support) training within the required timescales.