

Friary House Surgery

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 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 a comprehensive inspection of Friary House Surgery on 27 April 2016; overall the practice was rated as requires improvement. The practice had been rated as good for providing caring and effective services and requires improvement for providing safe, responsive and well-led services. This was because the practice had not embedded systems that kept patients safe and had not ensured effective governance arrangements monitored and improved quality of services provided to patients.

We undertook a focused follow up inspection on 30 November 2016 to look at the areas identified for improvement. We found the practice had taken appropriate action to ensure patients were kept safe and were listened to. The practice had embedded systems that monitored and improved quality of services provided to patients. The safe, responsive and well-led domains are now rated as good, with the overall practice being rated as good for all domains and population groups.

This report covers our findings in regard of the requirements and should be read in conjunction with the report published in October 2016. This can be done by selecting the 'all reports' link for Friary House Surgery on our website at www.cqc.org.uk.

At this inspection our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. This included the monitoring of patients prescribed high risk medicines and the safe storage of vaccines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. The provider demonstrated staff understood their roles and responsibilities according to policies and procedures. The practice had now embedded systems of good governance to monitor and improve the quality of services provided to patients.

Summary of findings

- The practice had completed a Disclosure and Barring check for all staff. Staff who were used as chaperones had completed relevant training to support them with this role.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice responded to complaints appropriately, all verbal complaints were recorded and subsequent learning shared with staff.
- There was a clear leadership structure and staff stated they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure patient access to services and appointments are reviewed and improved to support improvements in patient satisfaction.
- Improve patient engagement such as through an active patient participation group (PPG).

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



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- All staff had been recruited safely; all clinical staff had a Disclosure and Barring check including staff who were used as chaperones.
- The practice had implemented a system to monitor patients prescribed with high risk medicines prior to re-prescribing.
- Vaccines were stored safely in fridges that were monitored regularly to maintain the effectiveness of the vaccines.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said there was continuity of care, with urgent appointments available the same day. However, results from the national GP patient survey July 2016 showed that 57% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. All verbal complaints were recorded appropriately and discussed during team meetings. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was planning to improve in order meet the needs of the people who live in the local area and improve patient satisfaction.

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

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Responsive and Well-led domains means the rating for this population group is now rated as Good.

Good



People with long term conditions

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Responsive and Well-led domains means the rating for this population group is now rated as Good.

Good



Families, children and young people

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Responsive and Well-led domains means the rating for this population group is now rated as Good.

Good



Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Responsive and Well-led domains means the rating for this population group is now rated as Good.

Good



People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Responsive and Well-led domains means the rating for this population group is now rated as Good.

Good



People experiencing poor mental health (including people with dementia)

We did not inspect the population groups as part of this inspection. However, the outcomes we found when inspecting the Safe, Responsive and Well-led domains means the rating for this population group is now rated as Good.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure patient access to services and appointments are reviewed and improved to support improvements in patient satisfaction.
- Improve patient engagement such as through an active patient participation group (PPG).

Friary House Surgery

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 specialist adviser, an assistant CQC inspector and a practice manager specialist adviser.

Background to Friary House Surgery

The Friary House Surgery provides primary medical services to people living within the inner city of Plymouth. The practice also has patients living on the outskirts of the city.

The practice population is in the third more deprived decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is comparable to national figures with males living to an average age of 77 years and females to 82 years.

At the time of our inspection approximately 10,730 patients are registered at the practice. There are four GP partners, three are male, one is female, who provide a total of 30 patient sessions each week. There is also a salaried GP who provides an additional eight sessions each week at the practice. The GPs are supported by a managing partner, four nurses, a nurse practitioner, two healthcare assistants, a phlebotomist (a person trained to take blood) and additional administrative staff.

Patients using the practice also have access to community staff including district nurses, health visitors, and counsellors. A midwife is based at the practice two days a week.

The practice is open from Monday to Friday, between the hours of 8am and 6pm, calls are diverted to Devon Doctors between 6pm and 6.30pm. Appointments and telephone calls are available between 8:30am to 6pm with extended hours on alternate Saturdays between 8am and 10:30am. GPs offered patients telephone consultations, appointments and performed home visits where appropriate.

During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to talk to an Out of Hours service delivered by another provider.

The practice has a Primary Medical Services (PMS) contract.

The following regulated activities are carried out at the practice; Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services. These services are provided from the providers sole location;

Friary House Surgery, Beaumont Road, St Judes, Plymouth, PL4 9BH.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We had previously visited the practice in June 2015 and April 2016. The provider was required to make improvements. We re-inspected the practice on 30 November 2016 to check on the progress of actions taken to date and to review the rating.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2016.

During our visit we:

- Spoke with a range of staff including two GPs, one nurse practitioner, one receptionist, one HCA and the Practice Manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of staff records.
- Reviewed clinical and non-clinical audits and systems used to monitor health and safety.

- Reviewed minutes from business meetings and other staff meetings.

To get to the heart of patients' experiences of care and treatment, we always ask the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

However during this inspection we focussed on the Safe, Responsive and Well-led domains.

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

During our previous inspections in June 2015 and April 2016 we identified concerns across a number of areas including patient safety, the safe storage of medicines and vaccines and the safe recruitment of staff.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. At our last inspection not all staff that were being used as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken; however, at our last inspection we found that staff were unaware of the results of audits and unclear of action plans to improve infection control. At this inspection we saw evidence that action was taken to address any improvements identified as a result of audits. The staff we spoke with were clear about the actions taken and understood their roles and responsibilities in accordance to the practice's infection control policy.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. At our last inspection we found that the practice was not monitoring fridges that stored vaccines appropriately and staff were unsure what action they need to take when fridge temperatures had been recorded outside of the recommended temperature as stated in national guidelines. At this inspection we saw the practice had fitted fridges that stored vaccines with data loggers. We saw evidence staff were checking the fridge temperatures and data loggers every morning and evening. The staff we spoke with were clear what action needed to be taken if the temperature was recorded outside of the recommended range.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- At our last inspection the practice did not have sufficient systems in place to recall patients prescribed with high risk medicines for blood monitoring before repeat prescriptions were issued. At this inspection we saw all patients on high risk medicines had an alert on their notes which would alert GPs if blood monitoring was required for a patient before a repeat prescription was issued.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). At our last inspection not all DBS checks had been completed for all staff; however, at this inspection we saw evidence that all DBS checks for all relevant staff had been undertaken.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During our previous inspections in June 2015 and April 2016 we identified concerns across a number of areas including being responsive to patient's needs and responding to verbal complaints appropriately.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered additional pre-booked telephone and face to face appointments on alternate Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am and 6pm daily. Calls were diverted to Devon Doctors between 6pm and 6.30pm. Extended hours appointments were offered between 8am and 10.30am on alternate Saturdays. GPs could pre-book appointments up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey July 2016 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 79%.

- 57% of patients said they could get through easily to the practice by phone compared to the national average of 73%. However, on the day of inspection we saw 37 comment cards from patients, only four of which made mention to difficulty experienced when trying to access appointments.

The practice were aware of the survey results and held an action plan meeting in October 2016. The practice told us they intend to undertake their own patient survey to identify causes of dissatisfaction and improve quality of services provided. The practice told us they were planning to host a coffee morning to explain to patients the benefits of the appointments access arrangements. The practice used a Dr First triage system that enabled patients to speak to a GP before they were booked for a face to face appointment. The practice believed that if the patients were more familiar with the access arrangements, this would positively affect patient satisfaction.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

All patient calls were monitored by the GPs and nurse practitioner to ensure the most effective action was taken to meet patient needs.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. At our last inspection we found that verbal complaints made at reception were not formally recorded or kept to enable the practice to identify trends, development or possible training needs. At this inspection we saw the practice had updated their complaints policy and procedure in August 2016 and were now recording verbal complaints.

- The complaints 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 information was available to help patients understand the complaints system.

Are services responsive to people's needs? (for example, to feedback?)

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

The practice also recorded and shared compliments received with the staff.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

During our previous inspections in June 2015 and April 2016 we identified concerns across a number of areas including providing effective leadership and governance arrangements to ensure staff were aware of their responsibilities regarding policies and procedures.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and a supporting business plan which had been reviewed in April 2016; it reflected the vision and values and were regularly monitored.

Governance arrangements

At this inspection we found that the practice had embedded systems to support an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. This included the monitoring of patients prescribed high risk medicines and the safe storage of vaccines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Since our last inspection an Operations manager role had been introduced to support the practice day to day management of the practice.
- Also an additional Nurse Practitioner had been recruited to meet the demands of the practice.
- The provider demonstrated staff understood their roles and responsibilities according to policies and procedures. The practice had now embedded systems of good governance to monitor and improve the quality of services provided to patients.

- The practice had completed a Disclosure and Barring check for all staff. Staff who were used as chaperones had completed relevant training to support them with this role.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice responded to complaints appropriately, all verbal complaints were recorded and subsequent learning shared with staff.
- There was a clear leadership structure and staff stated they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every three months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was slow in its implementation of the patient participation group (PPG) and at the time of our inspection, they had only four members.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

The practice encouraged some feedback from patients, the public and staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was planning to improve in order meet the needs of the people who live in the local area and improve patient satisfaction.