

Southview Park Surgery

Quality Report

London Road,
Basildon,
Essex,
SS16 4QX

Tel: 01268 553292

Website: www.southviewpark.gpsurgery.net

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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 effective?

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 Southview Park Surgery on 13 July 2016 and a follow up focused inspection on 01 March 2017. At our July 2016 inspection the practice received a good rating overall. It achieved a good rating in effective, caring, responsive and well-led services and requires improvement for providing safe services. At our follow up inspection in March 2017 the practice had made sufficient improvement for providing a safe service but required improvement for providing effective services. Overall the practice was rated as good in March 2017. A good rating was achieved in safe, caring, responsive and well-led however the effective domain required improvement. The July 2016 and March 2017 reports can be found by selecting the 'all reports' link for Southview Park Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 01 March 2017. A requirement notice was issued for improving governance in relation to quality improvement processes. This report covers our findings in relation to those requirements.

The practice is now rated as good for providing effective services. During our October 2017 inspection we found:

- The practice had changed their quality improvement processes and had introduced a clinical lead to provide oversight and identify the areas of clinical practice which benefited from being reviewed.
- The practice had conducted four audits since the last inspection to improve clinical practice. The audits identified clear aims, portrayed results and analysis in order to drive quality improvement.
- Quality improvement processes were discussed at monthly team meetings and more regularly between the clinical lead and the practice manager.
- We found areas of improvement and future change as a result of their findings.
- The practice had discussed and documented risks in relation to the medicines patients were prescribed. We saw discussions were noted within patients' medical records.

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 effective?

The practice is rated as good for providing effective services.

- The practice had introduced a clinical lead to oversee areas that required improving and as a result the practice had reviewed and improved their system for conducting clinical audits.
- We saw areas where change had been made as a result of their audits to drive improvement.
- The practice had worked closely with their clinical commissioning group (CCG) to ensure they captured issues that needed improving within their local area.

Good



Southview Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a Care Quality Commission Lead Inspector.

Background to Southview Park Surgery

Southview Park Surgery is situated in a residential area of Basildon and has approximately 3966 patients registered with the practice. There are patient parking facilities and street parking nearby.

- The practice operates from a single location: London Road, Basildon, Essex.
- Services provided include: a range of clinics for long term conditions, health promotion and screening and childhood vaccinations.
- They serve a broad demographic with high levels of deprivation amongst children and older people. Their male and female patients have a lower than the local average life expectancy.
- There are four permanent GPs, one female GP and three male GPs. They are supported by a nurse practitioner, a healthcare assistant and reception and administrative team.
- The practice is open from 8am to 6.30pm on Monday to Friday. Clinical appointments are available from 8am to 12.30pm and 4pm to 6.30pm. The practice has a practice nurse working Monday to Friday and a healthcare assistant who works three days a week. Appointments can be booked several months in advance. The practice

also provides telephone appointments for on the day call backs. The practice does not operate extended hours. Occasionally the practice will hold clinics from 6.30pm to 8.30pm.

- When the practice is closed patients are advised to call the surgery and be directed to the out of hours service. Alternatively they may call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.
- The practice has a clear well produced comprehensive website. It provides details of services and support agencies patients may find useful to access.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

We carried out a focused inspection of Southview Park Surgery on 31 October 2017. This involved reviewing evidence that:

- Ongoing clinical audit plans had been implemented.
- Discussions had been documented within patient records.

Detailed findings

During our visit we:

- Spoke with staff
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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 effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in March 2017

We previously found the implementation of quality improvement process including clinical audit and aligning them to national and local guidelines could be improved. The practice presented us with three audits but these all related to the monitoring of medicines. We reviewed these audits and found there had been a lack of clinical oversight. The analysis of these audits did not contain sufficient detail to identify where the practice might improve or the subsequent actions to take.

What we found at this inspection in October 2017

The practice had appointed a clinical lead to help identify areas in which quality improvement processes were needed. They worked closely with their CCG to ensure they were capturing all areas of patient risk.

We reviewed four audits, three of which were non-clinical audits and one clinical audit. The non-clinical audits were aimed at improving the efficiency of the day to day running of the practice which included areas such as waiting times, laboratory test result times and the efficiency of prescription turnaround. The practice had recognised these were areas that needed improving within their own service. They had aligned their audits to national and local guidelines to ensure they were working to achieve the best standard. Their non-clinical audits found that:

- The majority of patients were being seen within the recommended 15 minutes time scale whilst at the surgery. Their analysis highlighted that patients booked to see one particular clinician were waiting longer than the recommended national average. The practice had investigated and had found that the delays were often due to other investigations taking longer than expected. For example, a delay was noted when a doctor had requested a nurse to conduct an examination for a patient and it had impacted on the waiting time for the next patient. As a result, the practice had aligned the times of the nurses and doctors clinics to improve the efficiency of working together. The practice were due to conduct their audit again to review if changes made had improved waiting times for patients.

- Since July 2017 a number of laboratory results had been addressed to the incorrect GP or had gone to the wrong GP surgery and as a result had led to delays in patients' treatment. The practice collected data from July 2017 to October 2017 and found that there were no patterns or trends in the number of incorrect pathology results they were receiving. The practice had contacted the laboratory to highlight the issues and implemented a new form to ensure the practice GPs were correctly completing them. The practice said it had been an ongoing issue that they were monitoring. They hoped that the integration of a new hospital system due in November 2017 would help reduce the number of incorrect events they have in the future.
- The practice had audited their prescription turnaround and aimed to have all prescriptions processed within 48 hours based alongside national guidelines. They found there were instances where prescriptions were not being processed on time due to forms not being collected on a regular basis from different areas within the practice, as a result the practice administration team were tasked to collect all forms from the doctors rooms on a daily basis to ensure there were no delays. The practice had re-audited the processing times and found that after the changes had occurred there were fewer delays.

The practice had also carried out a clinical audit based around NICE guidelines to reduce the number of rescue packs and antibiotics being administered for patients with chronic obstructive pulmonary disease (COPD). They found patients were given incorrect advice and were taking medicine without notifying their doctor. The audit aimed to re-educate patients. The practice responded by providing information sheets and conducting nurses talks to ensure patients were aware of when to take their medicine. The practice aimed to highlight patients that had more than three repeat antibiotic prescriptions within six months in order to help improve their care.

All audits were discussed during monthly team meetings and during specific audit meetings that took place between the clinical lead and the practice manager. We reviewed meeting minutes from September 2017 and October 2017 and found that actions and changes were discussed.