

# The Uppingham Surgery


## Quality Report

North Gate  
Uppingham LE15 9EG  
Tel: 01572 820406  
Website: [www.uppinghamsurgery.nhs.uk](http://www.uppinghamsurgery.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 service	Good	
Are services safe?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We had previously carried out an announced comprehensive inspection at this practice on 28 September 2016 and found breaches of regulation and rated the practice as 'Requires improvement' in the safe and well-led key question. The practice was rated as 'Requires improvement' overall. The full comprehensive report on the 29 September inspection can be found by selecting the 'all reports' link for The Uppingham Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Specifically we found that;

- The practice did not have a clear or consistent system for reporting, recording and monitoring significant events, incidents and accidents.
- The systems and process to address the risks associated with fire and legionella were not implemented well enough to help ensure people were kept safe.
- There was no clear process in place to alert health care professionals that patients were being prescribed disease modifying drugs in secondary care.

- The provider had not have systems in place to ensure that staff were properly recruited.
- The practice had a governance framework in place which supported the delivery of the strategy and quality care. However, we found the systems and processes in place with regard to significant events, monitoring of risk and staff recruitment were not effective

This inspection was an announced focused inspection carried out on 9 May 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 29 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as 'Good' in the safe and well-led key questions and 'Good' overall.

Our key findings were as follows:

- There were systems for recording, monitoring, acting, reviewing and learning from significant events.

# Summary of findings

- There were systems to assess and monitor the potential risk from fire and legionella.
- Systems had been improved to help ensure that patient notes were summarised in a timely manner.
- There was a clear process in place for the management of disease modifying drugs prescribed for patients in secondary care.
- Staff were recruited only after the necessary checks had been made.

In addition we found that:

- Blank prescription pads were managed in line with national guidance.
- Random spot checking of the cleaning efficacy at all four surgeries had been introduced.
- Meeting agenda across all staff groups were formalised and discussions recorded.

**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 previous inspection on 29 September 2016 we found that:

- The practice did not have a clear or consistent system for reporting, recording and monitoring significant events, incidents and accidents.
- The systems and process to address the risks associated with fire and legionella were not implemented well enough to help ensure people were kept safe.
- There was no clear process in place to alert health care professionals that patients were being prescribed disease modifying drugs in secondary care.
- There was no spot checking of cleaning to ensure its efficacy.
- Not all staff had been subject to the appropriate checks prior to being recruited to work at the practice.

At our inspection on 9 May 2017 we found that:

- There was effective and consistent reporting, recording and monitoring significant events, incidents and accidents.
- People were protected from the risks associated with fire and legionella were effective.
- Medicines prescribed by secondary care were managed in a manner that protected patients.
- Spot checks were carried out to ensure the efficacy of the cleaning of the buildings.

Good



### Are services well-led?

At our previous inspection on 29 September 2016 we found that:

- The practice had a governance framework in place which supported the delivery of the strategy and quality care. However, we found the systems and processes in place with regard to significant events, monitoring of risk and staff recruitment were not effective.

At our inspection on 9 May 2017 we found that:

- Policies and protocols had been reviewed and updated where appropriate.
- There was an effective system that supported the safe recruitment of staff.
- Updated risk assessments and policies had been implemented in respect of fire safety and legionella.
- An effective system of significant event recording, analysis, learning and review was in place.

Good



# 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

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 6% of patients registered with the practice were over 80 years of age and 1.1% over 90 years of age.
- The practice offered proactive, personalised care to meet the needs of older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 2.7% of patients who had been assessed as being at risk which was higher than the required national average of 2%.
- The practice had a programme of risk-stratified proactive care planning, with designated doctors for each of the five care homes where patients registered with the practice lived.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 95.5% which was 4.9% higher than the CCG average and 4.2% higher than the national average. Exception reporting was 3% which was 2.9% lower than the CCG average and 2.5% lower than the national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma was 77.3% which was 3.7%

Good



# Summary of findings

higher than the CCG average and 1.7% higher than the national average. Exception reporting was 4.1% which was 7.8% lower than the CCG average and 3.8% lower than the national average.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 88.5% which was 5.7% higher than the CCG average and 5.6% higher than the national average. Exception reporting was 2.7% which was 1.4% lower than the CCG average and 1.2% lower than the national average.
- The percentage of patients with COPD who had had a review, undertaken by a healthcare professional was 94% which was 6.4% above the CCG average and 4.4% the national average. Exception reporting was 2.4% which was 12.5% lower than the CCG average and 9.1% lower than national average.
- Patients had a named GP and the practice had a system in place for recalling patients for a structure annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86% which was higher than the CCG average of 78% and the national average of 74%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

- The Practice had 700 boarding school pupils of Uppingham School as patients. They provided specific clinics and access to this group of young people.

## **Working age people (including those recently retired and students)**

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this patient group.
- 95% of patients who responded to the national GP survey said the last appointment they got was convenient. This was higher than the CCG average of 92% and national average of 92%.
- 78% of patients who responded to the national GP survey feel they don't normally have to wait too long to be seen. This was higher than the CCG average of 59% and national average of 58%.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. The practice had an uptake of 68% of those eligible for bowel screening which was higher than the CCG average of 64% and national average of 58%.
- The practice had an uptake of 83% of those eligible for breast screening which was the same as the CCG average but higher than the national average of 72%.

Good



## **People whose circumstances may make them vulnerable**

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice looked after a specialist residential home for people with Prader-Willi Syndrome. For this vulnerable group and their carers the practice provide designated sessions in a safe familiar environment of a branch surgery, as well as a GP annual review at their residence.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns.

## People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 29 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered guided self-referral to for common mental health problems. The practice had a mental health coordinator who reviewed patients through a recall system.
- Healthcare professionals specialising in drug and alcohol misuse visited the practice to see patients.
- They provided advice packs for patients diagnosed with dementia and offered support through the dementia advisor for those going through the diagnostic pathway. Practice staff had undergone Dementia Friends training.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 83% and national average of 84%.
- The practice held a 'Memory Matters' dementia event in August 2015 which provided advice for people with dementia, carer support and screening memory assessments; it resulted in three new diagnoses and referrals.
- The practice had been recognised for the work they had done and had received a Dementia Champions award.

Good





# Summary of findings

- 90% of patients who had been diagnosed with depression had their care reviewed in the last year.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

# The Uppingham Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Inspector and a practice manager specialist advisor.

## Background to The Uppingham Surgery

The Uppingham Surgery is located on the outskirts of the small market town of Uppingham in Rutland. The practice has one location registered with the Care Quality Commission (CQC) which is The Uppingham Surgery, Northgate, Uppingham. LE15 9EG

The practice operates from its main location at Uppingham and three branch surgeries located at;

Kings Lane, Barrowden, LE15 8EF which was open four half days a week.

Kirby Road, Gretton, NN17 3DB which was open three half days a week.

The Ketton Centre, High Street, Ketton, PE9 3RH which was open three half days a week.

It is a dispensing practice to patients living more than 1.6km from a pharmacy.

It practice has approximately 11,000 patients and the practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG) through a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The service is provided by five GP partners (two female and three male) and three salaried GPs (female), one nurse manager, two nurses, two health care assistants and two phlebotomists, They are supported by a team of dispensers, management, administration, patient service staff and maintenance staff.

The practice is a GP training practice. GP Registrars are fully qualified doctors who already have experience of hospital medicine and gain general practice experience by being based within the practice.

The location we inspected on 9 May 2017 was The Uppingham Surgery, Northgate, Uppingham. LE15 9EG.

The Uppingham practice is open between 8am to 6.15pm Monday to Friday. From 8am to 8.15am and 6pm to 6.30pm patients can contact the surgery via a mobile number which is available on the practice website.

The practice offered extended hours at the Uppingham Surgery on Monday 6.30pm to 7.30pm and Tuesday and Wednesday 7.30am to 8am.

When the practice is closed out-of-hours GP services are provided by Derbyshire Health United which is accessed by telephoning the NHS111 service.

## Why we carried out this inspection

We undertook a comprehensive inspection The Uppingham Surgery on 29 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall and specifically requires improvement in the safe and well-led key questions. The

# Detailed findings

full comprehensive report following the inspection on 29 September 2016 can be found by selecting the 'all reports' link for The Uppingham Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of The Uppingham Surgery on 9 May 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.

This report should be read in conjunction with the full inspection report.

We inspected the practice against two of the five key questions we ask about services:

- Is the service safe?
- Is the service well-led?

## How we carried out this inspection

We carried out an announced visit on 9 May 2017.

During our visit we:

- Spoke with a GP partner who was also the Registered Manager and members of staff.
- Reviewed information given to us by the practice, including policies and procedures.

# Are services safe?

## Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing safe services as we identified concerns that:

- The practice did not have a clear or consistent system for reporting, recording and monitoring significant events, incidents and accidents.
- The system to ensure that safety alerts were actioned in a timely manner and discussed at clinical meetings was not effective.
- The systems and process to address the risks associated with fire and legionella were not implemented well enough to help ensure people were kept safe.
- There was no clear process in place to alert health care professionals that patients were being prescribed disease modifying drugs in secondary care.

A requirement notice was issued in respect of these matters.

We also found that:

- There was no spot checking of cleaning to ensure its efficacy.
- Black prescription pads were not handled in accordance with national guidance.

These arrangements had significantly improved when we undertook a follow up inspection on 9 May. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- There was effective and consistent reporting, recording and monitoring significant events, incidents and accidents. The practice had reviewed and revised its policies and procedures and had implemented an effective system for recording, investigating and learning from significant events. This included a systematic tracking and review process to ensure that no such occurrences were overlooked.

- For example we saw how learning had been derived from an event relating delayed monitoring of a patient and the measures taken to avoid any repetition through regular audit.
- Patient safety alerts such as those issues by the MHRA went to the practice manager ( or deputy in their absence) for assessment. We viewed the summary table that recorded the issues, date, nature of event, and action taken in response. The clinical lead was always engaged with all alerts. These alerts were standard agenda item for the clinical meetings. The policy had been formalised and shared with staff.
- Staff were recruited only after the necessary checks had been made. We looked at the files of four recently recruited members of staff and saw that all the necessary recruitment processes had been completed prior to them commencing work.
- Medicines prescribed by secondary care such as lithium and disease-modifying anti-rheumatic drugs were managed effectively. We viewed the revised policy and saw that audits had been completed to identify completed those patients in receipt of drugs prescribed by secondary care. System alerts were used to ensure timely blood tests prior to the issue of repeat prescriptions. The audits were to be regularly re-run as part of the audit cycle.
- All prescription pads were registered upon arrival into the practice and locked away. All rooms are protected by key pad entry. There was an effective system in place to record and track blank prescription pads through the practice.

### Monitoring risks to patients

- The practice had employed external contractors to undertake risk assessments of the environment and buildings, including fire risk assessment, legionella and asbestos in buildings. Where any actions had been highlighted, remedial action had been undertaken. There was ongoing monitoring of water samples.
- We looked at records to show that random, regular spot checks were carried out to ensure the efficacy of the cleaning at all four surgeries.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing well led services as we identified concerns that:

- The practice had a governance framework in place which supported the delivery of the strategy and quality care. However, we found the systems and processes in place with regard to significant events, monitoring of risk and staff recruitment were not effective.

We issued a requirement notice in respect of these issues.

Arrangements had significantly improved when we undertook a follow up inspection of the service on 9 May 2017. The practice is now rated as good for being well-led.

### Governance arrangements

The practice had reviewed a number of policies, procedures and policies since our last inspection. This included:

- A revised and effective system for handling significant events and patient safety alerts.
- An effective system of recruiting staff.
- Revised and updated risk assessments for such things as legionella and fire.
- Implementation of spot checks on cleaning efficacy.
- The practice had addressed the delay in summarising patient records by employing an experienced member of staff. The practice now had a 14 day target and at the time of or inspection had 15 sets of notes waiting to be summarised. This compared to 300 at the time of our last inspection in September 2016.
- Meeting agendas across all staff groups were formalised and discussions recorded.