

Keats Grove Surgery

Quality Report

17 Keats Grove
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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 effective?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
Areas for improvement	6

Detailed findings from this inspection

Our inspection team	7
Background to Keats Grove Surgery	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Keats Grove Surgery on 9 August 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing safe services.

We issued a requirement notice in relation to:

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Keats Grove Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 July 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 at our previous inspection on 9 August 2016. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had reviewed and implemented systems to minimise risks to patients.
 - The practice had reviewed its systems and procedures to ensure the safe management of medicines and introduced ongoing monitoring to check improvements were maintained.
 - Full employment checks as required by legislation for all staff employed were carried out and records were available to confirm this.
- Effective systems were in place to monitor the management and care review of patients with long term health conditions and data showed that patient attendance at reviews had improved.
- The number of patients attending national screening and immunisation programmes had improved.
- Staff were aware of how to use equipment installed to support patients with a hearing impairment.
- Staff had clear guidance on maintaining the privacy and dignity of all patients when receiving treatment in consulting rooms without privacy curtains or screens. Patients were offered access to an alternative room if requested.

Summary of findings

There was one area where the provider should make improvements:

- Ensure that the plans to monitor the systems introduced to improve medicine practices are carried out.

At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing safe services.

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:

- The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. For example, the practice had ensured that:
 - Effective systems and processes were in place for the proper and safe management of medicines.
 - Full employment checks for all staff employed as required by legislation showed that safe recruitment practices were carried out and records available confirmed this
- 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, relevant information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Current data for 2016/17 from the Quality and Outcomes Framework (QOF) shared with us by practice staff showed that significant improvements had been achieved compared with the previous two years. Overall achievement of 92% of the available points was above the points achieved in the previous two years (83% - 84%).
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Arrangements were in place to gain patients' informed consent to their care and treatment.
- Patients were supported to access services to promote them living healthier lives.
- Current data for national screening and immunisations programmes showed improvements compared to the previous two years.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

People with long term conditions

The practice is rated as good for this population group.

Good



- The practice performance for the management of patients with long term conditions had improved over the past two years. Quality Outcomes Framework (QOF) data for 2016/17 showed significant improvements in all clinical areas and demonstrated the practice was focused on improving its management of patients with long-term conditions. For example:
 - the percentage of patients on the diabetes register, in whom a specific blood test was recorded was 78%. This was higher than previous achievements of 64% over the past two years.
 - Further data showed that the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 97%. This was a significant improvement on the 79% achieved in the previous two years. COPD is the name for a collection of lung diseases.
- The GPs, nurses and healthcare assistant had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The GPs and nurses worked with relevant health care professionals to deliver a multidisciplinary package of care to patients with complex needs.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the plans to monitor the systems introduced to improve medicine practices are carried out.

Keats Grove 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 and a GP specialist adviser.

Background to Keats Grove Surgery

Keats Grove Surgery is registered with the Care Quality Commission (CQC) as a partnership. The practice is located in Wolverhampton and has good transport links for patients travelling by public transport. Parking is available for patients travelling by car. The practice is a single story building and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of three GP partners, two male and one female. All the GPs work full time, nine to 10 sessions per week. The GPs are currently supported by a practice pharmacist, two practice nurses and a healthcare assistant. Clinical staff are supported by a practice manager, an assistant practice manager and eight administration / receptionist staff and a cleaner. In total there are 17 staff employed either full or part time hours to meet the needs of patients. The practice also use GP locums at times of absence to support the clinicians and meet the needs of patients at the practice. The practice is a training practice for GP registrars.

The practice is open between 8am and 7.30pm Monday and Tuesday, 8am to 8pm Wednesday and Friday, and Thursday and 8am to 1pm. Appointment times for patients vary for the GPs, practice nurse and healthcare assistant

and include both morning and afternoon clinic sessions. Extended hours appointments are available Monday morning between 8am and 8.30am and late evening appointments from 6.30pm to 7.45pm on Wednesday and Friday. The practice also offers a walk in clinic system between 9am and 10.30am each week day morning for patients registered with the practice. All the GPs are involved in the walk in clinic until 10.30am. After 10.30am one of the GPs continues seeing the remaining patients and the other GPs see the patients who have booked appointments. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by Vocare via the NHS service.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 6,388 patients. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations and the care of patients with a learning disability. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 38% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (32% compared to 16%).

Detailed findings

Why we carried out this inspection

We previously undertook a comprehensive inspection of Keats Grove Surgery on 9 August 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 for providing safe services.

The full comprehensive report following the inspection on 9 August 2016 can be found by selecting the 'all reports' link for Keats Grove Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Keats Grove Surgery on 11 July 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

We carried out a focused inspection of Keats Grove Surgery on 11 July 2017. This involved reviewing evidence to ensure that:

- Systems had been put in place for the proper and safe management of medicines.

- Full employment checks as required by legislation were completed for all staff employed.
- The plans developed to improve the management and care review of patients with long term health conditions were implemented to improve attendances.
- Proactive measures to improve the uptake of childhood immunisations were implemented.
- A review of how to actively engage the practice population with national screening and immunisation programmes had taken place.
- Staff are made aware of how to use equipment installed to support patients with a hearing impairment.
- Measures to ensure the privacy and dignity of patients in all consulting rooms had been considered.

During our visit we:

- Spoke with GPs, practice manager, assistant practice manager and a receptionist.
- Visited the practice location
- Looked at information the practice used to deliver safe care and treatment.
- Looked at other relevant documentation.

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 inspection in August 2016, we found that care and treatment was not being provided in a safe way. This was because:

- Effective systems and processes were not in place for the proper and safe management of medicines.
- Full employment checks as required by legislation for all staff employed and information to confirm safe recruitment practices were carried out were not available.

The visit in August 2016 also identified that:

- Staff were not aware of how to use equipment installed to support patients with a hearing impairment.
- Clear guidance on maintaining the privacy and dignity acceptable to all patients when receiving treatment in consulting rooms without privacy curtains or screens was not in place.

This resulted in the practice being rated as requires improvement for providing safe services.

Safe track record and learning

At the inspection in August 2016 we found that there was an effective system in place for reporting and recording significant events. We found at this inspection that this had been maintained. 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, relevant 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 significant events.

Overview of safety systems and processes

At the last inspection in August 2016 we found the practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found at this inspection that arrangements to safeguard

vulnerable adults and children from the risk of abuse had been reviewed and improved. Policies reflected relevant legislation and local requirements and these were easily accessible to all staff.

Clear and easily accessible information advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice had maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available.

We found at the inspection in August 2016 that the arrangements for managing medicines in the practice did not always keep patients safe. At this inspection we saw that medicines' practices had improved.

- We saw that there were appropriate measures for the safe management of emergency medicines and vaccines. The practice carried out regular medicine audits, with the support of the practice pharmacist who was also an independent prescriber, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and forms were securely stored and their use monitored. Specific medicine directions (Patient Group Directions for the practice nurses and Patient Specific Directions for the healthcare assistants) were adopted by the practice to allow the practice nurse and healthcare assistant to administer specific medicines in line with legislation.
- We found that most high risk medicines were appropriately monitored and the practice was aware of the areas where further improvement was needed. We looked at examples of the practice performance with the management of high risk medicines. There were 23 patients prescribed a medicine used to treat certain types of cancer, severe psoriasis and rheumatoid arthritis. We reviewed six of these records and found that all had up to date tests completed before they were issued repeat prescriptions. A further example identified 53 patients taking a medicine to prevent the blood

Are services safe?

clotting too quickly. Records looked at showed that of these only 16 had had the results of a specific blood test recorded prior to issuing a repeat prescription. The blood tests were carried out external to the practice and recorded on a colour coded booklet issued to the patient. Patients were required to take the booklet with them when visiting the GP for a review so that practice staff could record the result and the GP made aware of the result prior to issuing a repeat prescription. The practice had found that patients repeatedly forgot the booklet. The practice had sent reminder letters to the remaining patients advising them of the importance of ensuring their GP was aware of the result. The GP partners, practice manager and assistant practice manager had taken action to address this.

- The day following the inspection the practice manager sent us a copy of guidance that had been written by the management team on Warfarin prescribing for all staff. The guidance included details for staff on ensuring all patients received verbal and written information at the start and during treatment on how to be involved in the safe management of their treatment whilst taking the medicine. This included the importance of the yellow booklet. Information identified the need for patients to have regular blood tests carried out and the need to have the results before issuing a repeat prescription. Further information encouraged practice staff to communicate with the external organisation that carried out the blood tests. The practice manager also obtained the up to date results for the remaining patients and appointments were sent out where appropriate.
- At the inspection in August 2016 we found that safe staff recruitment practices were not consistently followed to confirm that appropriate recruitment checks had been undertaken prior to employment of all staff. At this inspection we found that the practice had reviewed recruitment practices. We looked at three staff files and

saw they were organised and full employment checks carried out. Safe recruitment practices were seen and documents available included proof of identification, references, checks through the DBS. The practice used locum GPs to provide cover at times of absence. The practice ensured that confirmation was received that GP locums and the practice nurse were registered with their professional body.

Monitoring risks to patients

The practice had procedures in place to manage and monitor risks to patients, staff and visitors to the practice. A health and safety policy was available and a poster was displayed. General risk assessments had been carried out where appropriate.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents, which included:

- An instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 and copies of the plan were kept off site.
- Annual basic life support training was attended by all staff. There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were available. These 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.

Are services effective?

(for example, treatment is effective)

Our findings

During our previous inspection in August 2016, we found that overall the practice was good for providing effective care and treatment. However there were some concerns identified related to the care and management of patients with long term conditions and patient uptake of national screening and screening programmes. This was because:

- Effective systems were not in place to monitor the management and care review of patients with long term health conditions and improve patient attendance.
- Effective systems were not in place to monitor and improve the uptake of childhood immunisations.
- Effective systems were not in place to monitor and engage the practice population with national screening and immunisation programmes.

At this inspection we found that significant improvements had been made in these areas.

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. One of the GP partners could clearly outline the rationale for their approach to treatment. The practice used electronic care plan templates based on NICE guidance. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. At the inspection in August 2016 we found the practice performance of 83% for 2014/15 was lower than the local Clinical Commissioning Group (CCG) average of 92% and the national average of 95%. The practice clinical exception rate of 3.3% was lower than the CCG average of 7.5% and national average of 9.2%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a

review meeting or certain medicines cannot be prescribed because of side effects. Data we looked at for 2015/16 showed that there was a slight improvement in performance with an increase of 1.5% to 84.5%, which was again much lower than the CCG and England averages of 95%. The clinical exception reporting remained similar at 3.4%. The management team shared their unverified QOF data for 2016/17 with us at the inspection. These showed that the practice performance had improved. Overall achievement was 92% a significant improvement on the previous two years. For example:

- The practice performance for diabetes related indicators had improved, the percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 70% compared with the previous year of 65%.

To improve the management of patients with long term conditions the GP partners had introduced GP led 'QOF' clinics. Each GP had responsibility for patients with specific conditions. The clinics had been successful and plans were in place to repeat the exercise at various times throughout the year. Data shared with us for 2016/17 at this inspection showed significant improvement overall. However these figures had not yet been published so could not be verified or compared with the CCG and England averages.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs. These included patients in the last 12 months of their lives, carers, those with or at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients had access to appropriate health assessments and checks. At this inspection we found that improvements had been made to effectively support the care needs of patients with a learning disability. These patients were offered a comprehensive health review with the support of the local community learning disability team. Patients were given longer appointments to ensure that a comprehensive health assessment could be carried out.

Data collected by NHS England for 2014/15 and 2015/16 showed that the performance for childhood immunisations was lower than the local CCG average for children aged two

Are services effective?

(for example, treatment is effective)

and five years of age. To address this practice staff had put mechanisms in place that supported and encouraged patients to attend national screening and immunisation programmes. At this inspection we saw that the take up of these had improved. The practice manager shared the outcomes for 2016/17 which showed that the number of children immunised in both age groups was the same as or above the CCG average. One of the practice administration

staff followed up children who did not attend for their immunisation. The practice also worked closely with the health visitors and local centre for children to follow up these children.

We also saw at this inspection that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year had improved. The uptake had increased from 72% to 88%. The practice was proactive in following these patients up by telephone and sent reminder letters.