

The Rossington Practice

Quality Report

Grange Lane
Doncaster
DN11 0LP
Tel: 01302 868421
Website: www.therossingtonpractice.nhs.uk

Date of inspection visit: 29 June 2016
Date of publication: 25/07/2016

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	
Are services well-led?	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	6

Detailed findings from this inspection

Our inspection team	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 carried out an announced comprehensive inspection of this practice on 21 December 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 19 Fit and proper persons employed.

We undertook this focused inspection on 29 June 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Rossington Practice on our website at www.cqc.org.uk.

Overall the practice is rated as Good.

Specifically, following the focused inspection we found the practice to be good for providing safe, effective and well-led services.

Our key findings across all the areas we inspected were as follows:

- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check completed following our last inspection in December 2015.
- We were shown the protocol for the safe storage and use of prescription pads implemented in January 2016. We observed blank prescription forms and pads were securely stored and there were systems in place to monitor their use and the protocol was being followed.
- We were shown a copy of the Health and Safety policy which was implemented in January 2016. We were told by the practice manager that updated health and safety training was arranged for staff to complete in July 2016.
- The practice had purchased a new defibrillator in January 2016 which was available on the premises and ready for use.
- The practice had reviewed its business continuity arrangements for major incidents such as power failure or building damage.
- The practice had reviewed the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor and improve outcomes for patients. Improvements were demonstrated.

Summary of findings

- Staff had also reviewed outcomes for patients and there was evidence of quality improvement including clinical audit.
- The practice had reviewed the overarching governance framework which supported the delivery of the

strategy and good quality care. This outlined the structures and procedures in place. We observed recruitment records were now organised and kept in a secure place.

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.

All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check completed following our last inspection in December 2015.

We were shown the protocol for the safe storage and use of prescription pads implemented in January 2016. We observed blank prescription forms and pads were securely stored and there were systems in place to monitor their use and the protocol was being followed.

We were shown a copy of the health and safety policy which was implemented in January 2016 and contained an author and a review date. We were told by the practice manager update health and safety training was arranged for staff to complete in July 2016.

The practice had purchased a new defibrillator in January 2016 which was available on the premises and ready to use.

The practice had reviewed its business continuity arrangements for major incidents such as power failure or building damage.

Good



Are services effective?

The practice is rated as good for providing effective services.

The practice reviewed the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor and improve outcomes for patients.

- Performance for diabetes related indicators had improved as 93% of the outcomes were met.
- Performance for mental health related indicators had improved as the practice achieved all the outcomes available.

Staff had also reviewed outcomes for patients and there was evidence of quality improvement including clinical audit.

Good



Are services well-led?

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

The practice had reviewed the overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place.

Good



Summary of findings

We observed recruitment records were now organised and kept in a secure place. Policies and procedures had been updated and were available to staff.

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 practice is rated as good for the care of older people as it is rated as good for providing safe, effective and well-led services.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions as it is rated as good for providing safe, effective and well-led services.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people as it is rated as good for providing safe, effective and well-led services.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students) as it is rated as good for providing safe, effective and well-led services.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable as it is rated as good for providing safe, effective and well-led services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia) as it is rated as good for providing safe, effective and well-led services.

Good



The Rossington Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector.

Why we carried out this inspection

We undertook an announced focused inspection of The Rossington Practice on 29 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 21 December 2015 had been made.

We inspected the practice against three of the questions we ask about services: is the service safe, effective and is the service well-led and against all of the population groups. This is because during our comprehensive inspection in December 2015 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 19 Fit and proper persons employed.

During the December 2015 comprehensive inspection we found the provider did not have emergency equipment that was ready and available for use. Specifically the adult defibrillator pads were out of date from September 2015 and the practice did not have any child defibrillator pads. Staff who acted as chaperones were trained for the role and but not all had received a disclosure and barring (DBS) check on commencement of employment at the practice. We asked to see the risk assessment toolkit for

reception staff not requiring DBS checks and were told one had not been completed. Prescription pads were not securely stored and we were told there were no systems in place to monitor their use.

We reviewed five personnel files and found recruitment checks were not consistently carried out. The provider did not ensure its recruitment arrangements were in line with Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks were in place for all staff. Specifically, this included completing Disclosure and Barring Service (DBS) checks for those staff that need them. We found interview notes and references were missing from a staff file.

The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Specifically policies and procedures we looked at had not been reviewed on their due review date recorded as 2011 and the Health and Safety Policy, dated 2014, did not have an Author and/or review date.

This focused inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 21 December 2015 had been made.

We inspected the practice against three of the five questions we ask about services: is the service safe, effective and is the service well-led. We inspected the practice against all six of the population groups: older people; people with long term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people living with dementia). This was because any changes in the rating for safe, effective and well-led would affect the rating for all the population groups we inspected against.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and the action report submitted to us on 1 February 2016. We also asked other organisations to share what they knew. We carried out an announced visit on 29 June 2016.

During our visit we:

Spoke with the practice manager and a GP Partner.

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

- Is it safe?

- Is it effective?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia)

Are services safe?

Our findings

Overview of safety systems and processes

A notice in the waiting room 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 completed following our last inspection in December 2015. (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).

We were shown the protocol for the safe storage and use of prescription pads implemented in January 2016. We observed blank prescription forms and pads were securely stored and there were systems in place to monitor their use and the protocol was being followed.

We reviewed the most recent recruit to the practice personnel files. A recruitment check list sheet had been drafted to use for each staff members file which recorded the steps of the recruitment process and practice induction. We observed all documentation relating to recruitment and training were now stored in each staff file. All staff working at the practice had a DBS check completed in December 2015.

Monitoring risks to patients

We were shown a copy of the health and safety policy which was implemented in January 2016 and contained the name of the author and a review date. We were told by the practice manager update health and safety training was arranged for staff to complete in July 2016.

Arrangements to deal with emergencies and major incidents

The practice had purchased a new defibrillator in January 2016 which was available on the premises and ready to use. It had both adult and child pads which were in date and we observed the daily checking schedule. 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 reviewed its business continuity arrangements for major incidents such as power failure or building damage. A comprehensive service continuity and recovery plan had been developed and implemented in January 2016 which risk assessed potential situations and defined the actions to be taken should they arise. The plan also included emergency contact numbers for staff and utility companies.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

The practice reviewed the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor and improve outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The registered manager shared with us most recent results which were not yet in the public domain therefore could not be compared to local and national averages. For the year 2015/16 the practice achieved 419.5 clinical points out of a possible 435. This represents 96.4% of the total number of points available.

Data for 2015/16 showed:

- Performance for diabetes related indicators had improved as 93% of the outcomes were met.
- Performance for mental health related indicators had improved as the practice achieved all the available outcomes.

Staff had also reviewed outcomes for patients and there was evidence of quality improvement including clinical audit.

There were two clinical audits in progress since our last visit and one demonstrated improvements following the first cycle. For example, staff had reviewed all patients diagnosed with high blood pressure to ensure they were having regular reviews and treatment was in line with the National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had also updated their website to include links to more online health information advice for patients.

Are services well-led?

Good 

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

Our findings

Governance arrangements

The practice had reviewed the overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies had been updated, implemented and shared and were available to all staff. We observed they were all now in date and contained review dates. New procedures had been written and implemented where needed. For example, we were shown the procedure for monitoring prescription security which reflected NHS Protect Security of prescription guidance.

The partners and practice manager had reviewed the way the performance of the practice was monitored. They had reviewed QOF outcomes for patients and implemented a plan for improvement. A comprehensive understanding of the performance of the practice was now demonstrated. A programme of continuous clinical and internal audit had been introduced which was used to monitor quality for patients and to make improvements.

We observed recruitment records were now organised and kept in a secure place. A recruitment checklist had been developed and completed retrospectively for existing staff. There had been no new recruits to the practice since our last inspection. All staff had a DBS check undertaken in December 2015. Training records were now kept in staff files and we were shown the matrix to record staff attendance at training and development sessions.