The Village 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.

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Overall summary

Letter from the Chief Inspector of General Practice

We had previously carried out an announced comprehensive inspection at The Village Surgery on 13 December 2017. Overall the practice was rated as inadequate and placed in special measures. We identified concerns with regards to safe, effective and well-led care provided by the practice. We served warning notices under regulations 17 (good governance) and 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The report for the comprehensive inspection can be found by selecting the 'reports' link for The Village Surgery on our website at: https://www.cqc.org.uk/location/1-540434907 .

The practice sent us a plan of action to ensure the service was compliant with the requirements of the regulations. We undertook a focussed inspection on 19 June 2018 to review the breaches of regulation identified at the inspection in December 2017 and to ensure the service had made improvements. At this inspection we did not review the ratings for the key questions; we will consider the practice's ratings when we carry out a comprehensive inspection at the end of the period of special measures.

At the inspection on 19 June 2018 we found that the practice had made significant improvements and were no longer in breach of regulations 12 and 17.

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

- Pathology results were solely managed by GPs and there was a newly implemented policy that detailed the process.
- The practice were able to demonstrate there was an effective system in place for infection prevention and control.
- We found that communication in the practice had improved, there were regular staff meetings and outcomes and actions were documented.
- There was a suite of practice specific policies available for all staff.
- We found that the systems for managing patient safety alerts, significant events, complaints, DBS checks, fire safety and uncollected prescriptions were significantly improved.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

- Pathology results were solely managed by GPs and there was a newly implemented policy that detailed the process.
- The practice were able to demonstrate there was an effective system in place for infection prevention and control.

Are services well-led?

- We found that communication in the practice had improved, there were regular staff meetings and outcomes and actions were documented.
- There was a suite of practice specific policies available for all staff.
- We found that the systems for managing patient safety alerts, significant events, complaints, DBS checks, fire safety and uncollected prescriptions were significantly improved.

The Village 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**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to The Village Surgery

The Village Surgery is located in North London within the Barnet Clinical Commissioning Group. The practice address is 113 East Barnet Road, Barnet, Barnet, EN4 8RF. The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning. The practice provides a range of services including childhood immunisations, extended hours access, influenza and pneumococcal immunisations, rotavirus and shingles immunisation and unplanned admission avoidance. More information about services provided by the practice can be found on their website: www.thevillagesurgerynewbarnet.nhs.uk

At the time of our inspection the clinical team at the practice was made up of two GP Partners (one male, one female), two salaried GPs (females) and one practice nurse (female).The non-clinical team at the practice included two practice managers, a practice secretary and seven members of the administration team.

The practice is open Monday to Friday from 8am to 6.30pm. Phones lines are closed daily between 1pm and 2pm and covered by the practices out of hour's provider during this time. The surgery closes once a month on a Wednesday between 1pm to 4 pm for a staff meeting and training; the practice is covered by an out of hours service during this time. Extended hours access is available Monday to Friday from 6.30pm to 7.10pm for pre-booked appointments.

Urgent appointments are available each day and GPs also provide telephone consultations for patients. An out of hour's service is provided for patients when the practice is closed. Information about the out of hour's service is provided to patients on the practice website and the practice phone system.

Are services safe?

Our findings

Safety systems and processes

At our comprehensive inspection in December 2017, we identified concerns to patient safety around the management of pathology results and the protocols for infection prevention and control (IPC). For example:

- We found that the practice nurse reviewed all incoming pathology results without GP oversight. We were not assured that this task was inside her scope of clinical competency. We spoke to the GP partners and they told us that they did not perform quality checks and there was no protocol for managing pathology results. In the absence of GPs having clinical oversight of all incoming pathology results we were not assured that the system for managing pathology results was safe.
- We found that there were gaps in the system for managing IPC. Specifically, we found that not all staff had completed IPC training, the premises were not cleaned prior to minor surgery clinics, there was no cleaning schedule and actions picked up by the IPC audit had not been completed.

At the focussed inspection in June 2018 we saw that the practice had made significant improvements to the management of pathology results and IPC systems. We asked the practice what changes had been implemented to the system for managing pathology results. The practice were able to demonstrate that the system had been significantly improved. All incoming pathology results were reviewed by GPs only, the results came into the practice via a central inbox which could be accessed by all GPs at the practice. We reviewed a sample of incoming pathology results and saw that there was no backlog and results were actioned where results were abnormal; there was a practice specific policy in place about the management of pathology results.

At our comprehensive inspection in December 2017 we had concerns around the effectiveness of Infection Prevention and Control (IPC) protocols. For example, we identified gaps in IPC training, there was no formal cleaning schedule in place, although the practice was visibly clean the premises were not cleaned prior to minor surgery clinics and actions picked up by the IPC audit had not been completed.

At the focussed inspection in June 2018 we spoke to the IPC lead and found that significant improvements had been made to IPC protocols. We saw evidence that all staff were up to date with IPC training and staff we spoke with at the inspection demonstrated they had the knowledge and skills to effectively manage their IPC responsibilities. Staff told us there was a practice meeting to discuss IPC and provide a demonstration to all staff on how to correctly use a spill kit; we reviewed minutes from the meeting which covered IPC responsibilities.

We asked to review the cleaning schedule and saw that there was now a comprehensive cleaning schedule in place which detailed the area, method and frequency of required cleaning. In addition, the practice manager was assigned as the lead for visual quality checks following the premises being cleaned; the quality checks were documented.

An IPC audit was completed in May 2018; we reviewed the action plan and found actions were assigned a lead and a timescale. We saw evidence that some actions had already been completed within the designated timescale. For example, the audit identified that the practice did not have a policy which detailed the decontamination process for medical equipment. The policy had been created and was available to all staff on a shared drive and in hard copy. The practice told us that the practice nurse and practice manager would complete IPC audits every six months to ensure compliance with IPC guidelines.

Are services well-led?

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

Our findings

Governance arrangements

At our comprehensive inspection in December 2017 we found that the systems to support good governance and management were limited or absent. For example:

- We found that communication in the practice was informal, meetings were infrequent and when they did take place outcomes and actions were not documented.
- We found that there were limited practice specific policies available to support staff.
- We found that the systems for managing patient safety alerts, significant events, complaints, DBS checks, fire safety and uncollected prescriptions were not always effective.

At our focussed inspection in June 2018 we found that the practice had made significant improvements to governance systems.

Communication and Meetings

At our comprehensive inspection in December 2017 we found that staff meetings were not held on a regular basis. When meetings did occur the actions and outcomes were not recorded. We found there was no evidence that learning from complaints and significant events was shared with staff.

At our focussed inspection in June 2018 we were told that meetings were now held regularly and all practice meetings were minuted and made available on the shared drive. Learning from significant events and complaints were discussed at both the clinical meeting and practice meeting, and these discussions were minuted. We reviewed minutes from all practice meetings held within the last three months and saw evidence of learning from significant events being shared with staff. We found that the minutes clearly documented outcomes, actions and standing items for discussion. Staff we spoke with told us they liked having regular staff meetings and felt that communication within the practice had improved.

Policies and Protocols

At our comprehensive inspection in December 2017 we found that there were limited written policies and protocols in place to support good governance.

Specifically, we found that there no formal protocols in place for managing patient safety alerts, uncollected prescriptions, high risk medicines, medical emergencies and business continuity planning.

When we conducted our focussed inspection in June 2018 we found that the practice had developed a suite of practice specific policies. We reviewed policies for patient safety alerts, uncollected prescriptions, high risk medicines, medical emergencies and the business continuity plan. We found that policies were made available to all staff and that staff were informed and updated on changes to policies and protocols. For example, we reviewed the business continuity plan, we found that the plan contained a list of relevant emergency numbers; all members of staff had a hard copy of the plan at their homes. We saw evidence that staff were given an update on the new plan at a practice meeting.

Managing Risks

At our comprehensive inspection in December 2017 we found that there were ineffective systems in place for managing risk. We identified concerns relating to fire safety, patient safety alerts, uncollected prescriptions and DBS checks.

Fire Safety

At the comprehensive inspection in December 2017 we found that risks in relation to fire safety were not adequately addressed. There had not been a fire risk assessment carried out in the last two years, not all staff had completed fire safety training and the practice did not conduct fire drills. At our focussed inspection in June 2018 we saw evidence that a fire risk assessment had been completed, all staff had completed fire training and the practice held monthly fire drills. In addition to these improvements the practiced sourced extra fire safety training for all staff. Staff had completed a practical training session on the use of fire extinguishers and all staff were trained as fire wardens.

Patient Safety Alerts

At the comprehensive inspection in December 2017 although patient safety alerts were acted upon, actions were not documented. At our focussed inspection in June 2018 we reviewed the new system in place for managing patient safety alerts. We found that all alerts were documented, including those not relevant to the practice.

Are services well-led?

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

There was a clear audit trail outlining the date of the alert, the source, which GP reviewed the alert and a record of any action taken as a result. We reviewed the alerts from the last six months; we saw evidence that the practice was acting on patient safety alerts. For example, we reviewed a recent alert for Valproate and saw a clear audit trail on the decision making process including evidence that all patients affected by the alert had a GP consultation to discuss.

Uncollected Prescriptions

At the comprehensive inspection in December 2017 we found that the system for managing uncollected prescriptions lacked clinical oversight. Staff told us they checked the uncollected prescriptions every three months and put them in confidential waste. However, there was no clinical oversight and staff did not make a record of uncollected prescriptions in patient's notes. At our focussed inspection in June 2018 we found that staff were aware of the new uncollected prescription policy and we were assured that GPs now had oversight of the process. We saw evidence that a GP and a member of the admin team carried out a monthly check of uncollected prescriptions, the quality check was documented and included any action taken.

DBS Checks

At our comprehensive inspection in December 2017 we reviewed staff files and were unable to locate DBS certificates for three of the four GPs at the practice. At the focussed inspection in June 2018 we reviewed staff files and found that all members of staff had a DBS certificate on file.

Please refer to the evidence tables for further information.