

Severn 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.

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 carried out an announced focused inspection at Severn Surgery on 05 October 2016. Overall the practice is rated as good.

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

- All staff members had received a DBS check and a new system was in place to ensure all staff members had a DBS check carried out every three years.
- Appropriate recruitment checks had been carried out for new staff members and a checklist had been devised to ensure appropriate checks were completed before staff commenced employment.
- A new system had been implemented to ensure relevant staff renewed their professional registration on an annual basis, for instance with the Nursing and Midwifery Council or General Medical Council.
- Safety data sheets and risk assessments were in place for all control of substances hazardous to health (COSHH) products.

- A staff member had been trained to be the designated health and safety lead and a full fire and health and safety risk assessment had been carried out in August 2016 and an action plan was in place to address the areas identified as needing improvement.
- A clinical governance framework had been developed which identified specific leads for topics such as audits, clinical quality, mitigating risk and complaints.
- Meeting templates had been devised to ensure at the beginning of each meeting all actions agreed were discussed to ensure they had been completed or an update with regards to progress was provided.
- A detailed business plan was also in place which included the objectives for the practice and underpinned the practice vision.

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.

Good



- All staff members had received a DBS check and a new system was in place to ensure all staff members had a DBS check carried out every three years.
- Appropriate recruitment checks had been carried out for new staff members and a checklist had been devised to ensure appropriate checks were completed before staff commenced employment.
- A new system had been implemented to ensure relevant staff renewed their professional registration on an annual basis, for instance with the Nursing and Midwifery Council or General Medical Council.
- Safety data sheets and risk assessments were in place for all control of substances hazardous to health (COSHH) products.
- A staff member had been trained to be the designated health and safety lead and a full fire and health and safety risk assessment had been carried out in August 2016 and an action plan was in place to address the areas identified as needing improvement.

Are services well-led?

The practice is rated as good for providing caring services.

Good



- A clinical governance framework had been developed which identified specific leads for topics such as audits, clinical quality, mitigating risk and complaints.
- Meeting templates had been devised to ensure at the beginning of each meeting all actions agreed were discussed to ensure they had been completed or an update with regards to progress was provided.
- A detailed business plan was also in place which included the objectives for the practice and underpinned the practice vision.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent on the day appointments.
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- Those identified as high risk had a care plan in place and multi-disciplinary meetings were held on a quarterly basis to discuss ongoing needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was better compared to the national average. 88% compared to the national average of 78%.
- The practice offered longer appointments and home visits to those that needed it.
- A structured annual review was carried out 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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.

Good



Summary of findings

- Immunisation rates for the standard childhood immunisations were mixed. For example, 81% of patients diagnosed with asthma had an asthma review in the last 12 months. This was slightly higher than the national average of 75%.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered contraception services, including the insertion and removal of contraceptive implants.

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).

- 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. This included pre-bookable appointments on a Saturday.
- The practice offered online services to book appointments and order repeat prescriptions.
- Health promotion advice was offered during consultations and a range of accessible health promotion material was available in the patient waiting area.
- Telephone consultations were also available.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and ensured regular reviews and care plans were in place.
- 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 and knew how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- All staff had received training in safeguarding vulnerable adults and children.

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).

- 89% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- 96% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia. This included working closely with the mental health facilitator.
- The practice carried out advance care planning for patients with dementia and offered dementia screening services.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Longer appointments were available for patients who needed additional support from the GP.

Good



Severn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Severn Surgery

Severn Surgery is a GP practice providing primary medical services to around 4,510 patients within a residential area in Oadby. East Leicestershire and Rutland Clinical Commissioning Group (EL&RCCG) commission the practice's services.

The service is provided by five GP partners (three female GPs and two male GPs). There is a nursing team comprising of a practice nurse and a phlebotomist. The clinical team are supported by a practice manager and a team of reception and administration staff.

Severn Surgery is a training practice.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Severn Surgery, 159 Uplands Road, Oadby, Leicester.

The practice is located within a two-storey building. Most patient facilities are situated on the ground floor, however the treatment room is based on the first floor.

The practice is open from 8.20am to 12pm and 2pm to 6.30pm Monday to Friday. Pre-bookable appointments are available on a Saturday morning between 8.30am and 10.30am. Patients can access out of hours support from the national advice service NHS 111. The practice also provides

details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

Why we carried out this inspection

We carried out a focused 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced focused visit on 05 October 2016. During our visit we:

- Spoke with the Practice Manager and a GP partner
- Reviewed the action plan outlining how the practice was going to make the relevant improvements.
- Reviewed evidence in line with the action plan.

Are services safe?

Our findings

Following an announced comprehensive inspection on 15 February 2016, the practice was rated as 'requires improvement' for safety.

We found not all staff acting as a chaperone had received a Disclosure and Barring Service (DBS) check, or had been risk assessed to ensure they were able to carry out this role. Not all appropriate recruitment checks have been carried out before staff members started employment, as well as ongoing monitoring of professional registration status. Risk assessments and data sheets were not available for the control of substances hazardous to health (COSHH) products.

During our focused inspection, we saw all staff members had received a DBS check and a new system was in place to ensure all staff members had a DBS check carried out every three years. We reviewed one personnel file for a staff member who had commenced employment since our last visit and saw all appropriate recruitment checks had been carried out. This included references, photo identification

and relevant checks for qualifications. Checks to ensure those required to be on a performers list were also carried out and confirmation was kept within the personnel file. To ensure all recruitment checks were received before employment, a checklist had been devised which was kept at the front of each staff file.

A new system had also been implemented to ensure relevant staff renewed their professional registration on an annual basis, for instance with the Nursing and Midwifery Council or General Medical Council.

We reviewed safety data sheets and risk assessments that were in place for all control of substances hazardous to health (COSHH) products, which clearly identified when the risk assessment was due for review.

A staff member had been trained to be the designated health and safety lead for the practice and two additional members had been identified to also go on further training. A full fire and health and safety risk assessment had been carried out in August 2016 and an action plan was in place to address the areas identified as needing improvement.

Are services well-led?

Good 

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

Our findings

Following an announced comprehensive inspection on 15 February 2016, the practice was rated as 'requires improvement' for the domain of well-led.

We found there was no documented overarching governance framework to support the delivery of a strategy and good quality care. However, GP partners were aware of the need to improve record keeping and systems which monitored and outlined the vision for the practice.

The practice had organised an away day for all staff members within the practice. During this day, staff discussed ideas to improve patient services, the way in which the different staff groups worked together and carried out team building exercises. The partners and practice management team used suggestions from the

away day and included them within an agreed clinical governance framework. The clinical governance framework identified specific leads for topics such as audits, clinical quality, mitigating risk and complaints.

As part of the framework, meeting templates had been devised to ensure at the beginning of each meeting all actions agreed were discussed to ensure they had been completed or an update with regards to progress was provided. The partners told us they found the new template more constructive and helped them to reflect on what discussions had taken place. A set agenda had also been devised to ensure all topics were discussed, as relevant.

A detailed business plan was also in place which included the objectives for the practice and underpinned the practice vision.