

Dr N Sivanesan & Partners (known as Brereton 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 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 comprehensive inspection at Dr N Sivanesan & Partners (known as Brereton Surgery) on 18 August 2016. The overall rating for the practice was good, and the well led domain rated as Requires Improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr N Sivanesan & Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 18 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had developed a system to demonstrate that the medicines and equipment alerts issued by external agencies were acted upon. We saw for the two alerts received post April 2017 appropriate action had been taken.

- The practice had improved the systems in place for assessing and monitoring. A range of risk assessments had been completed and action plans in place to manage the identified risks.
- The practice had strengthened the governance procedures in place. A meetings schedule had been developed, set agendas were used and meetings minuted and the information shared with all staff.
- The leadership structure was being updated due to the changes in the partnership. The partners had designated managerial and clinical roles and met regularly to discuss the practice strategy.
- The practice continued to develop the role of the patient participation group and the group now met in person.
- Systems were in place to check the continued registration of nurses with their professional body. However, the practice did not ask for information relating to any physical or mental health conditions that the person may have, or whether they were up to date with their routine immunisations.

One area for improvement remained outstanding from the previous inspection:

- Record information regarding any physical or mental health conditions that applicants may have.

Two additional areas for improvement have been identified. The provider should:

Summary of findings

- Ensure the practice are in receipt of all appropriate safety alerts and take appropriate action on any gaps noted in receipt.
- Review whether staff are up to date with their routine immunisations and take appropriate action as required.

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 well-led?

The provider is rated as good for being well led.

- The practice had strengthened the governance procedures in place. A system was in place to demonstrate that the medicines and equipment alerts issued by external agencies were acted upon. Risk assessments had been completed and acted upon, and equipment services in accordance with the manufacturers' instructions.
- A meeting schedule had been introduced, and minutes of meetings sufficiently detailed for absent staff to update themselves.
- The leadership structure was being updated to reflect the changes in the partnership. The partners had designated managerial and clinical roles and met regularly to discuss the practice strategy.

Good



Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Record information regarding any physical or mental health conditions that applicants may have.

Ensure the practice are in receipt of all appropriate safety alerts and take appropriate action on any gaps noted in receipt.

Review whether staff are up to date with their routine immunisations and take appropriate action as required.

Dr N Sivanesan & Partners (known as Brereton 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 advisor.

Background to Dr N Sivanesan & Partners (known as Brereton Surgery)

Dr N Sivanesan & Partners, known locally as Brereton Surgery, is registered with the Care Quality Commission (CQC) as a GP partnership provider in Rugeley, Staffordshire. The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed contract between NHS England and the general practice and offers variation in the range of service which may be provided by the practice. At the time of our inspection the practice had 4,270 patients.

The provider has amended their registration since the inspection in August 2016. Dr Sivanesan has retired from the partnership and Dr Davis is now the main partner.

The practice staffing comprises of:

- Two GP partners (one male and one female).
- One female nurse prescriber, one female practice nurse and a female phlebotomist (who takes blood samples).
- A practice manager, office manager, clinical administrator, secretary and three reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers routine pre-bookable and on the day appointments. Pre-bookable 15 minute appointments are bookable up to four weeks in advance. Ten minute on the day appointments are either GP specific or added to the pool list to be seen by the next available GP. The practice also offers appointments with a nurse practitioner, a practice nurse and a phlebotomist (person who takes blood samples). The practice does not offer any extended hours appointments.

Patients requiring a GP outside of normal working hours are advised to call the practice, where the call is automatically diverted to the out of hours service, which is Staffordshire Doctors Urgent Care.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr N Sivanesan & Partners (known as Brereton Surgery) on 18 August 2016. The overall rating for the practice was good with requires improvement in the well led domain. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr N Sivanesan & Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr N Sivanesan & Partners (known as Brereton Surgery) on 25 April 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.

Detailed findings

How we carried out this inspection

We carried out an announced focused inspection on 25 April 2017. During our visit we:

- Spoke with the GPs, a practice nurse, the officer manager and the practice manager.
- Looked at the recruitment file for a newly appointed member of staff.
- Reviewed risk assessments and certificates for servicing of equipment.
- Reviewed a number of policies and procedures and minutes of meetings.

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 18 August 2016, we rated the practice as requires improvement for providing well led services and issues a requirement notice. This was because:

- There was no overarching governance structure, which included systems for assessing and monitoring risks and the quality of the service provided.
- A lack of a formalised system to act upon medicines and equipment alerts issued by external agencies.
- No system to check the continued registration of the nurses with their professional body.
- A lack of risk assessments.
- Equipment had not been serviced in line with the manufacturer's instructions.
- A clear leadership structure, including designated roles and responsibilities for staff was not in place.

These arrangements had improved when we undertook a follow up inspection on 25 April 2017. However, we identified a new issue around receipt of alerts. The practice is now rated as good for providing well led services.

The practice had developed a system to demonstrate that the medicines and equipment alerts issued by external agencies were acted upon. A policy had been developed and shared with staff. One of the GP partners had been allocated the clinical lead role for the management of safety alerts. Alerts were received at the practice and forwarded to all clinicians. The GP lead reviewed the alert and identified action to be taken. All alerts were recorded on a spreadsheet and closed off when completed. We saw that the new process had been implemented from April 2017. We saw for the two alerts received post April 2017 appropriate action had been taken.

The process prior to April 2017 was not clear and it was not always possible to identify what action had been taken. We also identified a new issue as we found gaps in the practice's receipt of some alerts. The practice assured us that this would be reviewed, monitored and actioned.

We saw that practice had improved the systems in place for assessing and monitoring risks. We saw that the following risk assessments had been completed: all areas of the building, wheelchairs and the stair lift. Actions plans were in place to manage the risks identified. Equipment, including the fire alarm had been serviced in accordance

with the manufacturer's instruction and a servicing schedule developed. Records of fire drills included details of who attended and how long it took to evacuate the building.

The practice had checked the nurses remained registered with their professional body. The practice manager told us the registrations would also be checked as part of the staff appraisal process and added as a calendar reminder when due for renewal. We looked at the file of a newly recruited member of staff. The practice had not asked for information relating to any physical or mental health conditions the person may have, or whether they were up to date with their routine immunisations. However, we saw that records relating to the immunisation status of staff for Hepatitis B were in place.

The practice had strengthened the governance procedures in place. A meeting schedule had been introduced for all staff groups. We looked at the minutes of two practice meetings where significant events were discussed. The practice had set agendas for meetings, and staff were invited to add any additional items as required. We saw that where significant events had been discussed, the minutes were sufficiently detailed to enable staff who weren't present to know what had been discussed and the lessons learnt. Staff spoken with told us they received a copy of the minutes and had to confirm they had read them.

Due to the recent changes in the partnership, the leadership structure and roles were being updated. The partners had designated managerial and clinical roles, although responsibility for these needed to be embedded. The partners and the practice manager met fortnightly to discuss the strategy. The business plan was being reviewed and updated. The partners were reviewing the staffing needs of the practice. Consideration was being given to further training and development of the nurse prescriber and the recruitment of a health care assistant. The partners were also looking at the current appointment systems to see if any amendments needed to be made. The business continuity plan had been updated following the changes to the partnership and a copy was kept off site.

The practice had continued to develop the role of the patient participation group. The group now met in person and meetings had been held in November 2016 and February 2017. The next meeting was planned for 26 April 2017. Minutes from these meetings were available.