

The River 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 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	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to The River Surgery	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at The River Surgery on 19th July 2016 to check that improvements had been made.

At our previous inspection of 19th October 2015, the practice was rated as requires improvement overall, with requires improvement for safe, effective and well-led. It was rated as good for providing caring and responsive services. As a result of our inspection of 19th October 2015, the practice was issued with a requirement notice for improvement.

Necessary improvements have been made, and the practice is now rated as good.

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

- The repeat prescribing policy had been updated to reflect current systems and practices.

- Infection control training had been provided to all staff.
- There had been a recent infection control audit.
- Staff were aware of lead roles at the practice, and who to go to if they had safeguarding concerns.
- Pre-employment checks were robust and sought to ensure that newly recruited staff were suitable for their roles.
- There were systems to ensure that patients taking high risk medicines were regularly monitored.
- Significant events were consistently recorded and routinely discussed.
- The emergency medicines kit was routinely checked and all medicines in this were in date.
- All staff received an appraisal.

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.

- There was one form used to record significant events, which were routinely discussed and revisited.
- All staff had received training in infection control. A recent infection control audit had been undertaken.
- There were robust procedures in place which sought to ensure that staff were suitable for the role for which they had been employed.
- Staff knew who to contact if they had safeguarding concerns.
- There were regular checks of the emergency medicines box to ensure that these had not passed their expiry date.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Patients who were taking high-risk medicines were appropriately reviewed prior to a repeat prescription being issued.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

- Policies were located centrally and lead roles were displayed around the practice so that staff and patients knew who to contact if they had concerns.
- The partners and management had introduced procedures to regularly review patients.

Good



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

As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good



People with long term conditions

As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good



Families, children and young people

As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good



Working age people (including those recently retired and students)

As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good



People whose circumstances may make them vulnerable

As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good



People experiencing poor mental health (including people with dementia)

As a result of our inspection we found that the required improvements had been made to this population group and we have changed the ratings accordingly.

Good



The River Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a lead CQC inspector.

Background to The River Surgery

The River Surgery is situated in Buckhurst Hill, Essex. It provides GP services to approximately 4250 patients living in Buckhurst Hill, Loughton, Chigwell and Woodford. The River Surgery is one of 38 practices commissioned by the West Essex Clinical Commissioning Group. The practice holds a General Medical Services contract (GMS) with the NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a higher number of children aged 5 to 19 years than the England average, as well as a slightly higher number of patients aged 40 to 49 years. Economic deprivation levels affecting children and older people are lower than England average, as are unemployment levels. The life expectancies of men and women are slightly higher than national averages. There are fewer patients on the practice's list that have long standing health conditions and significantly fewer patients in receipt of disability allowance than the national average.

The practice is governed by a partnership of three partners, two of which are female GPs and one a female nurse practitioner. The partners are supported by a salaried GP, a practice nurse and a health care assistant. Administrative

support consists of two part-time practice managers who each work four days a week, a secretary, an administrator, two scanning and data input clerks and five part-time receptionists.

The River Surgery is a training practice. They are an accredited training practice for GP specialist trainees as part of their vocational training scheme. There is one registrar at the practice. A registrar is a qualified doctor who is training to become a GP through a period of working

and training in a practice. The practice is also affiliated with The Royal London Medical School and provides teaching to undergraduate medical students.

The practice is open between 8am and 7pm every weekday except Wednesday, when the surgery closed at 1pm. Morning appointments are from 9:00am to 12:30pm on a Monday, 9:00 to 12.40pm on a Tuesday and Thursday, from 8:30am until 1pm on a Wednesday and 9am until 1:15pm on a Friday. Afternoon surgery times are 3pm until 7pm on a Monday and Thursday, 2:30pm until 7pm on a Tuesday, closed on a Wednesday afternoon and 3pm until 7:15pm on a Friday. When the practice is closed on a Wednesday afternoon, patients are advised to contact the out of hours provider.

The GPs hold morning surgeries daily and afternoon surgeries on a Monday, Tuesday, Thursday and Friday. The practice is taking part in the Prime Minister's Challenge Fund. This is an initiative to improve and extend patient access. The practice is working with other surgeries across West Essex to provide appointments GP and nurse over the weekends.

The practice has opted out of providing 'out of hours' services which is now provided by Partnership of East London Co-operatives (PELC), another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Detailed findings

Why we carried out this inspection

We inspected this service as a focused inspection to check 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

After our last inspection, we asked the provider to submit to us an action plan telling us how they were going to improve services at the practice. We carried out an announced visit on 19 July 2016 to check that necessary improvements had been made. During our visit we:

- Spoke with staff, including the practice managers and two members of the administrative team.
- Reviewed documents including policies, a staff file, meeting minutes and audits.

We revisited the following two questions:

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

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

Safe track record and learning

At our inspection of 19 October 2015 we found that although significant events were being discussed, they were not being recorded consistently. Some were being documented on a standard form, whereas others were being recorded in meeting minutes. However, at our most recent inspection we found that this was no longer the case. Training had been provided as to what would constitute a significant event and how to report these. As a result of this training, regular discussion and on-going review, the recording and analysis of significant events was clear and consistent.

Overview of systems and processes

A list of lead roles, such as the lead for safeguarding vulnerable adults and children were displayed in the reception area so that staff knew who to contact if they had safeguarding concerns. Staff were told of where to locate policies and procedures, and signed to acknowledge that they understood where to find these.

All staff had received training in infection control since the last inspection and further, an infection control audit had been completed and remedial actions taken.

There were robust procedures in place which sought to ensure that staff were suitable for the role for which they had been employed. Checklists were completed and audited regularly to ensure that all relevant documentation was in place.

Arrangements to deal with emergencies and major incidents

At our earlier inspection, we found four medicines in the emergency medicines box had expired. Although the person checking these had circled the date to indicate that they had expired, these were not removed from the emergency medicines box. At our most recent inspection, we found that regular checks of the emergency medicines box were carried out and that all medicines were in date.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

During our inspection of 19 October 2015, we found that a number of patients who were taking prescribed medicines that required monitoring had not received blood tests within the required time frame. However, since this inspection, we found that improvements had been made and robust systems had been put in place to ensure that relevant patients were effectively monitored. Monthly searches were undertaken to identify patients, who were

then provided with blood forms and asked to present for blood tests. Patients who failed to do so were discussed in regular clinical meetings to ascertain the reason for this. Medicines were taken off repeat prescribing where appropriate in order to prompt patients to have their bloods tested.

Effective staffing

At our previous inspection, we found that not all members of staff had received an appraisal. This had since been rectified, with all staff now having received an appraisal of their performance.

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 partners and practice managers had taken appropriate and confident steps to address the issues identified at the last inspection. At our most recent inspection, we found that governance arrangements were underpinned by policies and procedures which were centrally located and accessible to all staff. Staff knew how to access forms, policies and procedures, and who to go to if they had queries or concerns.

The practice was now using computer-based clinical systems with knowledge and assurance to identify and review patients taking high risk medicines. Searches were being regularly undertaken to identify patients who required monitoring. The results were regularly discussed at clinical meetings which sought to ensure consistent, timely and appropriate care.