

Surrey Lodge Group Practice

Inspection report

Surrey Lodge Group Practice
11 Anson Road
Victoria Park
Manchester
M14 5BY
Tel: 0161 224 2471
www.surreylodge.co.uk

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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 location

Good 

Are services safe?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating June 2018 – Good)

The key question inspected at this inspection is rated as:

Are services safe? – Good

The population group rating inspected at this inspection is rated as:

Working age people (including those recently retired and students) - Good

We carried out a focused inspection of Surrey Lodge Group Practice on 27 November 2018. This inspection was to see whether the breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment) found at our last inspection in June 2018 had been addressed. For this inspection, we focused on the key question of Safe and the population group Working age people (including those recently retired and students) in Effective. Both were rated as requires improvement following the June inspection. We also looked to see whether the practice had implemented any other additional improvements.

At this inspection we found evidence that the breach of regulation had been addressed; specifically, we found:

- The practice had continued implementing the comprehensive plan of development and improvement that was in place at our inspection in June 2018.
- The practice team had taken action to address all areas previously identified.

This included:

- Updating staff recruitment records so that these contained up to date information reflecting staff roles and responsibilities.
- All staff had received health and safety training and the appropriate policies, protocol and risk assessments were in place, including a fire safety risk assessment.

- Staff were trained in infection control and prevention (IPC) and a comprehensive IPC audit was in place.
- Records showed staff had received training in a number of areas including health and safety and safeguarding. The practice had contracted with an online training provider.
- Staff had received appraisal in line with a planned schedule.
- The practice had taken action to be more proactive in identifying patients who were carers. The practice had improved their number of patients registered as carers, however this remained at less than one percent
- The practice had taken action surveying patients on their thoughts and understanding of the patient participation group. They had identified seven patients who confirmed their interest and willingness to become members of the PPG.
- The practice had taken and continued to be proactive in encouraging patients to attend for cervical screening and other health screenings.
- The plan of internal refurbishment continued to be implemented.

The areas where the provider **should** make improvements are:

- Continue to identify and support patients who are also carers.
- Continue to establish the patient participation programme.
- Continue with the strategy to improve achievement in cervical cytology.

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.

Population group ratings

Working age people (including those recently retired and students)

Good



Our inspection team

A Care Quality Commission (CQC) lead inspector conducted a focused inspection at the practice.

Background to Surrey Lodge Group Practice

Surrey Lodge Group Practice is located at 11 Anson Road, Victoria Park, Manchester, M14 5BY.

The practice is part of the NHS Manchester Clinical Commissioning Group (CCG) and provides services under a Personal Medical Services contract with NHS England. It has 8297 patients on its register. The practice website address is www.surreylodge.co.uk

The surgery is provided from a large Victorian building and is in a busy residential and commercial area, close to the university, local hospital and city centre Manchester. The practice offers car parking facilities, and disability access. The practice provides consultation and treatment rooms on the ground floor and first floor. A programme of redecoration and refurbishment is being implemented.

There are three GP partners, (two female and one male) and two salaried GPs, one nurse practitioner, two practice nurses, one health care assistant, one practice manager and a range of administrative and reception staff.

The practice telephone lines are open Mondays to Fridays from 8am to 6.30pm and the practice staggers appointments throughout the day from 08:20 am until 6pm. Extended hours are provided two mornings each week from 7am and appointments are available with the practice nurse team and a GP. The practice can also offer patients a same day appointment at one of Primary Care

Manchester's hub sites. These are local surgeries who offer extra appointments seven days a week for those patients who have an urgent need to see a doctor on the day. They also offer weekend appointments.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice has a lower number of patients under the age of 18 years, 15% compared with the CCG average of 24% and England average of 21%. Similarly, there were lower number of patients over the age of 65 years (7%) compared with the CCG average (10%). The largest age group of patients registered at the practice are between 15 and 44 years.

The practice has 37.1% of its population with a long-standing health condition, which is lower than the CCG and the England average of 53% and 53.7% respectively. Unemployment at 11.4% is higher than the local average of 8.8% and national average of 5%.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had reviewed its recruitment procedure since the last inspection. They had implemented changes including ensuring job roles and job descriptions were up to date and reflected the actual jobs staff were employed to do. Records of immunology were now held for clinical staff and a plan was being implemented for checking non-clinical staff.
- The practice had undertaken Disclosure and Barring Service (DBS) checks for all staff even for those staff members with a DBS check already in place. (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).
- Staff had received training in health and safety and this included fire safety. There were designated leads for the building and fire safety. Risk assessment and regular monitoring checks on different aspects of the building were undertaken.
- The lead for infection prevention and control had received training since the previous inspection and there was an effective system to manage infection prevention and control. This included audit supported by regular monthly checks.
- Staff had received training and support through monthly full team training/meetings and formal appraisal.

Appropriate and safe use of medicines

The practice had improved systems to ensure emergency medicine and equipment were safe.

- Since the last inspection emergency medicines had been reviewed and a risk assessment was in place for those not held with control measures recorded. Equipment included that used for emergencies were regularly checked to ensure expiry dates had not passed.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Lessons learned and improvements made

Since the previous inspection the practice had following review further developed their procedure and protocol for identifying and responding to significant events.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Other areas

The practice continued to implement their strategy to improve the culture to become more inclusive for all staff. Monthly full team training meetings were held where staff learned about a range of subjects around the management and delivery of a modern health care service. The practice was implementing a team structure that recognised staff members areas of expertise. For example, one staff member was now lead for data and data quality, another team member was lead for issues regarding the building including safety and aesthetics.

The practice had been proactive and responded to the areas identified at our previous inspection. For example, the carer's register had increased from seven to 36 members. There was recognition that further work was required to improve this further. The practice patients had been canvassed regarding their understanding of a patient participation group (PPG) and from this seven patients had confirmed their interest and commitment to joining a PPG.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice as good for providing effective services to Working age people (including those recently retired and students)

Working age people (including those recently retired and students):

- Up to date data since the last inspection in June 2018 for cervical was not available. The practice manager tried to access the database used by Public Health England to provide up to date data without success. However, the practice believed their overall achievement was improving and quality and outcomes framework data showed improvements.

- The practice had continued implementing their strategy to improve their cervical screening. Since June 2018 the practice had introduced a number of measures to assist them to identify and support patients more effectively. These included; support from 'Jo's Cervical Cancer Trust', the introduction of an additional computer software programme which flagged up patients who required screening, and extra monitoring checks on the accuracy of information recorded and coded on the practice patient records.

Please refer to the evidence tables for further information.