

Little London Surgery

Quality Report

Little London,
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Date of inspection visit: 8 September 2016

Date of publication: 31/10/2016

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 responsive to people's needs?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focussed inspection at Little London Surgery on 8 September 2016.

The practice had previously been inspected in November 2015 and was rated as requires improvement for providing safe services and good for responsive. At this time we identified a breach of regulation around safe care and treatment. This was because the provider did not keep records to reflect the appropriate management of the cold chain (the safe storage and handling of vaccinations). Additionally, records were not in place to support that risk was effectively managed in the absence of disclosure and barring service (DBS) checks for staff and for specific risks associated with health, safety and infection control. During the previous inspection the practice had not reviewed the 2015 national GP patient survey in order to consider whether improvements were needed to improve patients' experience of the service.

Following the inspection the practice sent us an action plan detailing the actions they were going to take to improve.

We carried out a focused inspection to check whether the provider had made improvements in line with our recommendations and to ensure regulations are now met. This report only covers our findings in relation to

those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little London Surgery on our website at www.cqc.org.uk.

We found that during our inspection on 8 September 2016, the practice had improved systems and we found the following key findings:

- The practice had established systems and processes to keep patients safe.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. There were effective systems in place to alert the practice when training updates were required.
- Risks associated with health, safety and infection control were effectively assessed and well managed. There were adequate arrangements in place to respond to emergencies and major incidents.
- The practice had systems in place to effectively monitor and audit their processes, including patient correspondence and risk management systems
- The practice had proactively sought patient feedback via patient surveys, and findings had been acted on.

Summary of findings

The national GP patient survey published 7 July 2016 showed slight improvements in some areas of patient access however were still below local and national averages.

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

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 was able to demonstrate that they had made sufficient changes to improve the safety of their services and the practice is rated as good for providing safe services. For example:

- Staff who carried out chaperoning duties had the required competencies to carry out this role. Staff acting as chaperones had received a Disclosure and Barring Service (DBS) check. DBS
- There were systems in place to action, monitor and record staff training; information such as training certificates were easily accessible. Staff had received training in a range of areas such as infection prevention control and fire safety.
- Risk management arrangements had improved and were now in place. For example, the practice had completed a legionella risk assessment and risks associated with infection control had been assessed and were being continually monitored.
- In the absence of medicine used to treat suspected meningitis the practice had carried out a risk assessment to establish adequate arrangements in order to respond to medical emergencies. Following the inspection the GP partners and management team held a meeting to discuss the availability of emergency medicines. We were told that the practice had ordered the required medicine used to treat suspected meningitis.
- The practice had strengthened their auditing process. All letters and correspondence received into the practice relating to patient care and treatment were reviewed and cascaded appropriately and in a timely manner. There was appropriate clinical oversight of this process.

Good



Are services responsive to people's needs?

- During the previous inspection the 2015 national patient survey showed that patients' satisfaction with access to care and treatment was below local and national averages. During this inspection we saw that patient satisfaction had improved in some areas however were still below local and national averages regarding questions relating to patient access.
- The practice reviewed the national GP patient survey, carried out internal patient surveys and used findings to secure improvements to services.

Good



Little London Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was carried out by a CQC Lead Inspector.

Background to Little London Surgery

Little London Surgery is located in Walsall, West Midlands situated in a purpose built building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation in the area served by Little London Surgery is below the national average, ranked at two out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged 75 years and over and patients aged zero to four years old. The practice also has a higher than the national average number of patients with caring responsibilities.

The patient list is approximately 8,400 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of five GP partners, three male and two female, four practice nurses, one being an independent prescriber, two Health Care Assistant (HCA), one locum practice pharmacist, one practice manager, one reception manager, two administrators, two secretaries and seven receptionists. The practice is a training practice for GP registrars (fully

qualified doctors who wish to become general practitioners). At the time of the inspection the practice had one GP registrars and one Foundation Year two (FY2) Doctor (a doctor studying the second year of the Foundation Programme).

The practice is open between 8am and 6.30pm on Mondays, Wednesdays, Thursdays and Fridays; 7.15am to 6pm on Tuesdays and 8.30 to 8pm on Wednesdays. On Tuesdays there is an extended hours service when the practice is open from 8am to 8pm. The practice closes on a Thursday at 1pm on the third week of each month and does not re-open during the afternoon. When the surgery is closed during normal opening hours the services is provided by 'WALDOC' which is an out-of-hours service provider.

GP consulting hours are from 8am to 10.50am and 4pm to 6pm Mondays to Fridays. Extended consulting hours are offered on Tuesdays from 6.30pm to 8pm.

The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Primecare.

Detailed findings

Why we carried out this inspection

We carried out a focused review 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, looking whether the provider had made improvements identified during the comprehensive inspection carried out in November 2015 under the Care Act 2014.

How we carried out this inspection

We undertook a focused inspection on 8 September 2016. This involved speaking with staff members and reviewing relevant documentation we had asked the practice to prepare to ensure improvements were made.

Are services safe?

Our findings

Overview of safety systems and processes

During our focused inspection the practice demonstrated clearly defined and embedded systems and processes in place to keep patients safe. For example:

- During our comprehensive inspection in November 2015, non-clinical staff we spoke with told us that if nurses were not available to carry out chaperoning duties they would undertake the role. We saw that non-clinical staff who carried out these duties had not been appropriately risk assessed and had not received a disclosure and barring (DBS) check. (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). Although staff said they were not left unattended with patients there was no formal risk assessment in place to support this.
- During our focused inspection, we saw that the practice had subscribed to the Disclosure and Barring Service (DBS) online update service (a service which allows employers to check certificates on line). We saw that all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check.
- During our comprehensive inspection in November 2015, we saw evidence that some staff had last received infection control training in the year 2011 and 2012 and were overdue updates to ensure they were aware of current good practice. It was also difficult to verify whether all staff had received essential training as records had not been updated.
- During our focused inspection we saw that the practice developed a training matrix, this clearly outlined the dates of training scheduled and undertaken and we saw records of training certificates to support completion of this. We saw that staff had received infection control training updates in April and June 2016.
- During our comprehensive inspection in November 2015, we found that records were inconsistent with regards to the management of the cold chain, (for the safe storage and handling of vaccinations). Specifically, we found gaps in the recording of fridge vaccine temperatures and we saw that between July and

September 2015 temperatures had not been recorded for a period of seven days. Therefore, at this time and for this period, the practice had not been following record keeping guidelines by Public Health England and this posed a risk that staff would become unaware of a break in the cold chain in the event of temperatures breaching the recommended range.

- During our focused inspection, we discussed this with the practice manager and we saw evidence that the practice had taken appropriate action to ensure processes had been implemented. They had treated the breach to cold chain guidelines as a significant event and had put measures in place to prevent reoccurrence. We saw that the practice had purchased a data logger as a device to continuously record vaccine fridge temperatures. This also allowed the practice to monitor temperature ranges by downloading data from the data logger onto a computer. We saw evidence of regular manual temperature recordings with the data logger acting as a backup. As well as manual recording, we saw that temperatures were also being recorded electronically, all records were within recommended ranges.
- The cold chain policy had also been updated by the lead practice nurse. The policy included procedures for monitoring vaccine fridges and we saw that the protocol was located on the vaccine fridges for staff ease. Conversations with staff highlighted that they had been informed of cold chain procedures and these were further discussed during annual appraisals which took place between January and March 2016.

Monitoring risks to patients

During our comprehensive inspection November 2015, we saw that risks to patients were assessed and well managed with the exception of the management of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and actions had not been taken to reduce potential fire risks.

- When we carried out our comprehensive inspection there was no record of a formal legionella risk assessment to provide assurance that the practice had identified any risks associated with legionella. and risks associated with infection control had not been assessed and were not being managed appropriately.

Are services safe?

- During our focused inspection, we saw that an external contractor had carried out a legionella risk assessment and identified recommended actions. We saw that in response to these actions, the practice had sourced an external contractor to carry out monthly checks of the practice water temperatures. The practice manager attended legionella management training in March 2016, and we were provided with a certificate to confirm this had taken place.
- Although during our comprehensive inspection; November 2015, we saw evidence of fire equipment and testing of fire alarms checks, we saw that staff had last received fire training in 2013 and the last fire drill had taken place in November 2013. We also saw that the fire risk assessment had last been completed in December 2010 and lacked detail on the level of risk and actions taken to reduce potential risks. Following the comprehensive inspection, the practice told us that an external contractor had been booked to undertake a fire assessment for December 2015.
- During our focused inspection, we saw that a fire risk assessment had been carried out by an external contractor and a further fire risk assessment was scheduled for December 2016. The assessment identified moderate risks and no actions were identified. We were provided with evidence of weekly fire alarm & safety checks and monthly checks of lighting and fire extinguishers, notices to remind staff to carry out checks were placed in reception. We saw records to confirm that fire drills had been carried out with the next scheduled drill due November 2016. We saw that staff had received fire safety training in February 2016.

Arrangements to deal with emergencies and major incidents

- When we carried out our comprehensive inspection; November 2015, we saw that the practice had adequate arrangements in place to respond to emergencies and major incidents. However, emergency medicines did not include a specific medicine used to treat suspected meningitis. On discussing this, the GPs explained that their assessment of the risk was that ambulances could arrive at the practice promptly and there was also a pharmacist next door to the practice so they could obtain the medicine if needed. However, we found that

this had been informally assessed without formal documentation, with no formal risk assessment or local agreement with the pharmacy to support this arrangement.

- During our focused inspection, we found that although the practice had not purchased specific emergency medicines used to treat suspected meningitis, there were records of a formal risk assessment in place to support how risk was assessed and actions to be taken in the event of an emergency. Records highlighted formal arrangements with the pharmacy and also made reference to contacting emergency services. Following the inspection the GP partners and management team carried out a meeting to discuss the availability of emergency medicines. We were told that the practice had ordered the required medicine used to treat suspected meningitis. Pharmacy staff we spoke with confirmed that the required medication had been ordered and delivered to the practice.

Coordinating patient care and information sharing

- During our comprehensive inspection; November 2015, we saw that all letters and clinical correspondence relating to patient care and treatment were reviewed by administrative staff in the data team at the practice. At the time we discussed this with the GPs who told us that staff were experienced and trained to do this and would always discuss any concerns or queries with the GPs, and that there was a practice policy to support this. This posed the risk of correspondence not routinely being seen by a clinician except for example, those with coding queries and changes to medication.
- Following the comprehensive inspection, the practice informed us that they had reviewed their process and strengthened the auditing process to ensure themselves information was cascaded appropriately and in a timely manner.
- As part of our focused inspection, the practice shared records of a monthly audit which was overseen and assessed by the practice's GPs. We saw six months' worth of audits, which showed an average weekly receipt of approximately 80 letters per GP. The data showed that letters were in most cases adequately processed. Staff we spoke with explained that identified areas for further improvement would be discussed during the next scheduled practice meeting in

Are services safe?

September 2016. Staff also spoke of plans to install Docman (an electronic document management

workflow system used by GPs). Staff confirmed that the system had been scheduled to go live during September 2016 and training on the system had also been facilitated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

During the comprehensive inspection in November 2015, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. Staff we spoke with said that the practice had not reviewed the results of the most recent national GP patient survey which at the time had been published in July 2015.

During this focused inspection we saw that the national GP patient survey published 7 July 2016 showed a slight increase in patients satisfaction, however the practice were still below local and national averages. For example:

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 50% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 71% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 53% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

- 59% with a preferred GP usually got to see or speak to their preferred GP compared with a CCG average of 57% and national average of 59%.

During this focused inspection, we saw that the practice had reviewed the national GP patient survey results, carried out an internal patient survey and used findings to secure improvements to services. For example:

- Staff we spoke to told us that the practice had used an independent body to carry out a patient survey in March 2016. Three hundred and four patients participated, and data provided by the practice identified issues with phone access and appointment availability.
- We were told that the practice worked to address this by providing online prescription requests which they had introduced in February 2016 and also encouraged patients to sign up to online patient record access and E-consult (a system that provides patients with an online web link to a variety of self-help information as well as signposting to alternative services and a symptom checker which can help patients establish whether they need a GP appointment). Staff we spoke with told us that this would help reduce the volume of calls which in turn would provide better phone access.
- Staff explained that the practice planned to discuss their internal survey findings as well as the national GP patient survey results with their Patient Participation Group (PPG) during the next PPG meeting scheduled in October 2016.