

# Larksfield Surgery Medical Partnership

## Quality Report

Larksfield Surgery Medical Partnership  
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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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Larksfield Surgery Medical Partnership on 20 September 2016. The overall rating for the practice was good with requires improvement for safe.

The full comprehensive report from the September 2016 inspection can be found by selecting the 'all reports' link for Larksfield Surgery Medical Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused follow up inspection carried out on 4 July 2017 to confirm that the practice had carried out their plan to meet the recommendations for improvement that we identified in our previous inspection on 20 September 2016.

The areas identified as requiring improvement during our inspection in September 2016 were as follows:

The practice were told they should:

- Establish a system that will ensure all Medicines and Healthcare products Regulatory Agency (MHRA) alerts are appropriately reviewed and acted on.
- Review arrangements in place to monitor the updating of medical records.

Overall the practice is now rated as good in all areas.

Our focused inspection on 4 July 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- There was an open and transparent approach to safety. The practice had improved the system to manage, review and action patient safety alerts. For example, those received from the Medicines & Healthcare products Regulatory Agency (MHRA).
- Risks to patients were assessed and well managed. The practice had implemented a system to review and monitor the changes made to patients' records after they had been updated by clerical staff.

**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?**

At our comprehensive inspection on 20 September 2016, we identified areas where improvements were recommended to processes and procedures to ensure the practice provided safe services.

During our focused follow up inspection on 4 July 2017, we found the practice had taken action to improve and the practice is now rated as good for providing safe services.

- The practice had implemented systems to manage, review and ensure action was taken in relation to patient safety alerts. For example, alerts received from the Medicines & Healthcare products Regulatory Agency (MHRA).
- The practice had implemented a system to review and monitor the changes made to patients' records after they had been updated by clerical staff.

**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

Following our comprehensive inspection on 20 September 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our focused inspection to alter this rating.

Good



### People with long term conditions

Following our comprehensive inspection on 20 September 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our focused inspection to alter this rating.

Good



### Families, children and young people

Following our comprehensive inspection on 20 September 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our focused inspection to alter this rating.

Good



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

Following our comprehensive inspection on 20 September 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our focused inspection to alter this rating.

Good



### People whose circumstances may make them vulnerable

Following our comprehensive inspection on 20 September 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our focused inspection to alter this rating.

Good



### People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 20 September 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our focused inspection to alter this rating.

Good



# Larksfield Surgery Medical Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

## Background to Larksfield Surgery Medical Partnership

Larksfield Surgery Medical Partnership provides a range of primary medical services, including a dispensary, to the residents of Stotfold and surrounding area. The practice is housed in a purpose built medical centre, which opened in 1999.

The practice has approximately 13,400 patients with services provided under a General Medical Services (GMS) contract, a nationally agreed contract with NHS England. The practice falls within in the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice population is pre-dominantly white British and broadly follows the England national profile, apart from where there are fewer patients between the ages of 10 and 30 years of age. National data indicates the area is one of low deprivation and it falls in the 10th least deprived decile. Average life expectancy for patients at the practice is two year longer than the local CCG average and three years longer than the England national average.

The practice is led by a principal GP and has four other GP partners. The practice employs two salaried GPs and, as a training practice, there are also two GP Registrars. The gender mix of GPs ensured that patients could choose to see either a male or female GP. The nursing team

comprises five nurses and two Health Care Assistants, managed by a senior nurse. There is a large team of reception, secretarial and administrative staff led by two interim practice managers. The dispensary staff and other specialist roles completed the complement of staff at the practice.

The practice is open from 8am to 6.30pm Monday to Friday with appointments available between 8am and 5.50pm. Appointments are available during extended hours surgery between 7am to 7.50am and 6.40pm to 7.15pm on different days throughout the week. Appointments in these extended hours surgeries must be pre-booked.

When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service. Information about out-of-hours services is available on the practice leaflet and website.

## Why we carried out this inspection

We undertook a comprehensive inspection of Larksfield Surgery Medical Partnership on 20 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for safe. The full comprehensive report following the inspection on 20 September 2016 can be found by selecting the 'all reports' link for Larksfield Surgery Medical Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused follow up inspection of Larksfield Surgery Medical Partnership on 4 July 2017.

# Detailed findings

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 is in line with the recommendations detailed in the previous inspection.

## How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This information told us how the provider had addressed concerns we identified during our comprehensive inspection on 20 September 2016.

We carried out an announced focused follow up inspection of Larksfield Surgery Medical Partnership on 4 July 2017. During our inspection we spoke with the principal GP, the head of medicines management, a member of dispensary staff and two administration staff.

# Are services safe?

## Our findings

At our previous inspection on 20 September 2016, we rated the practice as requires improvement for providing safe services.

We carried out an announced focused follow up inspection on 4 July 2017 to check action had been taken to improve the areas identified as requiring improvement. During the inspection we found arrangements had significantly improved.

The practice is now rated as good for providing safe services.

### Safe track record and learning

- We reviewed safety records, incident reports, patient safety alerts, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and minutes of meetings where these were discussed. We found that the practice had developed a structured system to receive, discuss and record actions taken in relation to all alerts received including MHRA alerts.
- All alerts were now received by a number of staff at the practice, these were actioned by a member of the

dispensary staff who carried out a search of patients and if required affected patients were contacted and advised of the change to their medicine. The practice also contacted two local pharmacies to inform them of the alert. Once actioned, the alert was passed to a member of the administration team who held a log of alerts and completed actions taken in a shared folder on the practice intranet. All alerts were then discussed at the daily clinical meeting.

### Monitoring risks to patients

- The practice had a clear protocol in place to guide the work of medical clerks who updated the records of patients, for example when results were received from other services or under the 'shared care' protocol.
- We saw that that the protocol provided guidance on when cases should be referred to a clinician, for example when three alerts were evident. The practice had developed systems to ensure that GPs had oversight of any updates made to patient records. We saw evidence of a flow chart which identified a priority of updates and that all information was sent to the GP via the clinical system to review and action if required.