

Drs Noorpuri & Marshall

Quality Report

Newark Road Surgery
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Date of inspection visit: 26 July and 2nd August 2016

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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

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Summary of this inspection

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the practice on 6 January 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12, 13, 17 and 18.

We undertook a focussed inspection on 26 July 2016 and 2nd August 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from January 2016 by selecting the 'all reports' link for Newark Road Surgery on our website at www.cqc.co.uk

- We found that an improved significant event system had been put in place. The policy and reporting form had been updated. The practice had had eight significant events since the last inspection and we looked at them all. We found the updated system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented.

- The practice now had a system in place to ensure that patients were safeguarded from abuse and improper treatment
- We found that in most cases learning from significant events and complaints was shared with staff but themes and trends still needed to be identified and an action plan put in place where appropriate.
- Risks to patients were now assessed and most were well managed.
- Action had been taken to address identified concerns with infection prevention and control practice.
- A fire drill had taken place and fire alarm testing was carried out regularly
- The practice had embedded a process to ensure emergency equipment and medicines were checked as per the practice protocol.
- Staff had received an annual appraisal.
- We found the nurse prescriber had received clinical supervision

Summary of findings

- There was system in place for the recall of patients with long term conditions and undertake annual reviews.
- The practice had a new system for the identification of carers.
- The practice had commenced a more formalised process for the recording of minutes of meetings but the clinical meeting minutes still required more detail.
- Staff had appropriate policies and guidance in place to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and which identify the responsible person. For example, legionella, cold chain, checking of emergency equipment and medicines.

The areas where the provider should make improvements are:

- Continue to embed the updated system for significant events and identification of carers.
- Identify themes and trends from significant events and complaints and take action where appropriate.

- Complete the work required to ensure staff and patients are safe. For example, in regard to fire safety.
- Ensure the reviews for patients with a learning disability take place.
- Ensure all staff files have the appropriate recruitment documents and files are in order as per the practice policy.
- Complete the appraisal process ensuring the notes of the discussions that had taken place are typed and added to the staff file.
- Complete the process for reorganising all staff files.
- Include safety alerts for discussion at meetings and ensure minutes are detailed.
- Continue to assess and monitor the quality and safety of the service provision by completing a full patient survey.

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.

Good



- There was a much improved system for reporting and recording significant events. We found that the system in place for significant events had been updated and the policy was clear on how significant events would be dealt with in the future. However, the system still required further improvement to ensure that the investigations were detailed and actions were identified and implemented. Lessons were shared to make sure action was taken to improve safety in the practice but these needed to be evidenced more clearly.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- The practice now had a system in place to ensure that patients are safeguarded from abuse and improper treatment
- Risks to patients were now assessed and most were well managed.
- Action had been taken to address identified concerns with infection prevention and control practice.
- A fire drill had taken place and fire alarm testing was carried out regularly
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- The practice had embedded a process to ensure emergency equipment and medicines were checked as per the practice protocol.

Are services effective?

The practice is rated as good for being effective.

Good



- Staff had received an annual appraisal.
- We found the nurse prescriber had received clinical supervision

Are services well-led?

The practice is rated as good for being well-led.

Good



- Since our inspection in January 2016 we found that the practice had made significant improvements.

Summary of findings

- The practice had improved the governance framework in place to support the delivery of the strategy and good quality care. For example, systems for assessing and monitoring risks.
- The practice now had a system in place to ensure that patients are safeguarded from abuse and improper treatment.
- There was evidence of appraisals for all staff.
- The practice had a schedule for meetings for 2016 and we saw evidence of minutes for GP partners, safeguarding, clinical, palliative care and staff meetings. We found that the clinical meeting minutes still required more detail, responsible person identified and actions to be taken.
- The practice had completed a small patient survey with members of the Patient participation group (PPG) but still need to complete a full patient survey.

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

We carried out an announced comprehensive inspection of the practice on 6 January 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12, 13, 17 and 18.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe, effective and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of older people.

Good



People with long term conditions

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The practice is now rated as good for the care of people with long-term conditions.

Good



Summary of findings

Families, children and young people

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The practice is now rated as good for the care of families, children and young people.

Good



Working age people (including those recently retired and students)

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The practice is now rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

People whose circumstances may make them vulnerable

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The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Good



People experiencing poor mental health (including people with dementia)

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The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to embed the updated system for significant events and identification of carers.
- Identify themes and trends from significant events and complaints and take action where appropriate.
- Complete the work required to ensure staff and patients are safe. For example, in regard to fire safety.
- Ensure the reviews for patients with a learning disability take place.
- Ensure all staff files have the appropriate recruitment documents and files are in order as per the practice policy.
- Complete the appraisal process ensuring the notes of the discussions that had taken place are typed and added to the staff file.
- Complete the process for reorganising all staff files.
- Include safety alerts for discussion at meetings and ensure minutes are detailed.
- Continue to assess and monitor the quality and safety of the service provision by completing a full patient survey.

Drs Noorpuri & Marshall

Detailed findings

Our inspection team

Our inspection team was led by:

At this follow-up inspection the team was led by a CQC Lead Inspector and included a GP specialist adviser.

Why we carried out this inspection

We undertook an announced focussed inspection of Newark Road Surgery on 26 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 6 January 2016 had been made. We inspected against three of the five questions we asked about the service:

- Is the service Safe, Effective and Well-led?

This is because the service was not meeting some legal requirements.

How we carried out this inspection

We spoke with GP partners, practice manager and several members of staff.

We reviewed healthcare records, policies and procedures relating to the clinical and general governance of the service.

Are services safe?

Our findings

- At the inspection in January 2016 we found that the practice did not have a robust system in place for reporting, recording and monitoring of significant events. We saw that the practice had carried out an analysis of some of the significant events we looked at. However they were not in a timely manner to make sure action was taken to improve safety in the practice. We found they had not always been reviewed or investigated in enough depth to ensure that relevant learning and improvement could take place. We found that the practice had not undertaken an exercise to identify any themes or trends. Significant events were not a standing item on the practice meeting agenda.
- At this recent inspection we found there was an improved system in place for reporting and recording significant events. We saw the policy for significant events had been updated and included detailed guidance to staff on what to report, how to report and which forms to use. The practice had had eight significant events since the last inspection and we looked at all of them. We found that most had been reviewed in a timely manner but the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented. We were able to review minutes of meetings where these were discussed. Lessons were shared to make sure actions were taken to improve safety to patients but these needed to be evidenced more clearly.
- At the inspection in January 2016 we found the practice had a system in place for receiving, disseminating or actioning national patient safety alerts. However there was no evidence of safety alerts having been discussed in meeting minutes we reviewed.
- At this recent inspection we reviewed the system in place receiving, disseminating or actioning national patient safety alerts. Safety alerts were received and disseminated by the practice manager. We saw that actions from any safety alerts were undertaken and this included a search of patient records to ascertain if any patients needed a review of their medicines. We were told safety alerts were discussed at meetings. However we could not see any evidence in meeting minutes we reviewed. Staff we spoke with were able to give us examples of recent alerts. For example, the removal of electrical socket safety covers.
- At the inspection in January 2016 we found that the practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- At this inspection we found a clear and effective system in place to keep people safe and safeguarded from abuse. Children who had safeguarding issues were monitored and had alerts on their patient record. Safeguarding meetings had taken place and we saw evidence of detailed minutes. We also saw evidence that safeguarding training had been reviewed. Most were up to date and courses had been booked for those who required an update.
- At the inspection in January 2016 we found that the practice did not have effective systems to ensure patients and staff were protected from the risk of infection.
- At this inspection we found the system to ensure patients and staff were protected from the risk of infection had been improved. The practice manager had undertaken infection control training to enable them to provide advice on the practice infection control policy and carry out staff training. The lead nurse for infection control still needed to complete the training. Cleaning schedules and spot checks had taken place. We saw formal records were in place and the practice manager had done a schedule to ensure all rooms were checked on a regular basis. We saw the updated infection control policy which was specific to the practice and available for all staff to see within the policies accessible via the practice intranet.
- At the inspection in January 2016 we found that the practice had a protocol for the administration of vaccines but it was not robust. It did not provide staff with sufficient guidance on what action to take in the event of a break in the cold chain.
- At this inspection we found the practice had updated its policy on the administration of vaccines which included a section on the breakdown of the cold chain.
- At the inspection in January 2016 we found that the practice had not taken steps to monitor the risk to staff and patients in regard to fire safety.
- At this inspection we found the practice manager had completed a fire risk assessment on 11 June 2016. A

Are services safe?

number of issues were identified. For example, in relation to the maintenance of emergency lighting, fire evacuation from the first floor of the building and lack of regular checks of fire escapes routes and exit doors. We spoke with the management team who immediately booked an external contractor to undertake a full fire risk assessment. This took place on 11 August 2016. We have seen the report and the practice had some areas that need improvement. They had an external contractor visit the practice and at the time of this report are waiting for a date for the improvements to be commenced. We have asked the practice to confirm to the CQC once the work has been completed.

- The practice had a fire drill on 13 July 2016. Notes of fire drill need additional information to include number of staff evacuated, time taken to evacuate building and any problems identified. The practice had two members of staff trained as fire wardens. They have now left so new members of staff have been identified and will require the relevant training.
- We also found that a legionella risk assessment had been carried out in July 2013 (legionella is a bacterium which can contaminate water systems in buildings). A number of recommendations had been made following the risk assessment and these had been implemented. Monthly water temperature checks were carried out. However the practice did not have a legionella policy to

provide guidance for staff. Since the inspection we have seen confirmation that a further legionella risk assessment and survey had been booked for 13 January 2016.

- At this inspection we found the practice had put in place a legionella policy to provide guidance for staff. We saw documented evidence that regular water temperature checks had been carried out.
- At the inspection in January 2016 we saw that the practice had adult defibrillator pads but no child defibrillator pads available. We also found that the practice did not have a checklist or policy for the checking of emergency equipment and medicines.
- At this inspection we saw that the practice had both adult and paediatric defibrillator pads in place. We saw a new policy for the checking of emergency equipment and medicines and evidence that the emergency equipment was checked on a monthly basis.
- At the inspection in January 2016 we found that the practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However each risk was not rated and mitigating actions recorded to reduce and manage the risk.
- At this inspection we found the business continuity plan had been updated and had a risk assessment in place with mitigated risks which would support the practice to reduce and manage any risks.

Are services effective?

(for example, treatment is effective)

Our findings

- At the inspection in January 2016 we found that the learning needs of staff were had not been identified as most staff had not had an annual appraisal since 2014.
- At this inspection we found that appraisals had taken place but notes of some the discussions that had taken place still needed to be typed and added to the staff file. We were told that this would be completed within four weeks.
- At the inspection in January 2016 we found that the nurse prescriber had not received clinical supervision.
- At this inspection we saw that clinical supervision meetings for the nurse prescribed had taken place. There was a plan for future meetings to be held every two months. We saw notes of clinical supervision meetings which included NICE guidance, prescribing and review of clinical notes.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We carried out an announced comprehensive inspection of the practice on 6 January 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulation 12, 13, 17 and 18.

We undertook a focussed inspection on 26 July 2016 and 2 August 2016 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from the January 2016 by selecting the 'all reports' link for Newark Road Surgery on our website at www.cqc.co.uk

At our inspection in January 2016 we found that the practice did not have robust governance systems in place for:

- Reporting, recording, investigating and monitoring of significant events
- Review significant events and complaints in order to detect themes. Ensure learning from significant events and complaints is shared with staff
- Ensure that patients are safeguarded from abuse and improper treatment
- Ensure all staff have received safeguarding update training
- Take action to address identified concerns with infection prevention and control practice.
- Ensure actions from risk assessments are documented and date completed recorded
- Ensure fire drills and fire alarm testing are carried out regularly
- Within the Business Continuity Plan ensure mitigating risks and actions are included.
- Ensure all staff receive annual appraisals.
- Ensure the nurse prescriber has clinical supervision
- Embed a system for the identification of carers
- Put a robust system in place for the recall of patients with long term conditions and undertake annual reviews.
- Carry out reviews for patients with a learning disability.
- Have in place a schedule of minuted meetings
- Ensure recruitment arrangements include all necessary employment checks and references for all staff.

- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and which identify the responsible person. For example, legionella, cold chain, checking of emergency equipment and medicines and recruitment and retention of staff.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

At this most recent inspection we saw

- An improved system in place for reporting and recording significant events. We saw the policy for significant events had been updated and included detailed guidance to staff on what to report, how to report and which forms to use. We found most significant events had been reviewed in a timely manner but the system still required some improvement to ensure that the investigations were detailed and actions were identified and implemented.
- We found some formal arrangements in place to review significant events and complaints. Learning had been shared however no themes or trends had been identified since the last inspection.
- We reviewed the system in place receiving, disseminating or actioning national patient safety alerts. Safety alerts were received and disseminated by the practice manager. We saw that actions from any safety alerts were undertaken and this included a search of patient records to ascertain if any patients needed a review of their medicines. We were told safety alerts were discussed at meetings. However we could not see any evidence in meeting minutes we reviewed. Staff we spoke with were able to give us examples of recent alerts. For example, the removal of electrical socket safety covers.
- We found a clear and effective system in place to keep people safe and safeguarded from abuse. We also saw evidence that safeguarding training had been reviewed. Most were up to date and courses had been booked for those who required an update.
- We found the system to ensure patients and staff were protected from the risk of infection had been improved.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- We saw that the practice had both adult and paediatric defibrillator pads in place. We saw a new policy for the checking of emergency equipment and medicines and evidence that the emergency equipment was checked on a monthly basis.
- We found the business continuity plan had been updated and had a risk assessment in place with mitigated risks which would support the practice to reduce and manage any risks.
- At this inspection we found the practice had a risk assessment for legionella carried out on 13 January 2016. The practice had put in place a legionella policy to provide guidance for staff. We saw documented evidence that regular water temperature checks had been carried out.
- At the inspection in January 2016 we found that the practice had not taken steps to monitor the risk to staff and patients in regard to fire safety.
- At this inspection we found the practice manager had completed a fire risk assessment on 11 June 2016. A number of issues were identified. For example, in relation to the maintenance of emergency lighting, fire evacuation from the first floor of the building and lack of regular checks of fire escapes routes and exit doors. We spoke with the management team who immediately booked an external contractor to undertake a full fire risk assessment. This took place on 11 August 2016. We have since received the report and the practice have some areas that need improvement, for example, plan for first floor fire escape, emergency lighting and extra smoke detectors. They had an external contractor visit the practice and at the time of this report are waiting for a date for the improvements to be commenced. We have asked the practice to confirm to the CQC once the work has been completed.
- All staff had received an appraisal. However notes of some the discussions that had taken place still needed to be typed and added to the staff file. We were told that this would be completed within four weeks.
- Clinical supervision meetings had taken place and a plan for future meetings to be held every two months. We saw notes of clinical supervision meetings that had taken place which included NICE guidance, prescribing and review of clinical notes.
- We found staff files we looked at had appropriate recruitment documents but the files were disorganised and it was difficult to find the required documents. We spoke with the management team who told us that all staff files would be reorganised by 19 August 2016.
- The practice had reviewed its process on the identification of carers. They had updated their protocol and a carers notice had been added to prescription form. A template had been added to the patient electronic system so that patients could be asked when they attended for an appointment. Written information was available in the waiting room attended the practice to ask them to inform the practice if they were a carer or received help from a relative.
- The practice had a good system in place for the recall of patients with long term conditions and undertake opportunistic medicine annual reviews. However we found that the GPs did not have a system in place they reviewed all the patients who had been exception reported due to not having an annual review. Since the inspection the practice have reviewed this system and the named GP will review all exempt patients to ensure that the system is effective.
- We found that the practice had not commenced any reviews for patients with a learning disability since the last inspection due to no learning disability review training dates being available. However two nurses had training on 28 July 2016 and will commence the reviews on 25 August 2016.
- We saw an annual schedule of meetings for the practice had been put in place. All meeting minutes with the exception of GP partner meetings were put on the practice intranet for all staff to read. A set meeting agenda included significant events, safeguarding, NICE guidance and the practice risk register.
- We saw minutes which demonstrated that regular practice meetings had taken place. However the clinical meeting minutes needed a clearer format with more detail of discussion and responsibility for actions being documented
- Prior to our visit the practice had carried out a small patient survey with members of the patient participation group (PPG). The practice had received four replies on the days of our inspection and had not had the opportunity to analyse the data and put an action plan in place. They had carried out family and friends testing but had had very little response in the

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

last five months. We spoke to the management team who told us they would discuss this with the PPG and see if PPG members would attend the surgery to encourage patients to give the practice feedback.