

The Practice Beaumont Leys

Quality Report

1 Little Wood Close

Leicester,

LE4 0UZ

Tel: 0116 235 0435

Website: www.thepracticeplc.com

Date of inspection visit: 11 April 2017

Date of publication: 10/05/2017

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

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	4
Background to The Practice Beaumont Leys	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice Beaumont Leys on 16 August 2016. The overall rating for the practice was good but the rating for providing a safe service was requires improvement as we identified a breach in regulations. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for The Practice Beaumont Leys on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 August 2016. This report covers our findings in relation to those requirements.

Overall the practice is still rated as good.

Our key findings were as follows:

- The system for reporting significant events was effective and comprehensive.
- There was now a system in place to monitor the use of blank prescription forms and pads.

- The correct authorisation process was followed to allow nursing staff to administer vaccines under a patient group directive.
- The temperature of the room where emergency medicines were stored was monitored and the temperature for vaccine fridges was documented in line with the practice protocol.
- All areas of the practice were maintained and cleaned appropriately to prevent the spread of infection.
- Exception reporting data was higher than the national average in some areas, however the practice was able to demonstrate errors in this data and we found that exception reporting was appropriate.
- Locum GPs had access to relevant information as the locum induction pack had been updated and recirculated to all locum GPs.
- The minutes of the practice meetings were comprehensive and identified that previous agenda items or actions from previous meetings had been followed up.

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.

- The system for reporting incidents was comprehensive and all staff reported significant events as required.
- There was now a system in place to monitor the use of blank prescription forms and pads.
- The correct authorisation process was now followed to allow nursing staff to administer vaccines under a patient group directive.
- The temperature of the room where emergency medicines were stored was monitored and the temperatures for the vaccine fridges were documented in line with the practice protocol.
- All areas of the practice were maintained and cleaned appropriately to prevent the spread of infection and there was a system in place to monitor the standard of cleaning and address any issues identified.

Good



The Practice Beaumont Leys

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to The Practice Beaumont Leys

The Practice Beaumont Leys is a GP practice providing primary medical services to around 6,900 patients within a residential area. The practice's services are commissioned by Leicester City Clinical Commissioning Group (LCCCG).

The practice is part of a large public company (The Practice Surgeries Ltd). The service is provided by one salaried GP (who is also the clinical lead) and four long term locum GPs. There is a nursing team comprising of a part-time nurse practitioner, two practice nurses and a nurse associate. The practice also employs two part-time pharmacists, one of whom is based at the practice and the other working remotely. They are supported by a practice manager and a team of reception and administration staff. Additional support is provided by a central management team as part of The Practice Surgeries Ltd.

The practice is located in a ground floor building which is shared with Beaumont Leys Health Centre. All patient facilities are on the ground floor.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 6.30pm and 7.30pm on a Monday and from 8am to 10am

on a Saturday. In addition to pre-bookable appointments, urgent appointments and telephone consultations are available for people that need them. The practice also holds walk-in clinics three days a week to help with access.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

Why we carried out this inspection

We undertook a comprehensive inspection of The Practice Beaumont Leys on 16 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good but the rating for providing a safe service was requires improvement as we identified a breach in regulations. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for The Practice Beaumont Leys on our website at www.cqc.org.uk.

We undertook a follow up announced focused inspection of The Practice Beaumont Leys on 11 April 2017. 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 was now meeting legal requirements.

How we carried out this inspection

During our visit we:

Detailed findings

- Spoke with a range of staff which included the lead GP, the practice manager, the lead locality nurse and the practice pharmacist.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 16 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate, not all staff reported incidents, the use of blank prescription forms and pads was not monitored, the room temperature where emergency medicines were kept was not monitored and one of the vaccination fridges did not have its temperature recorded in line with the practice policy. Additionally, Patient Group Directions (PGDs) had not been signed appropriately.

These arrangements had significantly improved when we undertook a follow up inspection on 11 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our inspection in August 2016 we found there was a comprehensive system for reporting and investigating significant events. However, we were told the practice pharmacist did not report errors as a significant event. At this inspection we spoke with one of the practice pharmacists and from our discussion and evidence provided, it was demonstrated that there was a clear system in place for reporting issues. The pharmacists made a GP aware of any concerns and following their review, the GP would raise the concern as a significant event if this was appropriate. Feedback was then given to the pharmacist as to the course of action taken.

Overview of safety systems and process

At this inspection we found the premises to be generally clean and tidy. The cleaning of the premises was still facilitated through the landlord of the building and we saw evidence of monitoring and auditing of cleaning standards and ongoing communication with the landlord to raise issues as necessary regarding the standard of cleaning in the practice. This had resulted in a recent change of cleaning staff. The practice manager told us they had noticed an overall improvement since then but were continually monitoring the situation. The provider's lead locality nurse and one of the practice nurses who was now the infection control lead had attended infection control training for link nurses and had produced an annual infection control statement in line with national guidance.

We reviewed the use of prescription forms and pads and found they were securely stored and the practice had introduced a system to track them through the practice and monitor their use.

We found that the practice now recorded and monitored the temperature of the room where emergency medicines were stored in order to maintain the efficacy of the medicines. We also found that both the vaccination refrigerators had a secondary thermometer installed and temperatures of both refrigerators were being recorded and monitored appropriately and in line with the practice policy and national guidelines.

We looked at the Patient Group Directions (PGDs) which had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that the PGDs were signed by nurses as appropriate and had also been authorised by the lead locality nurse who was responsible for updating the PGDs. They told us that when they reviewed the PGDs they would not authorise a PGD without checking that the nurses were up to date with the relevant training. There was no PGD relating to administering Meningitis C vaccination and the lead locality nurse told us that this was provided by means of an individual prescription for each patient.

Data at the last inspection had shown that the practice had high exception reporting in three clinical domains and one specific clinical indicator. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had reviewed the data and did an analysis of the exception reporting during the same period. This had demonstrated errors in the data we had available prior to the inspection. We looked at a sample of patient records in respect of exception reporting and found they had been appropriately exception reported.

We reviewed the locum induction pack and found that it had been updated with information relating to safeguarding and dealing with emergencies and the pack had been recirculated to all locum GPs to ensure they were aware of all relevant information.

Are services safe?

During this inspection we looked at minutes of clinical meetings which had taken place since our last inspection and found these were now comprehensive and evidenced that previous agenda items and actions from previous meetings had been followed up.