

Dr Hale and Partners

Quality Report

Lister House Surgery
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Derby
Derbyshire
DE23 8RJ

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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 at Dr Hale and Partners (formerly Dr Moss and Partners) on 13 and 18 October 2016. The overall rating for the practice was good. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr Hale and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 13 and 18 October 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The whole practice team were engaged in reviewing and improving safety and safeguarding systems and positive outcomes were achieved for patients.
- Effective systems were in place for managing nationally available patient safety information to ensure patients were kept safe. This included maintaining detailed records to evidence the receipt of and actions taken in respect of Medicines Health and Regulatory Authority (MHRA) alerts.
- Safeguarding arrangements operated effectively and were embedded within the practice to protect children and vulnerable adults from abuse and risk of harm.
- Clinical audits and feedback received from the clinical commissioning group nurse lead was used to assess the improvements made to safeguarding arrangements and outcomes for patients.
- The practice continued to proactively identify carers with approximately 1% of carers identified.

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



- The practice team were engaged in reviewing and improving safety and safeguarding systems and positive outcomes were achieved for patients.
- Safeguarding arrangements operated effectively which ensured children and vulnerable adults were protected from the risk of harm and abuse.
- Audits reviewed demonstrated significant improvements had been made in identifying children and vulnerable adults, record keeping, coding of patient records, internal and external communication processes and information sharing.
- An effective and embedded system was in place to address patient safety information issued by external agencies such as the Medicines and Healthcare products Regulatory Agency.

Dr Hale and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr Hale and Partners

Dr Hale and Partners is registered with the Care Quality Commission to carry out regulated activities from the following two locations:

- Dr Hale and Partners also known as Lister House Surgery - 207 St Thomas Road, Derby, Derbyshire, DE23 8RJ. The branch site is Oakwood Medical Centre which is located at Danebridge Crescent, Derby, DE21 2HT.
- Lister House at Chellaston (formally known as Meadowfields Practice) - Fellow Lands Way, Chellaston, Derby, Derbyshire, DE73 6SW. The branch site is Lister House at Coleman Street, Coleman Street, Allenton, Derby, DE24 8NH.

The provider has a combined patient list of about 34620 with most of the 103 practice staff working across the four GP surgeries. The clinical team comprises of:

- Six GP partners (two female and four male), nine salaried GPs (eight female and one male) and a pharmacist.
- Two advanced nurse practitioners including the nursing lead, 10 practice nurses and three healthcare assistants. All of these staff are female.
- A mental health nurse/psychiatric lead (male) and a community support worker (female).

The provider is an established training and teaching practice and accommodates GP trainees (a qualified doctor who is completing training to become a GP) and medical and nursing students. At the time of our inspection there were two GP trainees in post.

The clinical team is supported by:

- A management team comprising of the business practice manager, assistant practice manager, informatics manager, quality manager, reception manager and an assistant reception manager.
- An administrative team comprising of senior receptionists, receptionists, medical secretaries and administrators.
- The accounts, premises and payroll team include a senior administrator, maintenance lead and housekeepers.

The attached community staff are located onsite and this includes district nursing teams, community matrons, midwives and a care co-ordinator. A pharmacist employed by the clinical commissioning group also provides regular support to the practice.

Dr Hale and Partners (“the location”) also known as Lister House Surgery

Dr Hale and partners provides primary care medical services patients via a General Medical Services (GMS) contract commissioned by NHS England and NHS Southern Derbyshire Clinical Commissioning Group. Patients registered at Lister House Surgery or Oakwood Medical Centre are able to access services from either of the two sites. The combined patient list for the two surgeries was 24,050 at the time of inspection.

Our inspection visit took place at Lister House Surgery, which is located in the inner city of Derby.

Detailed findings

Services are provided from a purpose-built premise and this includes consulting and treatment rooms located over two floors. The practice age profile comprises higher numbers of patients aged 0 to 54 years and lower numbers of people aged 55 years and over when compared to the local and national averages.

The registered patient population is predominantly of white British background particularly at Oakwood medical centre. Lister House surgery includes a high number of people from minority ethnic groups and a transient population. Interpreting facilities are available to cater for the multiple languages spoken including a Slovak Romani interpreter based at Lister House Surgery five days a week. The practice also provides regular support to residents living in nine care homes. The level of deprivation within the practice population is above the national average with the practice rated in the second most deprived decile.

Lister House Surgery is open between 7am and 7pm Monday to Friday. Oakwood Medical Centre is open from: 7am to 6.30pm on Monday and Friday; 8am to 6.30pm on Tuesday and Thursday and 7am to 12pm on Wednesday. The consulting times for clinicians varies but is usually from either 7.20am or 8am to 6.30pm; with urgent appointments available from 8am to 12pm and 1pm to 6.30pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Hale and Partners (formerly Dr Moss and Partners) on 13 and 18

October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated good overall and requires improvement for safe. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Dr Hale and Partners on our website at www.cqc.or.uk.

We undertook a follow-up focused inspection of Dr Hale and Partners on 31 August 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 spoke with a range of staff including (one of the safeguarding lead GPs, the business practice manager, informatics manager, quality manager, assistant practice manager, nursing team leader, reception and administration staff).
- We reviewed practice protocols and procedures and other supporting documentation including staff files and management records.
- We 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 13 and 18 October 2016, we rated the practice as requires improvement for providing safe services because the safeguarding arrangements for children and vulnerable adults required improvement to ensure effective systems were established and operated effectively to protect them from abuse. We also made two recommendations to the provider:

- The system in place for acting upon alerts needed to be strengthened and embedded to ensure that staff had taken appropriate action in response to Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- The practice should continue to proactively identify carers within the practice.

We found these arrangements had improved when we undertook a follow up inspection on 31 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had an effective and embedded approach for receiving, reviewing and acting upon patient safety information. This included information received from the central alerting system, NHS England and NHS Improvement.

- The practice had a clear “safety alert procedure” which was accessible to all staff to ensure they were clear about their responsibilities in relation to the management of patient safety alerts.
- The procedure had been updated in January 2017. It detailed named staff members and their roles in ensuring that alerts received were saved on the computer records, disseminated to all staff and appropriate action was identified including information sharing.
- Our findings showed the management and quality development team carried out regular reviews to ensure the procedure was implemented in practice.
- Detailed records were kept to evidence the receipt of and actions taken in respect of nationally available patient safety information including Medicines Health and Regulatory Authority (MHRA) alerts to ensure medicines were prescribed safely.
- Discussions were also held in regular staff meetings to promote learning and ensure agreed actions had been implemented.

Overview of safety systems and process

The safeguarding arrangements in place operated effectively and positive outcomes were achieved for patients and staff. Practice safeguarding policies were accessible and up-to-date. Staff we spoke with and records reviewed demonstrated a culture had been developed to ensure patients were kept safe and safeguarded from abuse. This had been achieved by undertaking a number of activities including the following:

- The practice had undertaken a comprehensive review of its safeguarding arrangements. The practice acknowledged weaknesses that had previously existed in its safeguarding procedures and once identified took swift action to introduce a comprehensive process to protect its 105 child safeguarding cases, its 136 children in need, its 40 looked after children and 73 vulnerable adults. This process was commended by both Southern Derbyshire clinical commissioning group and by other local practices. The practice had invested in additional GP and non-clinical resources to support the changes made.
- Staff had access to smart phone applications and podcasts containing summarised information on safeguarding procedures for children and safeguarding adults.
- Safeguarding arrangements were discussed with staff at an away day held in November 2016 to promote learning and understanding. The main theme was “child protection and safeguarding: everybody’s business, everybody’s concern and everybody’s responsibility”. An evaluation of staff feedback showed they felt confident about dealing with safeguarding concerns and sharing information in line with multi-agency procedures.
- All the staff we spoke with felt the positive outcomes achieved from discussing safeguarding as a team included recognising their personal responsibility in safeguarding patients, having clear guidance and increased knowledge in relation to identifying, reporting and responding appropriately to suspected or actual abuse.
- A low threshold for reporting safeguarding concerns was promoted and as a result an increased number of patients at risk of abuse, harm or deteriorating health were identified since our last inspection and safeguards were put in place to minimise further risks.
- The practice had proactively identified vulnerable adults and coded their records which ensured that clinicians

Are services safe?

had access to detailed safeguarding information when delivering care and treatment. The vulnerable adults register comprised of 73 individuals at the time of our inspection which was an increase of 61 from the 12 adults identified at our previous inspection. Records reviewed showed vulnerable adults were reviewed as part of regular multi-disciplinary meetings attended by GPs and other professionals such as the community matron and care coordinator.

- We also noted improved patient outcomes following safeguarding procedures were implemented in liaison with statutory and voluntary agencies.
- Patient records and meeting minutes reviewed relating to children at risk of abuse, harm or deteriorating health were contemporaneous. Effective systems were also in place to ensure safeguarding information was kept confidential and in line with consent procedures.
- The link health visitor, school nurse and midwife attended regular monthly meetings to discuss any safeguarding concerns relating to children. Information discussed and agreed plans were updated within the patient record and meeting minutes, and communicated to relevant staff. GPs provided reports to inform any child safeguarding case conferences.
- A flagging system was in place for highlighting and prioritising safeguarding concerns and health needs that required follow-up. This included children that did not attend for medical appointments and immunisations, as well those presenting at urgent care centres.
- A structured process was introduced to ensure accurate and up to date safeguarding records were kept in patient's individual records and communicated timely to relevant staff. This included comprehensive notes about the identified concerns, action taken, professionals involved and agreed protection plans.
- Inbuilt referral templates were also created and accessible to staff to ensure ease of sharing information

in line with multi-agency procedures. This included the local multi-agency safeguarding hub. Staff we spoke with told us that this saved clinicians time as information could easily be pre-populated on the forms.

- A recall system was also introduced to ensure all patients identified as being at risk of abuse or deteriorating health were regularly reviewed in line with assessed needs and risks; or if they had not been seen within a period of three to six months.
- In liaison with the practice leadership team, the head of quality and practice development regularly audited the safeguarding systems to ensure that they were being implemented and used effectively across all four practices managed by Dr Hale and partners.
- Audits reviewed demonstrated significant improvements had been made in identifying children and vulnerable adults, record keeping, coding of patient records, internal and external communication processes and information sharing.
- The practice had proactively involved the clinical commissioning group designated nurse for safeguarding in the appraisal of improvements made. The nurse lead evaluated the practice as having good safeguarding processes.
- Arrangements were in place to share learning more widely with other practices in the local area. For example, the new safeguarding template and revised processes were being shared with other practices by the CCG as an example of excellent practice. Further discussions with safeguarding leads within the local area were planned for November 2017.

Overall we found comprehensive arrangements were in place and embedded to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local guidance.