

Southview Park Surgery

Quality Report

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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?

Requires improvement



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 Southview Park Surgery on 13 July 2016. The overall rating for the practice was good. A good rating was achieved in effective, caring, responsive and well-led. A requires improvement rating was achieved for providing safe services. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Southview Park Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 01 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 13 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good as we found sufficient improvements had been made in the safe management of medicines.

At our initial inspection of the practice in July 2016 we found that the provider did not have systems established to ensure safety alerts such as Medicines and Healthcare products Regulatory Agency (MHRA) were appropriately actioned. A requirement notice was issued to ensure the provider made suitable improvements for these risks.

The practice was also asked to consider:

- Improving comprehensive documentation and analysis of significant incidents, including identifying potential detriment to patients, staff or public. Actions identified should be reviewed to ensure their effective implementation.
- Implement a quality improvement process including clinical audit, aligning them to national and local guidelines. Ensure areas for improvements are actioned and shared with practice staff.
- Consider joint clinical meetings with the GPs and practice nursing team. Ensure these are accurately recorded and reflect actions identified and their completion.
- Improve national cancer screening rates for patients.

Summary of findings

- Review and reduce the attendance of patients at A&E departments.
- Ensure cleaning schedules reflect the full extent of activities undertaken.

During our March 2017 inspection we found:

- The practice had revised their system for managing patient safety and medicine alerts. We revisited the previous medicines searches and found the practice had a system in place to identify, review and address the needs of patients so they no longer remained at risk. Although we found the system to be effective two patient records we looked at did not contain detail that the risks had been discussed with patients.
- The practice presented us with three audits but these all related to the monitoring of medicines. We reviewed these audits and found there had been a lack of clinical oversight. The analysis of these audits did not contain sufficient detail to identify where the practice might improve or the subsequent actions to take. Since the last inspection there was no evidence of any other quality improvement processes in place including clinical audit.
- The practice had revised their system for identifying, investigating and responding to significant incidents. We found that the system in place was now effective.
- The practice actively promoted national cancer screening programmes during consultations. The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months

had improved. The practice screening of women age 50-70 years for breast cancer in the last 36 months was previously 61% and had increased to 65% which was comparable to the CCG average of 69%.

- The practice had established joint clinical meetings. We looked at the minutes from the last two meetings held, dated 12 August 2016 and 11 November 2016. They were well attended by the clinical team and learning outcomes and actions were clearly documented and revisited.
- The practice followed up with patients who attended A&E to ensure their needs were being met and to mitigate their need to re-attend.
- The practice had revised their cleaning schedules for equipment and clinical rooms. These were dated and included details of how items were to be appropriately cleaned. All were overseen by the practice manager.

Action the service **MUST** take to improve:

- Implement a quality improvement system at the practice to include clinical and non-clinical audit and where improvements have been identified these should be shared with relevant staff.

Actions the service **SHOULD** take to improve:

- Ensure that where risks are identified in relation to the medicines patients are prescribed, these are discussed with the patients concerned and recorded in their medical records.

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 practice had revised their system for managing safety alerts. We revisited the previous medicines searches and found the practice had a system in place to identify, review and address the needs of patients so they no longer remained at risk.
- The practice had revised their system for identifying, investigating and responding to significant incidents. Improvements could be made to strengthen documentation and highlight lessons learnt and how these can be disseminated.

The practice had revised their cleaning schedules which now reflected the tasks carried out for each area in the practice.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- The practice had reviewed the records for patients attending accident and emergency to analyse whether patients care can be seen to at the practice.
- The practice promoted national cancer screening programmes during consultations.
- The practice had conducted medicine management audits but there was an absence of a quality improvement system at the practice, including to clinical audit.

Requires improvement



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Implement a quality improvement system at the practice to include clinical and non-clinical audit and where improvements have been identified these should be shared with relevant staff.

Action the service **SHOULD** take to improve

- Ensure that where risks are identified in relation to the medicines patients are prescribed, these are discussed with the patients concerned and recorded in their medical records.

Southview Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Care Quality Commission Lead Inspector, a second inspector and a GP specialist advisor.

Background to Southview Park Surgery

Southview Park Surgery is situated in a residential area of Basildon. There are patient parking facilities and on street parking nearby. There are four permanent GPs, one female GP and three male GPs. They are supported by one nurse practitioner, a healthcare assistant and reception and administrative team overseen by the practice manager and partners.

The practice has approximately 3965 patients registered with the practice. They serve a broad demographic with high levels of deprivation amongst children and older people. Their male and female patients have a lower than the local average life expectancy.

The practice is open from 8am to 6.30pm on Monday to Friday. Clinical appointments are available from 8am to 12.30pm and 4pm to 6.30pm. The practice has a practice nurse working Monday to Friday and a healthcare assistant who works three days a week. Appointments can be booked several months in advance. The practice also provides telephone appointments for on the day call backs. The practice does not operate extended hours. Occasionally the practice will hold clinics from 6.30pm to 8.30pm.

When the practice is closed patients are advised to call the surgery and be directed. Alternatively they may call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.

The practice has a clear well produced comprehensive website. It provides details of services and support agencies patients may find useful to access.

Why we carried out this inspection

We undertook a comprehensive inspection of Southview Park Surgery on 13 July 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 in safe. The full comprehensive report following the inspection on 13 July 2016 can be found by selecting the 'all reports' link for Southview park surgery on our website at www.cqc.org.uk.

We undertook a focussed follow up inspection of Southview Park Surgery on 01 March 2017. This inspection was carried out to review 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

We carried out a focused inspection of Southview Park Surgery on 01 March 2017. This involved reviewing evidence that:

- Medicine alerts were being actioned and revisited.
- An ongoing clinical audit plan had been implemented.

Detailed findings

- Shared learning had been promoted during clinical team meetings.

During our visit we:

- Spoke with staff (practice manager, lead GP and other members of the team)

- Reviewed an anonymised sample of the personal care or treatment records of patients.

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 July 2016, we rated the practice as requires improvement for providing safe services, as the arrangements for managing safety alerts were insufficient. The arrangements had been improved when we undertook a follow up inspection on 01 March 2017. Therefore, the practice is rated as good for providing safe services.

Safe track record and learning

The practice had revised their system for identifying, investigating and responding to significant incidents since July 2016. We found two significant events had been recorded relating to medicine management both had been appropriately reported. However, discussion and shared learning was only evidenced for one of the incidents within the August 2016 clinical meeting. We spoke with staff who told us of other incidents that may have benefited from being considered as significant events and presented opportunities to celebrate good practice.

The practice had revised their system of managing Medicines and Healthcare products Regulatory Agency (MHRA) alerts since July 2016. Searches were conducted of the patient record systems on receipt of MHRA alerts. We revisited previous medicine alerts where we had found patients potentially at risk. We found the practice had reviewed their prescribing and monitoring of medicines and the patients were no longer at risk.

We checked an MHRA alert initially distributed in March 2015 and later sent in February 2016 relating to a medicine for women of child bearing age. We identified two patients who had been prescribed the medicine by external hospital consultants contrary to guidance. We reviewed the patients clinical records and found no evidence of a discussion with them relating to the potential risks to the development of their unborn child were they to be pregnant. We asked the practice about both patients care. They accepted there was an absence of documented discussions on their clinical records. The practice spoke with one of the patients and contacted the other patient immediately after the inspection which confirmed they had been advised of the potential risks.

We found the practice was regularly conducting searches of their patient record system to identify risks. The practice appointed a medicine management lead. They were responsible for overseeing the identification, actioning and review of patient care in response to safety alerts. All safety alerts were listed for review at clinical team meetings.

Overview of safety systems and processes

Previously we found the practice was clean and tidy, an annual infection control audit had been conducted and cleaning schedules were in place. However, they did not reflect the full extent of cleaning undertaken by the practice nursing team. Since the July 2016 inspection the practice had revised their cleaning schedules for equipment and clinical rooms. These were dated and included details of how items were to be appropriately cleaned. All were overseen by the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

In July 2016 we inspected the practice and found the practice should focus on improving national cancer screening rates for patients and to review and reduce the attendance of patients at A&E

departments.

Supporting patients to live healthier lives

The practice had a lower than local and national average of new cancer cases. They encouraged their patients to attend national screening programmes. However, data from the National Cancer intelligence Network showed the practice had inconsistent performance in comparison with local and national rates of screening for their patients in some areas. The practice was previously promoting national cancer screening programmes during consultations. The practice continues to monitor and promote national screening programmes during their consultations, opportunistic promotion is also used to help the uptake of the cancer screening programmes. The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months has improved. The practice screening of women age 50-70 years for breast cancer in the last 36 months was previously 61% and had increased to 65% which is comparable to the CCG average of 69%.

Management, monitoring and improving outcomes for people

We previously found the implementation of quality improvement process including clinical audit and aligning

them to national and local guidelines could be improved. The practice presented us with three audits but these all related to the monitoring of medicines. We reviewed these audits and found there had been a lack of clinical oversight. The analysis of these audits did not contain sufficient detail to identify where the practice might improve or the subsequent actions to take. Since the last inspection there was no evidence of any other quality improvement processes in place including clinical audit. The documentation did not evidence any shared learning between the staff in the practice.

The practice had above the local average for accident and emergency admissions for ambulatory care sensitive conditions. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccinations; better self-management, disease management or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they believed this was attributable to being located close to the accident and emergency department. The practice told us they had tried to determine the reasons for their patient's attendance but the hospital reports lacked details. The practice are regularly contacting and following up with patients who attended A&E to ensure their needs were being met and to mitigate their need to re-attend. They are actively trying to build a stronger relationship with the local accident and emergency department to overcome difficulties faced.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems to assess, monitor and improve the quality of services provided, including clinical audit.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>