

Moseley Avenue Surgery

Quality Report

109 Moseley Avenue

Coventry

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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 well-led?

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 Moseley Avenue Surgery on 26 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Moseley Avenue Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 March 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 26 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 now rated as good.

Our key findings for this inspection were as follows:

The provider had made improvements:

- The practice had reviewed their policies and procedures and we saw evidence of this. During our inspection we spoke with staff to confirm that these had been shared and were available to all staff at the practice.
- The practice had carried out a number of risk assessments to ensure that the risks to staff and patients had been assessed and appropriately managed, for example, infection control audit and fire risk assessments.
- Systems had been put in place to ensure that all medical devices such as swabs were checked routinely by a nominated member of the nursing staff. We saw records had been maintained to confirm this.

The provider had also addressed the areas where we made recommendations that improvements should be made and we saw evidence to demonstrate this. These are included in the body of the report.

Work was ongoing regarding carers and the practice had plans to develop better awareness of the need to identify carers. For example, they had plans to liaise with Coventry Carers Association to attend the practice and raise awareness and were exploring the possibility of a future drop in session as well as seeking training for reception staff regarding carers. The practice had

Summary of findings

increased the number of carers from 52 to 187, which represented 1.7% of the practice population and introduced a section in the registration form for patients to highlight if they were a carer. Staff we spoke with were aware of the need to identify carers.

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 now rated as good for providing safe services.

Good



- Systems had been introduced to assess all risks of harm to patients and staff and to prevent and control the spread of infection. Risks had been assessed and managed appropriately.
- The practice had introduced a system to ensure that all medical devices were in date such as medical specimen swabs and included a log of recording checks.

Are services well-led?

Good



- The practice had introduced up to date policies and procedures and shared these with all staff to ensure they were embedded in practice. They were made readily available to staff in the practice via the practice intranet.
- Quality assurance measures had been introduced which included a system for the oversight of training records, checking logs and audits for all areas in the practice and we found that these had been maintained appropriately.

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

The provider had resolved the concerns for safety and well-led areas identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led areas identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led areas identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led areas identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led areas identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led areas identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Moseley Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The focused follow up review was carried out by a CQC Inspector.

Background to Moseley Avenue Surgery

Moseley Avenue Surgery is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 11,200 patients living in Coundon, Radford and the surrounding areas of Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a two storey building and patients are seen on both levels. For patients with mobility problems the practice would arrange for a consultation on the ground floor. The practice population has a higher than average number of patients aged 0 to 15 years, and slightly above average numbers for those aged 40 to 50 years, and over 85 years. National data indicates that the area is one that experiences moderate levels of deprivation. The practice population is made up of predominantly white British with 11% of Asian ethnic background.

There are five GP partners, four of whom are male, and one female. They employ three female salaried GPs, one male and two female. The practice employs two practice nurses, one health care assistant, a practice manager and office manager, who are supported by a team of administrative and reception staff.

Moseley Avenue Surgery is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. The practice is open on Monday until Friday between 8am and 12pm and from 2pm until 5.30pm. Extended hours appointments are provided from 7.15am until 8am on Wednesdays and on Saturdays from 8.30am until 10.15am for pre-bookable appointments only. The practice closes for lunch from 12.30pm until 2pm. During lunch time closure and from 5.30pm until 6.30pm the telephone lines remain open and are answered by reception staff who are able to contact the duty doctor. When the surgery is closed services are provided by Virgincare who can be contacted via NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Moseley Avenue Surgery on 26 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall, with a rating of good for providing effective, caring and responsive services. The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link for Moseley Avenue Surgery on our website at www.cqc.org.uk.

We undertook a focused follow up inspection of Moseley Avenue Surgery on 22 March 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.

Detailed findings

How we carried out this inspection

During our inspection we:

- Reviewed information provided by the practice to demonstrate actions taken.
- Reviewed policies and procedures.
- Examined recording and monitoring logs of staff actions.
- Spoke with staff.

Are services safe?

Our findings

At our previous inspection on 26 July 2016 we rated the practice as requires improvement for providing safe services. This was because the practice had some areas where improvements needed to be made:

At the previous inspection we found that:

- There was a lack of evidence to demonstrate that systems designed to assess risks to patients and staff were in place to ensure that they were implemented and managed effectively. For example, actions from Legionella assessments and from infection control audit.
- There was no system in place to ensure that all medical devices were in date such as medical specimen swabs.

We also recommended that the practice should:

- Introduce a system to inform the GP when prescriptions had not been collected prior to disposal.
- Regularly review risk assessments for all areas.

When we inspected the practice on 22 March 2017 we found that the practice had addressed the areas we had identified as requiring improvement.

Overview of safety systems and process

- The practice manager had introduced systems and carried out risk assessments for a wide range of areas in the practice, such as fire risk assessment, tripping and falling, infection control and electricity at work. They had introduced checking schedules to ensure these risk assessments were carried out at regular intervals and we saw evidence to demonstrate this. The practice nurse had carried out an infection control audit, identified areas which required action and addressed these. For example, there were pedal bins without lids and these had been replaced. Torn chairs had been removed since the previous inspection and replaced. The practice manager had carried out a Legionella assessment and had introduced checking logs to record actions necessary on a weekly, monthly and six monthly basis. We saw that the log had been completed at appropriate intervals.
- A system had been introduced to ensure that all medical devices were checked to ensure they were in date and this was included in the regular checking matrix that had been created. We looked at medical devices and found they were all within their expiry date.

The practice had introduced a system for notifying GPs when prescriptions had not been collected and we saw evidence of this. Staff we spoke with were aware of the procedure and they reported them all to a specific GP for action if necessary. We saw there was a written procedure in place which explained this to staff.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 26 July 2016 we rated the practice as requires improvement for providing well led services. This was because the practice had some areas where improvements needed to be made.

At the previous inspection we found that:

- The practice did not have complete and up to date policies to support and guide staff in their roles, for example in safeguarding and infection control. These were not always developed, shared with staff, embedded in practice and made readily available to staff in the practice.
- The practice did not have quality assurance measures in place regarding cleaning procedures and ensuring actions from legionella assessment had been carried out.

We also recommended that the practice should:

- Ensure that non clinical staff received regular training in areas relevant to their roles.

When we inspected the practice on 22 March 2017 we found that the practice had addressed the areas we had identified as requiring improvement.

Governance arrangements

- The practice had reviewed their working practices and had revisited their five year plan to ensure all areas were addressed. They had promoted two members of staff to supervisory positions to support their plans and ensure work continued to improve.

- The practice had reviewed and updated a number of policies such as the safeguarding policy. Staff we spoke with confirmed they were aware of all policies and knew where they could access them in the practice.
- The practice had introduced a range of checking logs to ensure that actions had been taken to address and minimise risks in the practice. For example, water temperature testing relating to legionella and fire alarm equipment, checking of medical devices to ensure they were within their expiry dates and checking that cleaning procedures had been carried out satisfactorily. We looked at medical devices and found they were all within their expiry date and checked all the logs introduced and found they had been appropriately maintained.
- We saw that staff had received training in infection control, fire and safeguarding and a training matrix had been introduced. Reception staff we spoke with confirmed they had received update training and we saw certificates to confirm this.

The practice had introduced monthly meetings with reception staff, which were attended by the reception manager who cascaded information to staff. Staff told us they had been invited to attend but sent their ideas via the reception manager. Staff confirmed they received information regarding all meeting via the intranet. They reported that communication was good within the practice and they felt valued.