Groby Surgery

Quality Report

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Groby
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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Groby Surgery on 9 May 2017.

Breaches of legal requirements were found in relation to safe care and treatment, safeguarding service users from abuse and improper treatment and governance arrangements within the practice.

We issued the practice with three warning notices requiring them to achieve compliance with the regulations set out in those warning notices by 15 September 2017.

We undertook this focused inspection on 14 November 2017 to check that they now met the legal requirements. This report only covers our findings in relation to those requirements.

At the inspection on 14 November 2017 we found that not all the requirements of the warning notices had been met.

Our key findings across the areas we inspected for this focussed inspection were as follows:

- The practice had made improvements to their governance arrangements and had taken some of the appropriate steps required to ensure patients remained safe. Further work was required in regard to significant events, management of legionella, quality improvement to improve patient outcomes and complaints.

- Safe systems were now in place for fire safety, high risk medicines, monitoring of the cold chain, staff recruitment and training, appraisals, use of locums, disability access and polices to provide guidance to staff.
- Effective systems were now in place to safeguard service users from abuse and improper treatment.
- At this inspection we still had concerns in regard to the leadership capacity and clinical oversight of the practice.

As the legal requirements of the warning notices for Regulations 12 and 17 were not met in full the Care Quality Commission has issued requirement notices in which we require them to send us action plans on how they will meet these requirements.

The areas where the provider must make improvements are:

Summary of findings

- Continue to review the system in place for significant events to ensure all events are captured, investigations are detailed, actions are identified and implemented. Ensure trends are analysed and action is taken to improve the quality of care as a result
- Further review the system in place for legionella management.
- Further review the arrangements in place for quality improvement to monitor and improve patient outcomes.

- Further consolidate the complaints process and ensure all complaints are captured and learning from complaints is documented, discussed and shared with staff. Ensure trends are analysed and action is taken to improve the quality of care as a result.
- Ensure there is leadership capacity and clinical oversight in the practice.
- Ensure Care Quality Commission inspection report ratings are displayed in the practice.

The areas where the provider should make improvements are:-

- Have a system in place to review and monitor information in regard to management of the cold chain. For example, from the data loggers.
- Ensure there is monitoring for external training required by staff members.

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?

- We found the practice had made improvements to its system for significant events, near misses and incidents but the system required further development to evidence that all events were captured, fully investigated, learning identified and actions implemented. Themes and trends had not been identified to improve the quality of care as a result.
- Fire Safety had been reviewed and the practice now had an effective system in place.
- An effective system was in place for safeguarding service users from abuse.
- Patients on high risk medicines had been reviewed and in patient's records we looked at alerts were found on the clinical system and blood monitoring had taken place.
- The practice had reviewed and updated the system and process for the management of the cold chain and it was now effective.

Are services effective?

- Since the last inspection we saw a limited programme of continuous audits had been put in place. We reviewed one audit carried out since the last inspection and further information was required to evidence the actions, outcomes and shared learning achieved as a result of this audit.
- We saw an improved system in place to monitor training.
- Since the last inspection all staff had received an appraisal.

Are services responsive to people's needs?

- Reasonable adjustments had been made in regard to access for patients with reduced mobility.
- At this inspection we found that the practice had made improvements to address the issues with the complaints system but further work was required to ensure all complaints discussed were documented and investigations, actions and learning had taken place. Themes and trends had not been identified to improve the quality of care as a result.

Summary of findings

Are services well-led?

- At this inspection we found that the practice had made improvements to their governance arrangements and had taken some of the appropriate steps required to ensure patients remained safe.
- The practice had met the legal requirements for Regulation 13 but Regulations 12 and 17 were not met. As the legal requirements of the warning notices for Regulations 12 and 17 were not met in full the Care Quality Commission has issued requirement notices in which we require them to send us action plans on how they will meet these requirements.
- Policies and procedures were now in place to provide guidance to staff.
- At this inspection we still had concerns in regard to the leadership capacity and clinical oversight of the practice.
- The provider had awareness of the requirements of the duty of candour but some of the systems and processes in place still did not support this.
- We found that the practice had not displayed the inspection report ratings from the previous Care Quality Commission inspection in the practice. We spoke with the management team who told us they would ensure that this is corrected and the report ratings would be displayed.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Continue to review the system in place for significant events to ensure all events are captured, investigations are detailed, actions are identified and implemented. Ensure trends are analysed and action is taken to improve the quality of care as a result
- Further review the system in place for legionella management.
- Further review the arrangements in place for quality improvement to monitor and improve patient outcomes.
- Further consolidate the complaints process and ensure all complaints are captured and learning from complaints is documented, discussed and shared with staff. Ensure trends are analysed and action is taken to improve the quality of care as a result.
- Ensure there is leadership capacity and clinical oversight in the practice.
- Ensure Care Quality Commission inspection report ratings are displayed in the practice.

Action the service SHOULD take to improve

- Have a system in place to review and monitor information in regard to management of the cold chain. For example, from the data loggers.
- Ensure there is monitoring for external training required by staff members.

Groby Surgery

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 and a second CQC inspector.

Background to Groby Surgery

Groby Surgery is situated in a village to the north west of the city of Leicester. It has approximately 3,244 patients and the practice's services are commissioned by West Leicestershire Clinical Commissioning Group (CCG). They are also a part of the Hinckley and Bosworth Medical Alliance Federation. 13 GP practices work together to deliver healthcare for local communities.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At the Groby Surgery the service is provided by two GP partners (one male and one female), one salaried GP (male), one assistant practice manager, one nurse and five administration and reception staff.

The practice has one location registered with the Care Quality Commission (CQC) which is

Groby Surgery, 26 Rookery Lane, Groby, Leicester. LE6 0GL

The practice is open between 8.30am to 12.30 and 2pm to 5.30 pm Monday to Friday. Appointments are available from 8:30am until 12:30 and 2pm to 5.30pm Monday to Friday. The practice closed 12.30 – 2.00pm The answer phone message directed patients to an OOH provider who had been commissioned by the practice to triage calls and contact the GP partners via a mobile where there were emergencies which could not wait until the practice reopened at 2pm.

Appointments could be booked up to four weeks in advance. The practice does not have extended hours.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Derbyshire Health United. There are arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Why we carried out this inspection

On 9 May 2017 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of legal requirements were found in relation to safe care and treatment, safeguarding service users from abuse and improper treatment and governance arrangements within the practice.

We issued the practice with three warning notices requiring them to achieve compliance with the regulations set out in those warning notices by 15 September 2017.

We undertook an announced focussed inspection of Groby Surgery on 14 November 2017. This inspection was carried

out to check that improvements to meet legal requirements in respect of the warning notices planned by the practice after our comprehensive inspection on 9 May 2017 had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, NHS England and the West Leicestershire CCG to share what they knew.

We carried out an announced visit on 14 November 2017.

During our visit we:-

Spoke with the Registered Manager, senior GP partner, practice manager and members of the administration team.

Reviewed policies and procedures relating to the clinical and general governance of the service.

Are services safe?

Our findings

At the comprehensive inspection in May 2017 we rated the practice as inadequate for providing safe services as the arrangement in place for the assessment of risks to the health and safety of service users who received care or treatment were not effective.

We issued warning notices in relation to Regulations 12, 13 and 17 of the Health and Social Care Act 2008.

Safe track record and learning

At the inspection in May 2017 we found that the practice had a system in place for reporting, recording and monitoring significant events. However this was not operated effectively.

We found the practice had made improvements to its system for significant events, near misses and incidents but further work was required to ensure the system was effective.

The practice had started to use the DATIX system which is a computer process that enabled the staff at the practice to report incidents and significant events which in turn promoted staff learning and ownership of risk.

Seven significant events had been logged since the last inspection, six of which had been investigated and discussed at staff meetings. Each SEA had a unique DATIX number and details were kept of review dates on the significant event and included where and when events had been discussed. We found significant events still varied in terms of documentation, investigations, actions and learning. It was difficult to see if they had been investigated and reviewed sufficiently to ensure relevant learning and improvement could take place. For example, a patient had been prescribed three days of antibiotics instead of the recommended guidelines of five days. We spoke with the lead GP who advised us that they had discussed this with the relevant GP but the discussion had not been documented and no actions had been identified or any action plan put in place.

There was not a clear process to record actions taken in respect of each significant event. We found that the practice did not have a log in place. The DATIX system did not include all incidents that had occurred and in line with the practice policy those which may have been deemed significant clinical events. For example, one significant event discussed at a meeting on 27 October 2017 where a patient had been given an immunisation twice but no significant event form had been started.

Significant events were a standing item on meeting minutes we reviewed. We looked at staff meeting minutes and found there was not always evidence of identified actions having been implemented and a lack of consistency in learning from incidents being shared with staff.

At this inspection it was difficult to ascertain if there was clinical oversight on these significant events. Themes and trends had not been identified but we found three of the significant events related to one member of staff. We spoke to the lead GP who told us that this had not been addressed but a discussion would take place to ensure actions were taken when a theme or trend was identified.

Overview of safety systems and processes

- At this inspection we found that arrangements were now in place to safeguard adults and children from abuse and improper treatment and they reflected relevant legislation and best practice. The practice had received support received from the West Leicestershire Clinical Commissioning Group and this would continue over the coming months.
- At this inspection we found that the system for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance had been reviewed. In patient records we looked at we found that medicines prescribed by secondary care were now on the patient electronic record screen and alerts were now in place to ensure prescribers had a full record of medicines a patient was being given. However we found on one patient record we looked at a letter from secondary care that belonged to another patient. We spoke with the lead GP who told us they would commence a significant event analysis to investigate.
- In May 2017, we found there was no effective system in place to ensure that monitoring of the cold chain across the whole practice was being managed in accordance

with national guidance. They did not have a second thermometer independent of mains power so temperatures can be measured in the event of electricity loss.

At this inspection, we found policies and standard operating procedures had been reviewed and all staff had signed to confirm they had read and understood them. Medicines and vaccine fridge temperatures were checked in accordance with national guidance. The practice had implemented a system and now used data loggers to give additional assurance. However it was difficult to ascertain if the practice carried out regular downloads of the information or waited until an issue arose.

- In May 2017 we found that the system for the recruitment of staff was not effective. We found inconsistencies and gaps in the recruitment checks undertaken prior to employment.

Since the last inspection staff files have been reviewed. Folders were now in place and for new staff contained all the relevant documents as per the practice recruitment policy.

- At the inspection in May 2017 we found that the practice used locum GPs on a regular basis but did not have a policy and appropriate procedures in place in relation to this.

At this inspection we found the practice had an effective system in place to ensure that locums employed at the practice had all the relevant checks and training in place.

Monitoring risks to patients

- At the May 2017 inspection we looked at the fire risk assessment undertaken by the registered manager on 30 November 2016. Risks had been assessed but where actions had been identified no action plan had been put in place or actions completed.

At this inspection we found the practice now had an effective system in place for fire safety. All information was now kept in one place and monthly testing of fire alarm and emergency lighting had taken place. Fire drills were held but more detail was required in report and then shared with all staff.

- At the May 2017 inspection we found that the arrangements in place for the management of legionella were not effective.

At this inspection we found that the arrangements had been reviewed. The assistant practice manager had undertaken blue stream training for legionella management. Monthly water temperature monitoring was in place but we found that the hot water temperatures were not within the recommended guidance. From the 2015 legionella risk assessment actions had been recommended but the practice were unable to confirm if these had been completed. Since the inspection the practice had contacted an external company a further legionella risk assessment was planned.

Are services effective?

(for example, treatment is effective)

Our findings

At the comprehensive inspection in May 2017 we rated the practice as requires improvement for providing effective services as some of the arrangement in place for providing effective services were not effective.

We issued warning notices in relation to Regulations 12, 13 and 17 of the Health and Social Care Act 2008.

Effective needs assessment

- At the inspection in May 2017 we found that the practice did not have a programme of continuous audits to monitor quality and to make improvements. They had limited evidence to demonstrate continuous improvements to patient outcomes or any action plans put in place to monitor implementation of any recommendations.

At this inspection the practice had a limited audit programme in place. Since the last inspection the practice had carried out one second cycle audit for high risk medicines but the information detailed in the audit was very brief. For example, did not include numbers of patients reviewed or if any actions were required.

Effective staffing

- At the May 2017 inspection we found that staff we spoke with were competent in their roles but we found that the system in place to identify, monitor and record the training needs of all staff was not effective.

At this inspection we found that the system to identify and monitor training needs had been improved. A bluestream training matrix was now in place. Staff were sent reminders when training was due and an alert sent to assistant practice manager for information. However we found that further work was required to ensure that staff kept updated on training provided by external providers, for example, basic life support.

- At the inspection in May 2017 we found that the practice employed locum GPs and nurses but they did not have a process in place to ensure that they had the appropriate training in place to carry out their role.

At this inspection we found that an effective system in place to ensure that locums used had all the relevant checks and training in place to carry out the role.

- At the last inspection we reviewed information from the practice which identified that staff had not had appraisals in the last two years.

  Since the last inspection all staff have received an appraisal.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the comprehensive inspection in May 2017 we rated the practice as requires improvement for providing responsive services as some of the arrangement in place for providing responsive services were not effective.

We issued warning notices in relation to Regulations 12, 13 and 17 of the Health and Social Care Act 2008.

Responding to and meeting people's needs

- On the day of the inspection in May 2017 we found that the provider had not made reasonable adjustments for disabled people as per national guidance.

We were told that a risk assessment had been carried out since the May 2017 inspection but had not been documented. Handrails were now in place outside the main door of the practice. A door bell and notice to ask patients to ring was in place in case they needed assistance. The staff had tried out the new system with a patient in a mobility scooter and it worked well.

Listening and learning from concerns and complaints

At our inspection in May 2017 we found that the practice did not have an effective system for dealing with complaints.

At this inspection we found that the practice had taken some steps to address the issues with the system but further work was required.

Since the last inspection eight complaints had been recorded. Seven were in line with the practice policy. However we found one complaint that had not received an acknowledgement and had not been investigated. We also found two complaints discussed in meeting minutes but no complaints forms or investigations had taken place. We reviewed the complaints policy and found it required a review as it had incorrect information within it. For example, reference to old Care Quality Commission regulations. We also found that the policy did advice staff on when to commence a significant event if clinical concerns were raised in the complaint. In two of the complaints we reviewed we found clinical concerns which should have been considered as significant events.

We saw that complaints were now discussed on a monthly staff meeting. However there was not a clear process to record actions taken in respect of each complaint.

Are services well-led?

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

Our findings

At the comprehensive inspection in May 2017, we rated the practice as inadequate for providing well-led services as we found that arrangements to improve the quality and safety of services provided required significant improvements in oversight and monitoring of governance arrangements.

We issued warning notices in relation to Regulations 12, 13 and 17 of the Health and Social Care Act 2008 in relation to Safe Care and Treatment, Safeguarding service users from abuse and improper treatment and Good Governance.

At this inspection we found that the practice had made improvements and had taken some of the appropriate steps required to ensure patients remained safe. As the legal requirements of the warning notices for Regulations 12 and 17 were not met in full the Care Quality Commission has issued requirement notices in which we require them to send us action plans on how they will meet these requirements.

Governance arrangements

At the inspection in May 2017 we found the practice had limited governance arrangements in place to support the delivery of their strategy. There was a lack of effective systems in place to monitor quality and make improvements and limited arrangements for identifying and managing risks.

We found:-

- The practice had made improvements to their governance arrangements and had taken some of the appropriate steps required to ensure patients remained safe. Further work was required in regard to significant events, management of legionella, quality improvement to improve patient outcomes and complaints.
- Safe systems were now in place for fire safety, high risk medicines, monitoring of the cold chain, staff recruitment and training, appraisals, use of locums, disability access and polices to provide guidance to staff.
- Effective systems were now in place to safeguard service users from abuse and improper treatment.

At the inspection in May 2017 we found that the practice had a number of policies and procedures to govern activity, but we found that for some areas, such as legionella, referrals, repeat prescribing, handling of post and scanning policies were not in place to provide guidance to staff.

At this inspection we found that the practice had commenced an index of policies held in the practice. Further policies to provide guidance to staff had been put in place in regard to legionella, locum, referrals, repeat prescribing, post handling and scanning, infection control and fire safety.

Leadership and culture

At our inspection in May 2017 we found a lack of leadership and governance relating to the overall management of the service and at the time the practice was unable to demonstrate strong leadership.

At this inspection we found that the leadership and clinical oversight needed to be strengthened further as we found that the West Leicestershire Clinical Commissioning Group had taken a lead in supporting the improvements required and the GP partners still needed to demonstrate strong leadership in respect of safety and good governance.

We found that the practice had not displayed the inspection report rating from previous Care Quality Commission inspection. We spoke with the management team who told us they would ensure that this is corrected and the report ratings would be displayed in a prominent area of the practice.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had failed to ensure that systems and processes were established and operated effectively. The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.