

Mickleover Surgery

Quality Report

10 Cavendish Way, Mickleover, Derby Derbyshire DE3
9BJ

Tel: 01332 519160

Website: www.mickleoversurgery.co.uk

Date of inspection visit: 27 January 2017

Date of publication: 02/03/2017

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 well-led?

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 Mickleover Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Mickleover Surgery on 17 November 2015. The overall rating for the practice was good. Following the inspection the practice sent us an action plan to address a requirement that the provider was not meeting.

The inspection report dated 17 November 2015 can be found by selecting the 'all reports' link for Mickleover Surgery on our website at www.cqc.org.uk.

We carried out a follow up focused inspection of Mickleover Surgery on 27 January 2017, to check that the practice had completed their plan to meet the legal requirement we identified at our last inspection. This report covers our findings in relation to the requirement and improvements made.

Our key findings across the areas we inspected were as follows:

- The practice had completed their action plan and was now meeting the legal requirement.
- Effective governance systems were in place to assess, oversee and improve the quality and safety of the services provided.

- The systems for identifying, recording and learning from safety incidents and significant events had been strengthened, to ensure appropriate improvements had taken place.
- The clinical audit programme had been further developed to support ongoing quality improvement and effective care, through completed audit cycles. The practice had implemented an annual audit programme, which included re-audit dates and when these had been completed.
- The practice had adopted a more proactive approach in planning, recording and monitoring staff training. A clear annual training plan had been implemented, which provided an up to date record and overview of training that all staff had completed, or were due to attend.
- Opportunities for all staff to meet as a full team to attend essential training, aid communication, and share learning had increased. Full team training events and meetings were scheduled to take place four times each year.
- To support protected learning time and enable all staff to attend full team events, the Clinical Commissioning Group were funding the future cost of Derbyshire Health United provider covering the practice whilst it closed. The practice previously funded this.

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 well-led?

The practice is rated as good for providing well-led services.

- The partners and practice manager held weekly meetings to discuss the business and review on-going improvements. A resilience plan had been completed, which formed part of the business plan.
- Effective governance systems were in place to assess, oversee and improve the quality and safety of the services provided.
- The systems for identifying, recording and learning from safety incidents and significant events had been strengthened, to ensure appropriate improvements had taken place.
- The clinical audit programme had been further developed to support ongoing quality improvement and effective care, through completed audit cycles. The practice had implemented an annual audit programme, which included re-audit dates and when these had been completed.
- The practice had adopted a more proactive approach in planning, recording and monitoring staff training. A clear annual training plan had been implemented, which provided an up to date record and overview of training that all staff had completed, or were due to attend.
- Opportunities for all staff to meet as a full team to attend essential training, aid communication, and share learning had increased. Full team training events and meetings were scheduled to take place four times each year.

Good



Mickleover Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the focused inspection of Mickleover Surgery.

Background to Mickleover Surgery

Mickleover Surgery provides care and services to approximately 6,200 patients. The practice is located in Mickleover, which is approximately 5 miles from Derby city centre. The practice provides primary medical services via a General Medical Services (GMS) contract, commissioned by NHS England and Southern Derbyshire Clinical Commissioning Group (CCG).

The registered practice population are predominantly of white British background. The practice is in an area of low deprivation.

The practice is run by a partnership of three GPs (two males, one female). The staff team includes reception and administrative staff, a practice manager, a reception and administrative leader, two practice nurses and three GP partners. The practice team are female except for two male GPs and a male note summariser.

The practice is a teaching practice for final year medical students.

The practice opens from 8am to 6.30pm Monday to Friday. Appointments times are approximately from 8.30am to 12mid-day and from 2pm to 6pm. Extended opening hours are available on Saturdays from 8.30am to 11.30am.

The practice has opted out of providing out-of-hours services to its patients. When the practice is closed patients are directed to the out-of-hours service provided by Derbyshire Health United (DHU) via the 111 telephone number.

Why we carried out this inspection

We undertook a comprehensive inspection of Mickleover Surgery on 17 November 2015 as part of our new inspection programme. The practice was rated as 'requires improvement' for providing well-led services. We issued a requirement notice to the provider in respect of good governance.

The partners provided us with an action plan to inform us how they were going to address the issues of concern to meet the legal requirement.

We undertook a focused inspection of Mickleover Surgery on 27 January 2017, to check that the requirement notice had been met, and assess whether the practice's ratings could be reviewed.

How we carried out this inspection

We reviewed the information the practice sent us, in regards to the actions they had taken to meet the legal requirement in relation to Regulation 17: Good governance. We visited the practice as part of this inspection and checked various records. We also spoke with the practice manager.

Are services well-led?

Good 

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

Our findings

Governance arrangements

At our inspection in November 2015, we found that effective governance systems were not in place to assess, monitor and improve aspects of the services provided.

This inspection found that the provider had taken appropriate action to meet the legal requirement to ensure the services are well-led. The following improvements had been made:

- The partners and practice manager held weekly meetings to discuss the business and review on-going improvements. A resilience plan had been completed, which formed part of the business plan.
- The systems for identifying, recording and learning from safety incidents and significant events had been strengthened, to ensure appropriate improvements had taken place. The level of staff awareness and the whole team involvement in the significant event reporting process had been increased.
- To aid communication and recording, a hard copy of all significant events was kept in the reception office, in addition to the electronic events folder which was available on the desktop of all computers.
- The practice had adopted a more proactive approach towards significant events reporting, recording and learning. For example, the number of incidents reported since the last inspection had increased (previously five events were reported for the 2014 to 2015 period, compared to 15 for the 2016 to 2017 period). Learning from events had been shared with the staff team.
- The significant events log included action taken and learning points. For example, following an incident where it was not known that a patient in a care home had a Deprivation of Liberty Safeguard (DOLS) in place, the system for recording such information had changed. A GP had also provided training to all staff on the Mental Capacity Act and DOLS to increase their awareness.
- The practice has implemented an on-going quarterly planned review of significant events as part of the agenda for the weekly partner and practice manager meetings. The learning from events was also shared with other staff at full team meetings.
- The clinical audit programme had been further developed to support ongoing quality improvement and effective care, through completed audit cycles. The practice had implemented an annual programme of planned audits, which included re-audit dates and when these had been completed. This was in addition to clinical audit work undertaken by final year medical students under the supervision and guidance of the GP partners.
- We observed that the practice had completed their 2016 planned audit programme. This included five clinical audits, of which two were completed audit cycles where the changes made were implemented and monitored. Re-audit dates were set for all audits undertaken.
- Staff had also completed non-clinical audits, which included looking at the double appointment allocations, to ascertain the use and effectiveness of these. The practice had also taken part in a Clinical Commissioning Group (CCG) audit involving other local surgeries, which had analysed recent home visits across the practices. The practice had also commenced their 2017 planned audit programme.
- Opportunities for all staff to meet as a full team to attend essential training, aid communication and share learning had increased. Time was allocated following one of the planned, whole practice training events, which were scheduled to take place four times each year.
- To support protected learning time and enable all staff to attend full team events, the CCG were funding the future cost of Derbyshire Health United provider covering the practice whilst it closed. The practice had previously funded this. Four protected whole team learning sessions were planned for 2017.
- The practice had adopted a more proactive approach in planning, recording and monitoring of staff training. A clear annual training plan had been implemented, which included development and training needs identified at staff appraisals.
- The above plan included planned whole team and mandatory training events, and training to meet the needs of specific staff groups and individual members of the practice team. It was reviewed annually in order to identify and plan training for the subsequent year.
- The annual plan and spreadsheet provided an up to date record and overview of all training that staff had completed in the last 12 month period, or were due to attend. This was in addition to individual training records kept on staff personal files.

Are services well-led?

Good 

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

- Records showed that staff completed a range of training including 'blue stream' on line learning. They were allocated time to complete this at work, and could also access it at home.