

Favell Plus Surgery



Quality Report

Weston Favell Primary Care Centre
Billing Brook Road
Northampton
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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 Favell Plus Surgery on 22 June 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Favell Plus Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulation that we identified in our previous inspection on 22 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

On this focused inspection we found that the practice had made improvements since our previous inspection and were now meeting the regulation that had previously been breached.

The practice is now rated as good for providing safe and well-led services. As this applies to everyone using the practice, the population group ratings have been updated to reflect this. Overall the practice is now rated as good.

Our key finding was as follows:

- The practice had effective governance arrangements in place to ensure patient safety alerts were managed appropriately and staff took action to keep patients safe.

Additionally where we previously told the practice they should make improvements our key findings were as follows:

- A fire drill had been completed and documented.
- There was evidence the practice involved patients and was developing engagement with its Patient Participation Group (PPG). (The PPG is a community of patients who work with the practice to discuss and develop the services provided).
- The practice discussed their below average satisfaction scores from the National GP Patient Surveys published in January and July 2017. They demonstrated they had taken action to respond to these in an attempt to improve future results. We saw their focus had been on improving patients' overall experience of the practice. This included employing three new reception staff in July 2017, increasing the overall availability of the team by 40 hours each week. An additional telephone line was installed to increase the call handling capacity of the reception team, especially at peak times. The recruitment of a new GP in December 2017 had provided an additional 24 pre-bookable appointments each week and increased the availability of same day appointments. The nursing

Summary of findings

team rotas had been reviewed and altered to increase the availability of late afternoon appointments to better meet the needs of working age patients. One of the practice nurses was now working an additional seven hours each week to assist with this.

- Following our inspection in June 2017 a practice nurse had been appointed as the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients. The relevant staff we spoke with told us their priority since our last inspection had been to ensure the practice's carers register (those patients on the practice list identified as carers) was correct and accurately reflected those patients who were active in a carer role. We saw a piece of work had been completed to achieve that. Staff told us the focus moving forward was to identify more carers in the practice's patient population. At the time of this focused inspection on 22 March 2018 the practice had identified 61 patients on the practice list as carers. This was approximately 0.7% of the practice's patient list. Of those, 40 (66%) had been invited for and 24 had accepted and received a health review since 1 April 2017. Twelve of those patients were referred to Northamptonshire Carers (a local support organisation). A dedicated carers' notice board was prominently displayed in the patient waiting area and provided considerable information and advice including signposting carers to support services. A notice in the practice and on their website invited patients who identified as carers to make themselves known to the practice to ensure they received the appropriate support.
- We found the practice now had an effective system in place for handling verbal complaints. We looked at the

details of four verbal complaints received between September 2017 and January 2018 and saw that as with written complaints, they were recorded, investigated and dealt with in a timely way with openness and transparency. Where appropriate, action was taken as a result to improve the quality of care or patient experience. All of the staff we spoke with understood the process to follow if a patient wished to raise a verbal complaint.

- All of the nursing staff had received an appraisal completed by one of the GP partners since September 2017. We saw that training needs assessments formed part of the appraisals. The nurses we spoke with said they were encouraged and given opportunities to develop and the practice provided the appropriate training to meet their needs. For example, both of the practice nurses had passed their initial assessments to complete an independent nurse prescriber course funded by the practice which they were due to attend in September 2018 and March 2019 respectively. Protected learning time would be available for them to do this. They told us the GP partners or nurse practitioner (depending on their role) were proactive in providing them with ongoing support and supervision during clinical sessions.

There was an area of practice where the provider needs to continue to make improvements.

Importantly, the provider should:

- Continue to identify and support carers in its patient population.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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 | Good  |
| People with long term conditions | Good  |
| Families, children and young people | Good  |
| Working age people (including those recently retired and students) | Good  |
| People whose circumstances may make them vulnerable | Good  |
| People experiencing poor mental health (including people with dementia) | Good  |

Favell Plus Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

Background to Favell Plus Surgery

Favell Plus Surgery provides a range of primary medical services from a multi-occupancy shared premises at Weston Favell Primary Care Centre, Billing Brook Road, Northampton, NN3 8DW. The practice has two registered managers in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 8,918. National data indicates the area served is more deprived compared to England as a whole. The practice population is mostly white British with Central and Eastern European and Black and minority ethnic (mainly African) communities. The practice serves an above average population of those aged from 0 to 19 years and 30 to 39 years. There is a lower than average population of those aged 45 years and over.

The clinical team includes two male GP partners, two salaried GPs (one male and one female), a nurse practitioner who is qualified to prescribe certain medicines and two practice nurses. The team is supported by two

practice managers and nine secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

At Favell Plus Surgery the doors open from 7.30am and the phone lines open from 8am to 6.30pm Monday to Friday. There is no lunchtime closure at the practice. GP appointments are available from 7.30am to 11.30am and 12.30pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Northamptonshire Out of Hours.

Why we carried out this inspection

We undertook a comprehensive inspection of Favell Plus Surgery on 22 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 22 June 2017 can be found by selecting the 'all reports' link for Favell Plus Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Favell Plus Surgery on 22 March 2018. 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.

Are services safe?

Our findings

At our previous inspection on 22 June 2017, we rated the practice as requires improvement for providing safe services as the process in place for managing patient safety alerts was insufficient. We issued a requirement notice in respect of this issue.

In addition we found:

- The practice had no record of a fire drill being completed.

We found these arrangements had improved when we undertook a follow up inspection of the service on 22 March 2018. The practice is now rated as good for providing safe services.

Track record on safety

As one of several health service tenants in a shared building, premises wide issues were dealt with by the property management service. From our conversations with senior staff we found full control of the testing and maintenance of the fire alarm system was with the property management service. This included activation of the system for fire drill purposes. A fire drill was completed in July 2017. We saw documents and communications that demonstrated the practice reviewed and learned from how the evacuation was managed by its staff. They raised any issues that occurred as a result of a large scale multi-occupancy premises fire drill with the property management service for discussion and resolution in their tenant meetings.

Lessons learned and improvements made

We looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. From our conversations with staff and our review of the records of meetings we saw that a process was in place to ensure the applicable staff received and reviewed the alerts. In the two examples we looked at we found the practice took appropriate action to keep patients safe.

For example, the practice received and reviewed an alert highlighting the risk of pulmonary fibrosis in patients taking a specific medicine for more than six months. (Pulmonary fibrosis is a condition in which the lung tissue becomes thickened, stiff and scarred over a period of time). They completed a search on their system and identified nine patients prescribed the medicine by GPs at the practice. We found that all nine patients were monitored and reviewed and had their prescriptions for the medicine stopped before reaching a six month period. We saw that when the practice repeated the search on its system, none of the original nine patients were being prescribed the medicine. We checked the records of three other patients the repeated search identified as being prescribed the medicine. We found that in each case an alert appeared on the screen to remind the GPs of the content of the safety alert and how these patients should be monitored when prescribed the medicine.

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 22 June 2017, we rated the practice as requires improvement for providing well-led services as good governance was lacking in respect of how the practice managed patient safety alerts. We issued a requirement notice in respect of this issue.

In addition we found:

- The practice's engagement with its Patient Participation Group (PPG) was limited. (The PPG is a community of patients who work with the practice to discuss and develop the services provided).

We found these arrangements had improved when we undertook a follow up inspection of the service on 22 March 2018. The practice is now rated as good for providing well-led services.

Governance arrangements

We found the practice had effective governance arrangements in place to ensure patient safety alerts were managed appropriately. From our conversations with staff and our review of documentation we saw that safety alerts were received by the practice manager, disseminated to the relevant staff and reviewed and acted on in recorded meetings.

We checked how the practice responded to safety alerts concerning two separate medicines. We saw that the practice completed searches to identify the patients prescribed those medicines and managed each patient's care in accordance with the alerts. In both cases the practice monitored the effectiveness of its response and continuing adherence to the guidance by completing

repeat searches. The practice's computer system alerted GPs if a patient was prescribed a medicine subject to a safety alert so each patient's care could be managed accordingly. The relevant staff we spoke with understood and adhered to the process in place.

Engagement with patients, the public, staff and external partners

There was evidence the practice involved patients and was developing engagement with its Patient Participation Group (PPG). We looked at the minutes of the PPG meeting held in September 2017 and saw it was attended by two practice staff and five patients. It was primarily a meeting for the PPG to analyse and discuss the results of the practice patient survey completed in May 2017. In response to their analysis of the survey results the PPG requested an increase in the amount of GP pre-bookable appointments available. From our conversations with staff we found that by December 2017 the practice had employed a GP working eight sessions which provided an additional 24 pre-bookable appointments each week.

Due to ill health and bad weather the January 2018 PPG meeting was cancelled, but a meeting was scheduled for April and we were told eight PPG members had expressed an interest in attending. We saw the meeting was publicised on the practice's website. At the time of our focused inspection an issue had arisen resulting in considerable parking restrictions being enforced around the practice building. We saw that a PPG member had been proactive in gathering 97 patient signatures to protest to the local health authority about the restrictions. We saw the issue was one of the agenda items for the next PPG meeting.