

# Glenside Country Main Practice

## 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?	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 of the practice on 23 June 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12, 17 and 18.

We undertook a focussed inspection on 10 January 2017 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from June 2016 by selecting the 'all reports' link for Glenside Country Main Practice on our website at [www.cqc.co.uk](http://www.cqc.co.uk)

Overall the practice is now rated as Good. The overall rating for all the population groups are rated as good.

- We found that the system for significant events had been reviewed along with the policy and reporting form. Recording and investigations were detailed and actions were identified and implemented. Meeting minutes represented the discussion that took place. Themes and trends had been identified.

- The practice had implemented an effective system for dealing with patient safety alerts.
- Patients on the safeguarding register had been reviewed to ensure where appropriate icons and alerts were visible on the electronic patient record system.
- Risks to patients were now assessed and most were now well managed.
- The system in place for regular and accurate temperature monitoring of the pharmaceutical fridges on both sites to ensure that vaccines were stored safely had been improved to ensure accurate monitoring
- NICE guidance was now a standing agenda item on clinical meetings which ensured all clinical staff kept up to date with national guidance and guidelines.
- Further clinical audits had been completed but further work was required to ensure they demonstrated that improvements have been achieved.
- Monitoring of staff training had been reviewed and staff appraisals had now taken place.

# Summary of findings

- A system was now in place to check and monitor that changes to patient's medicines following discharge from hospital was carried out in a timely manner.
- The practice had reviewed the system for the identification of carers and provided written information to direct carers to the various avenues of support available to them.
- The practice had continued to update policies and procedures which would provide guidance and enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- The practice now had an effective governance system in place.
- Complete the work required to ensure staff and patients are safe. For example, in regard to legionella.
- Ensure monitoring of legionella water temperatures are carried out monthly as per national guidance.
- Carry out a full fire drill at both Castle Bytham and Corby Glen and document and issues found and actions to be completed.
- Complete further clinical audits including completed cycles and ensure there is evidence to demonstrate improvement in patient outcomes.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

The areas where the provider should make improvement are:

# 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.

- There was a much improved system in place for reporting and recording significant events. We found that the system in place for significant events had been updated. Recording and investigations were detailed and actions were identified and implemented. We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice. Themes and trends had been identified.
- The practice had implemented an effective system for dealing with patient safety alerts.
- Patients on the safeguarding register had been reviewed to ensure where appropriate icons and alerts were visible on the electronic patient record system.
- Risks to patients were now assessed and most were well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services

- Although some clinical audits had taken place further work was required to ensure the practice could evidence that they had demonstrated quality improvements to patient outcomes.
- We saw evidence that the practice had made changes to the system in place to ensure referrals were completed in a timely manner.
- The practice had reviewed their system for the scanning of incoming post and the monitoring of changes to patients medicines on discharge from hospital. Both systems were now effective.
- The system for the monitoring of training had been reviewed and we found that it was easy to identify when training and updates were due.
- A system was now in place to ensure all staff had a yearly appraisal and there was clinical input evident in nurse appraisals we reviewed.

Good



### Are services well-led?

The practice is rated as good for being well-led.

- Since our inspection in June 2016 we found that the practice had made significant improvements.

Good



# Summary of findings

- The practice now had an overarching governance framework which supported the delivery of the practice strategy and good quality care.
- Risks were assessed and most had been well managed.
- Clinical audits had taken place we further work was required to demonstrated the improvements to patient outcomes.
- The practice now had effective systems in place to ensure referrals were completed in a timely manner, monitor changes to patients medicines on discharge from hospital and for the scanning of incoming post.
- The practice had evidence of a range of meeting minutes. There was a clear format with more detail of discussion and responsibility for actions being documented.
- The practice now had a system in place where policies and procedures to govern activity, would be reviewed on a yearly basis to provide guidance to staff.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# 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

We carried out an announced comprehensive inspection of the practice on 23 June 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12, 17 and 18.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe, effective and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of older people.

Good



### People with long term conditions

We carried out an announced comprehensive inspection of the practice on 23 June 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12, 17 and 18.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe, effective and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of people with long-term conditions.

Good



# Summary of findings

## **Families, children and young people**

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe, effective and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of families, children and young people.

Good



## **Working age people (including those recently retired and students)**

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe, effective and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of working-age people (including those recently retired and students).

Good



# Summary of findings

## People whose circumstances may make them vulnerable

We carried out an announced comprehensive inspection of the practice on 23 June 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12, 17 and 18.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe, effective and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Good



## People experiencing poor mental health (including people with dementia)

We carried out an announced comprehensive inspection of the practice on 23 June 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12, 17 and 18.

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Following this most recent inspection we found that overall the practice was now rated as good and significant improvements had been made specifically, the ratings for providing a safe, effective and well led service. These rating applied to everyone using the practice, including this population group

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Complete the work required to ensure staff and patients are safe. For example, in regard to legionella.
- Ensure monitoring of legionella water temperatures are carried out monthly as per national guidance.
- Carry out a full fire drill at both Castle Bytham and Corby Glen and document any issues found and actions to be completed.
- Complete further clinical audits including completed cycles and ensure there is evidence to demonstrate improvement in patient outcomes.

# Glenside Country Main Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

### Why we carried out this inspection

We undertook an announced focussed inspection of Glenside Country Main Practice on 10 January 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 23 June 2016 had been made. We inspected against three of the five questions we asked about the service:

- Is the service Safe, Effective and Well-led?

This is because the service was not meeting some legal requirements.

### How we carried out this inspection

We spoke with lead GP partner, practice manager and members of the administration team.

We reviewed healthcare records, policies and procedures relating to the clinical and general governance of the service.

# Are services safe?

## Our findings

At our previous inspection on 23 June 2016 we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events, patient safety alerts, monitoring and assessment of risk and cleanliness and infection control were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At the inspection in June 2016 we found the practice had a system in place for reporting and recording significant events. We looked at some recorded significant events and we found that some issues had been considered and learning shared. However, they had not always been reviewed or investigated sufficiently to ensure that relevant learning and improvement could take place.

At our most recent inspection we found the practice had revised their significant event process and policy. There was now an effective system in place. A log was kept of significant events, with each incident numbered, risk rated and details kept of review date, actions, when to be completed by and where and when learning outcomes had been discussed. Significant events were discussed at practice meetings and minutes of these were shared with all staff in order that those not able to attend the meeting were included in the learning. Themes and trends had been identified.

At the inspection in June 2016 we found that the practice did not have an effective system in place for dealing with safety alerts received by the practice. Alerts were disseminated to all staff and we saw examples where alerts had been acted on. However there was no system in place to assure the practice that all relevant alerts had been acted upon.

At this inspection we found that the system had been reviewed and the practice now kept a log which enabled them to demonstrate that the safety alerts received by the practice were seen by the relevant staff and actions had been completed where appropriate.

At the inspection in June 2016 we found that the practice did not have an effective system in place to monitor children who had safeguarding issues. We also found that not all children had alerts on their patient's records.

At this inspection we found a clear and effective system in place to keep people safe and safeguarded from abuse. The safeguarding register had been reviewed and updated.

The system in place for the prevention and detection of infection was not effective. We found that the practice did not have a system in place to allow any daily cleaning, for example, of flooring in both clinical and non-clinical areas and toilets. This was because the cleaner was employed to clean at Castle Bytham twice a week and only once a week at Corby Glen. There was no system in place for deep cleaning of carpets.

At this inspection we found that the practice had revised the cleaning programme, recruited a second cleaner and now had a system in place for the prevention and detection of infection.

At the last inspection we found that the fridges used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature.

At this inspection we found that the fridges at both Castle Bytham and Corby Glen had secondary thermometers in place. Evidence of daily monitoring was seen at both sites.

At the last inspection we found that risks to patients were assessed but in some areas they were not well managed. In regard to fire safety we found that actions from a fire risk assessment in July 2014 at both the main practice and branch surgery had not been completed. As a result of this concern we referred the practice to the Lincolnshire Fire and Rescue service. They visited the main practice and branch surgery and gave the practice remedial actions to be completed by 28 October 2016.

At this inspection we reviewed the report given to the practice by the Lincolnshire Fire and Rescue Service on 2 August 2016. All the actions required in this report had been completed by the practice. The practice had a fire drill on 24 April 2016 at Castle Bytham and 20 June 2016 at Corby Glen. We spoke with the management team as the notes of fire drill need additional information to include

## Are services safe?

number of patients evacuated, any problems identified and actions completed. The practice had no staff trained as fire wardens but had one member of staff booked for training on 17 January 2017.

At the last inspection we found that there were no suitable arrangements in place relating to the management of legionella at both the main practice and the branch surgery.

At this most recent inspection we were told and we saw that the practice had made attempts to employ a contractor to complete the remedial actions from the 2013 Legionella risk assessment. This had not been successful so they had another external contractor visit the practice on 9 January 2017. The practice had a date of 19 January 2017 for the remedial works to be carried out. We asked the practice to confirm to the Care Quality Commission (CQC) once the work had been completed. The practice have since confirmed to the CQC that this work has been completed.

We looked at the legionella water temperature monitoring at both Castle Bytham and Corby Glen. We found at Corby Glen it had been completed on a monthly basis since the last inspection. However at Castle Bytham we found a number of gaps. We spoke with the practice manager who told us they were aware that the recording had not been carried out monthly and had put in further steps to prevent a reoccurrence. This would be monitored to ensure it was effective.

At the last inspection we found the practice had in place a medicines delivery service to a collection site in the village of Greetham in Rutland. We were not assured that the current arrangements in place ensured the safety of the medicines or the people who property the medicines were stored in.

At this most recent inspection we were told and we saw that the practice no longer delivered medicines to the collection site as it had not been possible to ensure ongoing safety and suitability.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 23 June 2016 we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 10 January 2017. The practice is now rated as good for providing effective services.

### Effective needs assessment

At the last inspection we were not assured that the practice had systems in place to keep all clinical staff up to date with National Institute for Health and Care Excellence (NICE) best practice guidelines. We looked at practice meeting minutes and could not find any evidence that NICE guidance was discussed with all staff.

At this most recent inspection we reviewed meeting minutes and saw that NICE guidance was a standing agenda item, guidance had been discussed with staff and an icon was available on the practice computer system for staff to use for guidance as required.

### Management, monitoring and improving outcomes for people

At the inspection in June 2016 we saw evidence of clinical audits but none were completed audits where the improvements made were implemented and monitored.

At this inspection we saw evidence of two further audits. There was evidence of improvements that had been made but further work needs to be completed to ensure the improvements are well documented. We spoke with the management team who told us that they now had a member of staff who would have responsibility for setting up an audit yearly plan. They would support the clinical team with the documentation to ensure improvements were implemented and monitored.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

At the last inspection we reviewed the system in place for the monitoring of staff training. We found that it was not effective as we found that GPs had not received training in areas such as infection control or fire safety. We were told that staff had not received training in the Mental Capacity Act. Nurse appraisals did not always have a clinical input.

At this inspection we were told and we saw evidence that all staff were up to date with mandatory training such as infection control, fire safety, basic life support and safeguarding. Both nurses had received an appraisal with clinical input. Clinical supervision had not taken place but we were told and we saw that the practice had an open culture where any issues could be discussed with the lead GP.

### Coordinating patient care and information sharing

At the last inspection we found that the practice did not have a robust system in place to monitor and ensure referrals for two week wait patients were completed in a timely manner. The practice did not have a policy to provide staff with guidance.

We also found that the practice did not have a robust system for the scanning of information onto the electronic patient record.

At this inspection we saw evidence that the practice had made changes to the system in place to ensure referrals were completed in a timely manner. The practice had also reviewed their system for the scanning of incoming post and the monitoring of changes to patients medicines on discharge from hospital. Both systems were now effective.

# 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 23 June 2016 we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 10 January 2017. The practice is now rated as good for being well-led.

Following our inspection in June 2016, the practice had reviewed and reflected on some of the governance systems they had in place and how to involve the whole practice in the delivery of it. It was evident at this inspection that all staff were involved and committed in delivering this.

### Governance arrangements

At our inspection in June 2016 we found that the practice did not have effective governance systems in place for:-

- Reporting, recording and monitoring of significant events and the identification of themes and trends.
- Risks to patients who used services were assessed. For example, fire and legionella.
- Clinical audits had taken place but had limited to demonstrate quality improvements to patient outcomes.
- The practice did not have a robust system in place to ensure referrals were completed in a timely manner, monitor changes to patients medicines on discharge from hospital or the scanning of incoming post.
- At the last inspection we could not see that lessons were always learnt from individual concerns and complaints and that an analysis of trends and actions were taken to as a result to improve the quality of care.
- Practice specific policies were implemented and were available to all staff. However some needed a review to include the lead member of staff and who to contact for further guidance.

At our most recent inspection we found that systems and processes had been fully reviewed and the practice now

had an overarching governance framework which supported the delivery of their strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- We found that the system for significant events had been reviewed along with the policy and reporting form. Recording and investigations were detailed and actions were identified and implemented. Meeting minutes represented the discussion that took place.
- Themes and trends had been identified for both significant events and complaints and actions had been taken where appropriate.
- The practice had implemented an effective system for dealing with patient safety alerts.
- Patients on the safeguarding register had been reviewed to ensure where appropriate icons and alerts were visible on the electronic patient record system.
- Risks to patients were now assessed and most were now well managed.
- An effective system was now in place for regular and accurate temperature monitoring of the pharmaceutical fridges on both sites to ensure that vaccines were stored safely.
- NICE guidance was now a standing agenda item on clinical meetings which ensured all clinical staff kept up to date with national guidance and guidelines.
- Further clinical audits had been completed but further work was required to ensure they were able to demonstrate that improvements have been achieved.
- Monitoring of staff training and appraisals now took place.
- The practice now had effective systems in place to ensure referrals were completed in a timely manner, monitor changes to patients medicines on discharge from hospital and for the scanning of incoming post.
- The practice had reviewed the system for the identification of carers and provided written information to direct carers to the various avenues of support available to them.

# Are services well-led?

Good 

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

- The practice had started to update policies and procedures which would provide guidance and enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.