

Dr Stone & Partners

Quality Report

St Mary's Surgery
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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 at Dr Stone & Partners on 14 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Stone & Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 May 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 16 June 2017. 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 were as follows:

- Policies within the practice had been updated and risk assessments had been reviewed and actioned.
- All staff were trained in safeguarding training to the correct level for their role.

- There was a well-planned cleaning schedule with a cleanliness check system for the entire practice building.
- There was a clear and informative training matrix for all staff.
- Clinical improvements had been evidenced in the last year, including the undertaking of several audits that had led to better processes in the care given.
- The data showed that the practice now compared favourably for outcomes in most clinical areas when compared to national and local averages.
- The practice now routinely offered a translation service to all new patients as required.
- Complaints were followed up by the practice in order to understand if further learning or improvements could be implemented.
- The practice had introduced a social media page. This enabled younger patients to receive information regarding the practice and for the practice to be able to reach this patient group more effectively.

In addition the practice should:

Summary of findings

- Continue to support patients with learning disabilities to attend for annual health checks with the practice or other services

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?

At the follow up inspection in May 2017 the practice was rated as good for providing safe services:

- There were comprehensive policies in place for safeguarding of vulnerable adults and children.
- All staff were trained to the correct safeguarding level for their role.
- The practice had implemented a thorough cleaning policy and process.
- The practice had a new risk assessment for water quality and undertook regular checks of the water supply.
- There was a good clear chaperone policy in place and all staff were correctly trained for undertaking this role.

Good



Are services effective?

At the follow up inspection in May 2017 the practice was rated as good for providing effective services:

- The practice had improved in the number of reviews it was providing to patients with long term conditions.
- The practice was undertaking several practice led clinical audits and had introduced a new audit process.
- Audits undertaken were leading to improvements in patient care.
- Staff had a clear training record and all staff had received the training they required for their responsibilities and role.
- All consent forms were now routinely scanned into patient notes.

Good



Are services well-led?

At the follow up inspection in May 2017 the practice was rated as good for providing well-led services:

- The practice had improved the co-ordination and review of internal policies
- There was a clear system on the shared drive for all staff to be able to access their training record and other practice information.
- There was clear clinical improvement driven by an increase in audits and an increase in patient reviews.
- The GP partners now met daily to discuss practice and patient requirements.

Good



Summary of findings

- The patient participation group now met in person rather than as a virtual group.
- The practice was looking at new ways to reach certain patient groups such as using social media for younger patients

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 safe, effective and well-led identified at our inspection on 10 May 2017 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 safe, effective and well-led identified at our inspection on 10 May 2017 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 safe, effective and well-led identified at our inspection on 10 May 2017 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 safe, effective and well-led identified at our inspection on 10 May 2017 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 safe, effective and well-led identified at our inspection on 10 May 2017 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 safe, effective and well-led identified at our inspection on 10 May 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Stone & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC inspector and included a GP specialist advisor.

Background to Dr Stone & Partners

Dr Stone & Partners, also known as St Mary's Surgery, is located at Church Close, Andover, Hampshire, SP10 1DP. The practice is based in the town centre of Andover and has approximately 12,200 patients.

The practice provides services under an NHS general medical services contract and is part of the NHS West Hampshire clinical commissioning group (CCG). The practice is based in an area of low deprivation compared to the national average for England. A total of 60% of patients registered at the practice have a long standing health condition compared to the national average of 54% and a West Hampshire CCG average of 55%. The practice explained that the population is predominantly white British but that there are registered patients from Eastern Europe, particularly of Polish nationality.

The practice has a number of patients registered as temporary patients due to links with the local crisis centre for individuals who have suffered domestic violence, as well as links with the local homeless refuge centre. Andover has undergone a period of re-development with new homes being built in the surrounding areas resulting in an increase to practice list sizes.

The practice has eight GP partners, four female and four male who, between them, provide 48 clinical sessions per

week. The practice is a training practice for doctors wishing to become GPs and currently has two registrars. The practice plans to employ a salaried GP in June 2017 to provide additional doctor sessions per week.

Dr Stone & Partners is open between 7.30am and 6.30pm Monday to Friday. Appointments are available daily between 7.30am and 6pm. Extended hours surgeries are also available on alternate Saturday mornings and the GPs also offer home visits to patients. The practice is based in a purpose built surgery building that provides consulting and treatment rooms over two floors with a lift for accessibility for all patients. The offices for support staff and management are located on the first floor.

The practice has opted out of providing out-of-hours services to their own patients and refers then to the NHS 111 service. The practice offers online facilities for appointment booking and prescription requests.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Stone & Partners on 14 June 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. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Dr Stone & Partners on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Stone & Partners on 10 May 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 visit we:

- Spoke with a range of staff including the practice manager, deputy practice manager and a GP partner.
- Walked around the practice building and observed the information displayed and available.

- Examined the systems the practice used to deliver care and treatment plans and reviewed the data the practice had collected.
- Looked at the policies and procedures that the practice had in place.
- Observed the staffing and training files on the practice computer shared drive.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data (QOF), this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 14 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding training, chaperone provision and infection control were either not clearly addressed or adequately provided for.

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

Overview of safety systems and process

At the previous inspection in June 2016 there were arrangements in place to safeguard children and vulnerable adults from abuse; however there was no lead GP named in the vulnerable adult policy. The staff had demonstrated that they understood their responsibilities with regards to safeguarding but some had not had the training to the required standard.

When we inspected in May 2017 we found that all the staff had been trained to the appropriate level for their role. The training schedule had been updated and was constantly monitored by the new deputy practice manager. All review dates were clearly accessible on the practice intranet so that all staff were aware of when updates to training were scheduled for. The safeguarding policies were clearly displayed on a dedicated safeguarding noticeboard, together with contacts and relevant local information.

At the previous inspection the chaperone policy had not clearly outlined which staff were able to undertake chaperoning duties. When we undertook the follow up

inspection in May 2017 the policy clearly stated that all staff could undertake the role of chaperone, provided that they had received the correct training. The policy stated that this included both clinical and non-clinical staff.

At the previous inspection in June 2016 it was noted that the reporting of specialist equipment cleaning was not always carried out and that the schedule for the cleaning of the examination curtains in the consulting and treatment rooms was not easily accessible. In May 2017 we saw full and comprehensive reporting of all cleaning routines. Each area or group of equipment had a checklist that was overseen by the practice management and nursing staff. There was a clear cleaning schedule for the curtains, which were labelled with dates to be laundered by. This was the responsibility of the nursing staff.

Monitoring risks to patients

In the previous inspection in 2016 the practice did not have a risk assessment in place for Legionella, although one was scheduled to take place after the inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

When we returned to the practice in May 2017 we found that an external risk assessment had taken place in 2016 and the practice manager had received additional training in this area. The water quality had been tested in December 2016 and been found to be good. This testing is now scheduled for every six months. The temperature was recorded monthly by the practice management, with the hot water temperatures being regularly taken at the furthest point from the hot water source to make sure they satisfied the minimum temperature requirements. We were informed that all water outlets in the practice were in constant use therefore there were no taps that were not run on a weekly basis.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 June 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of care planning and reviews for patients with long term conditions were not satisfactory. The practice was not able to evidence that all staff had received training relevant to their role or responsibility.

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

Management, monitoring and improving outcomes for people

Quality and Outcomes Framework data (QOF) allows a practice to be measured for certain disease management indicators against both national and local practices averages for that area. At the previous inspection in June 2016 the evidence from national data showed that the practice was comparable to other local and national practices in some reported areas, such as mental health and diabetic indicators, but was behind national and local averages in other indicators such as reviews for patients with long term conditions.

At the inspection in June 2016 the data showed that the practice was significantly worse with regards to reviewing patients with chronic obstructive pulmonary disorder (COPD), which is a chronic lung condition, and had only reviewed 57% of these patients in the year 2014-15. However at the inspection in May 2017 we saw that the practice data for 2015-16 showed an improvement with 86% of this patient group having received a review of their condition in that year. This was comparable to the national average of 90% and the clinical commissioning group (CCG) average of 92%.

The overall Quality and Outcomes Framework (QOF) data for the year 2015-16 showed that the practice overall results had risen from 83% to 95%. The unpublished data for the year ending March 2017 showed that all disease management indicators for this data were within one point of the maximum achievable.

The data for 2015-16 also showed that the practice had a positive variation in achievements for childhood immunisations, and that it reached 95% of all children aged 2 or under for required vaccinations compared to the national standard set at 90%.

In June 2016 it was reported that there were few clinical audits undertaken at the practice. However when we returned in May 2017 there was a new system for implementing and undertaking audits with a standard practice audit report form that was accessible on the shared computer drive. The practice had undertaken seven audits since the inspection in June 2016. Two of these had two cycles of data collection. One of the two cycle audits was to monitor thyroid function tests in patients taking a thyroid medication. This audit had led to noticeable improvements in patient monitoring through blood testing and also led to the practice implementing a 'pop-up' alert system that appeared on the patient notes if the patient had not had a test in the last 12 months. Another audit was for the management of patients with gout was on cycle three.

Effective staffing

In the previous inspection in June 2016 the practice had been unable to evidence that all staff had received the correct training for their role.

On returning in May 2017 it was found that the practice had introduced a centralised spreadsheet that kept track of all training for all staff (both on-line and training delivered in person) and also indicated when updates or new training needed to be undertaken. All staff could access their own training record and log on to their own on-line training programmes. It was found that all staff were up to date with all their mandatory training and that this was clearly marked as such on the training matrix.

Coordinating patient care and information sharing

In June 2016 it was reported that the practice had a register of 45 patients with learning disabilities, but that less than 10 of these had received a one hour long comprehensive review with a GP in that year to date. On returning in May 2017 it was found that this number had increased to 19 and that the practice was still working to improve this number with repeated requests for review and continued following up on those who did not attend.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

At the previous inspection in 2016 it was noted that there were no written consent forms even though verbal consent had been recorded on the patient notes. In May 2017 it was evidenced that patient consent forms were now routinely scanned onto patient records.

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 14 June 2016, we rated the practice as requires improvement for providing well-led services due to issues with lack of audits and poor clinical outcomes data, an unsatisfactory approach to risk management and a lack of evidence of staff training.

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 May 2017. The practice is now rated as good for being well-led.

Governance arrangements

In June 2016 the practice had been unable to demonstrate that there was a good audit process at the practice. It was also shown that the data results for certain patient outcomes was less than the national and local averages.

In May 2017 the inspection team saw that there had been a clear improvement in the number and quality of audits undertaken at the practice and that the data collected demonstrated an increase in positive outcomes and reviews for all patient groups, and particularly for those patients with long term conditions.

The practice had updated all its procedures regarding training review and monitoring and all staff were evidenced to have the correct training for their role. The practice had noticeably improved their processes regarding risk management, including the risk assessment now in place for water quality in the practice building.

All staff could easily access the practice policies, assessments, practice specific forms and their own training records.

Leadership and culture

Since the last inspection the GP partners had increased the amount of time spent together to discuss concerns and thoughts regarding the practice and the patients. These informal discussions now occurred daily at midday and the GPs had begun to record these meetings for the purposes of raising action points and feedback.

Seeking and acting on feedback from patients, the public and staff

Since the last inspection in June 2016 the patient participation group (PPG) now actually met in person rather than as a virtual group. The meetings had agendas and minutes for distribution. The practice had also introduced a Facebook page for younger patients to join up to. This social media page supplied relevant general reminders and information to this patient group.