

# Eastfield House Surgery

## 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 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Eastfield House Surgery on 2 December 2015. This inspection was to follow up on concerns identified at the last inspection in June 2015.

During the June inspection, we found concerns relating to the investigation and reporting of significant events; the safety checks of GP bags, the storage of prescriptions; legionella risk assessment and testing and staffing recruitment checks. Policies and procedures relating to the Mental Capacity Act and safeguarding reporting were not completely understood by staff. Following the inspection the provider sent us an action plan detailing how they would improve the areas of concern.

We carried out a focussed inspection of Eastfield House Surgery on 2 December 2015 to ensure these changes had been implemented and that the service was meeting the requirements of the regulations. Our previous inspection in June 2015 had found two breaches of the regulations relating to the safe delivery of services. The ratings for the practice have been updated to reflect our findings. Overall the practice is now rated as good.

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

- The system to report and investigate significant events and complaints had been reviewed. We found processes in place which demonstrated a complete investigation and review of events and complaints, and included the actions undertaken.
- A process had been implemented to regularly check the expiry dates for medicines held within the GP bags.
- Blank prescriptions were stored securely at all times.
- Background and recruitment checks were completed for staff. This included Disclosure and Barring Service (DBS) checks for all clinical staff and other staff undertaking chaperone duties.
- Safeguarding training had been completed by the nursing team and all staff were aware of the reporting process.
- A clear audit programme had been implemented to drive continuous improvement and better patient outcomes.
- Training had been provided in the Mental Capacity Act and staff were aware of the principles of the Act and how best interest decisions were applied.

# Summary of findings

- Policies and procedures were accessible to all staff. Including those for safeguarding adults and children, whistleblowing and the Mental Capacity Act.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe and effective 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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting; recording and taking action in relation to significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included updated safeguarding training for all staff.
- Risks to patients were assessed and well managed.
- Recruitment checks were undertaken for all staff, including disclosure and barring service checks for staff who undertook chaperone duties.
- Medicines management procedures were effective. The security of prescription forms had been reviewed and improved. A checking procedure of medicines stored within GP bags had also been implemented.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. A programme of audit had been developed and implemented since our last inspection in June 2015.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. This included additional training in safeguarding, infection control, health and safety and the Mental Capacity Act.
- Policies and procedures were accessible electronically for all staff.

Good



# 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 practice is rated as good for the care of older people. We found staff had appropriate background checks to ensure they were safe to work with vulnerable adults. Significant events and complaints were appropriately investigated, reviewed and action taken. There was a clinical audit programme used to drive improvements to clinical outcomes for older patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



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

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

Good



# Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Pre-bookable appointments were freely available. There was some difficulty identified from patient feedback in booking on the day appointments.

## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. All staff had appropriate background checks to ensure they were safe to work with vulnerable adults and children. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and but the recording of these patients having a single formal health check was low. The practice accounted for the remaining patients who had not had a health check-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All staff had appropriate background checks to ensure they were safe to work with vulnerable adults and children. National data showed 80% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. There was evidence of advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Eastfield House 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.

## Background to Eastfield House Surgery

Eastfield House Surgery is located near the town centre of Newbury. Approximately, 13,000 patients are registered with the practice. The practice premises were purpose built approximately 20 years ago.

The building was recently expanded to provide new consultation rooms. Patients are registered from the town and local area. The practice population has patients in local care homes, schools and a homeless shelter. There is minimal deprivation according to national data. The proportion of patients with a long standing health condition is 38% compared to 54% nationally.

The practice is open from 8am to 6.30pm. Extended hours appointments are available one evening and one early morning a week, and frequently on Saturday mornings. Care and treatment is delivered by nine GPs, with four male and five female GPs, four practice nurses, a health care assistant and a care coordinator. There were supported by a management team, administration and reception staff.

The practice is a member of Newbury and District Clinical Commissioning Group. The practice had a General Medical Services (GMS) contract. GMS contracts are directly negotiated between the General Medical Council and the practice.

We visited Eastfield House Surgery, 6 St Johns Road, Newbury, RG14 7LW as part of this focused inspection. The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider and NHS 111.

The practice did not have a registered manager at the time of the last inspection in June 2015. A new registered manager for Eastfield House Surgery was registered with the Care Quality Commission in December 2015.

## Why we carried out this inspection

We inspected this service as focused inspection to follow up on concerns identified at the comprehensive inspection undertaken in June 2015. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

The focused inspection of this service was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection is planned to check whether the provider has made the necessary improvements and is meeting the legal requirements in relation to the regulations associated with the Health and Social Care Act 2008. We have been able to provide a re-rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting on 2 December 2015 the practice confirmed they had taken the actions detailed in their action plan.

## Detailed findings

During our visit we undertook some observations of the environment. We met with the practice manager and the business support manager. We spoke with staff, nurse and

GPs. We reviewed documents relevant to the management of the service. All were relevant to demonstrate the practice had addressed the breaches of regulation identified at the inspection of June 2015.



# Are services safe?

## Our findings

### Safe track record and learning

In June 2015, we found the practice had a process to investigate and review significant events. However, actions that prevent reoccurrence were not always completed or documented as being reviewed for their effectiveness. The provider was unable to evidence how the service had improved as a result of the review of the significant events and actions had not been completed.

In December 2015, we found the system to review and learn from significant events and complaints had been improved. There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a missed diagnosis had been raised and treated as a significant event. Learning was identified and new clinical pathway information shared with all the GPs within the practice. We reviewed a further two significant events which had all been investigated, actions were taken and recorded appropriately. The practice was able to demonstrate the learning and actions taken in all cases, which would prevent reoccurrence in the future.

When there were unexpected safety incidents or clinical complaints, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

During the inspection in June 2015, we identified that the practice had not provided safeguarding training for all staff in the practice; some staff undertaking chaperone duties had not received a disclosure and barring service (DBS) check; GP bags for home visits were not checked and one bag had an out of date medicine; blank prescription forms

were not stored securely; cleaning checks were not recorded; clinical waste bins were not secured outside of the practice; a legionella risk assessment had not been completed and the recruitment checks for all staff were not always completed.

At the inspection in December 2015, the practice had reviewed and implemented changes to the safety systems identified of concern in June 2015. They had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three and other staff had received training appropriate to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We noted the practice undertook cleaning spot checks but these were not always recorded. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and training. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A legionella risk assessment had been completed in August 2015 and regular testing had commenced.

## Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). GP bags were regularly checked for out of date equipment and medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. This included blank prescription forms. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a

system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a GP or nurse were on the premises. The storage of clinical waste had been improved by the securing outside bins which prevented unauthorised access.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

# Are services effective?

(for example, treatment is effective)

## Our findings

In June 2015, we found the practice completed clinical audits but did not have a clinical audit programme to drive improvements; not all staff had received training in the Mental Capacity Act principles or how to undertake a best interest decision and the practice training log was incomplete.

In December 2015, the practice had implemented a clinical audit programme and further audits had been completed. The staff training log had been updated and training for all staff had been recorded appropriately. Nursing staff had also received training in the mental capacity act and best interest decisions.

### Management, monitoring and improving outcomes for people

A programme of clinical audits demonstrated quality improvement.

- There had been a number of clinical audits completed in the last since the last inspection in June 2015, three of the five we reviewed were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the improved monitoring of patients on certain medications and improved outcomes for patients with urinary tract infections.

Information about patients' outcomes was used to make improvements. For example, patient medication reviews were audited and in May 2015, 14.4% of patients had not received a medication review within the last 12 months. In December 2015, only 1.1% of patients were overdue their medication review, this demonstrated a reduction of 13.3%.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This programme covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- At the inspection in June 2015, the practice could not always demonstrate how they ensured role-specific training updates. In December 2015, the practice training log was reviewed and all staff were up to date with their mandatory training.
- Since the last inspection in June 2015, staff had received further training that included: the safeguarding of adults and children, fire safety, basic life support, infection control, health and safety and equality and diversity.

### Consent to care and treatment

In June 2015, we identified that nursing staff did not always have the understanding of the principles of the Mental Capacity Act (MCA) and how to apply best interest decisions. In December 2015, we noted that nursing staff had received additional training in the MCA.

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.