

Sovereign Practice

Quality Report

Princes Park Health Centre,
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East Sussex
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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 effective?

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 the Sovereign Practice on 26 April 2016. We found that the practice required improvement for the provision of effective services because breaches of regulation were identified. The full comprehensive report on the 26 April 2016 inspection can be found by selecting the 'all reports' link for Sovereign Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 August 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 26 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing effective services as well as good overall.

Our key findings were as follows:

- Improved systems and processes had been implemented to ensure performance and patient outcomes were effectively monitored and audited.

- Systems had been initiated to effectively manage and monitor role specific training requirements.

At the previous inspection in April 2016 we also told the provider that they should make improvements in relation to:

- Ensuring that the system for recording significant event actions was improved. At this inspection we found that a new electronic recording form was available where detailed information was recorded. Significant events were a standing item on the agenda of practice meetings. Outcomes and learning points were discussed, reviewed and detailed in the minutes of meetings.
- The identification of patients who are registered with them who are also carers. The practice had increased the percentage of patients on the register from 0.3% (54 patients) to 2% (257 patients). Identified carers for whom it was appropriate were referred to a local support organisation.

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 effective?

At the last comprehensive inspection on the 26 April 2016, we found the practice was not meeting legal requirements for providing effective services. Since our last inspection, the practice had made a number of improvements to address the breaches in regulations we previously identified.

Specifically we found:

- New measures and improved systems had been put into place to address the lower than average Quality and Outcomes Framework (QOF) performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice recognised that whilst progress had been made there were further improvements that needed to be made and were working to achieve this.
- The practice had a programme of clinical audit and there was evidence of quality improvement. Completed audits were discussed and reviewed at practice meetings.
- A process had been initiated that managed and monitored role specific training requirements.
- Systems were in place to monitor cleaning processes within the clinical environment.

Good



Sovereign Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was undertaken by a CQC Inspector. .

Background to Sovereign Practice

Sovereign Practice is situated at Princes Park Health Centre close to a large residential area in Eastbourne, West Sussex. The building is purpose built and accommodates a number of additional services such as X-ray, MRI and ultrasound scanning. The practice is part of the NHS Eastbourne, Hailsham and Seaford CC and has approximately 14,500 patients.

The number of registered patient over 60 years of age is higher than the national average and number between 20-45 is lower than the national average.. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. The practice area is in the mid-range for deprivation nationally. The practice has a higher proportion of patients with a long standing condition compared to local and national averages.

There are eight GPs at the practice. Five are male and three are female. Five GPs are partners with two salaried GPs. There are eight practice nurses and nine health care assistants. The practice manager is also a partner at the practice and there is a team of administrators and receptionists. The practice is open between 8.25am and 6.00pm. Appointments are from 8.30am to 11am and 3pm to 5.10pm. Extended hours pre-bookable appointments are offered between 6.30pm to 7.40pm on Tuesdays and

Thursdays and on Wednesday mornings between 7am and 8.10am. The practice operates a duty doctor system from 8.00am to 8.30am and also from 6.00pm to 6.30pm. This is accessed by calling IC24.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance. Out of hours service is provided by IC24.

Sovereign Practice is registered to provide services from the following location:

Princes Park Health Centre, Wartling Road, Eastbourne East, Sussex, BN22 7PG

Why we carried out this inspection

We undertook a comprehensive inspection of Sovereign Practice on 26 April 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 for providing effective services. The full comprehensive report following the inspection in April 2016 can be found by selecting the 'all reports' link for Sovereign Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Sovereign Practice on 15 August 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.

How we carried out this inspection

During our visit we:

Detailed findings

- Spoke with the practice manager and compliance officer.
- Analysed and evaluated data.
- Reviewed a selection of practice policies and procedures
- Looked at minutes of practice meetings

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 26 April 2016, we rated the practice as requires improvement for providing effective services as during that inspection we found:

- There were not effective systems and processes in place to manage and improve performance under the Quality of Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice was performing below local and national averages in several areas.
- Effective systems to monitor and audit cleaning within the practice were not in place.
- The practice was not managing and monitoring requirements for role specific training and updates.
- The practice did not have a programme of clinical audits and re-audits to monitor and improve patient outcomes.

These arrangements had significantly improved when we undertook a follow up inspection on 15 August 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. Published data for the practice's performance including exception reporting for the year 2016/17 was not available at the time of this inspection on the 15 August 2017. However the practice was able to demonstrate the measures that had been put into place to address the issues raised at the previous inspection. For example:

- Patients who did not attend for review following three invitation letters were discussed at practice meetings and the patient non attendance was brought to the attention of the GP.
- The practice had introduced a texting service asking patients to make an appointment for their annual review which we were told had improved attendance rates.

- Appointments were available until 6pm to accommodate working age people.
- Following staffing changes, new systems had been put in place to restructure the review processes for patients diagnosed with a long term disease.
- The practice told us that whilst progress had been made they recognised that there were further improvements that needed to be made and were working to achieve this.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken since the last inspection, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit found that 76% of patients diagnosed with chronic obstructive pulmonary disease (a chronic lung condition) had not received a pneumococcal vaccination as recommended, as evidence has shown this to reduce exacerbations of the condition and hospital admission. A follow up audit demonstrated that this had improved to 90%.
- Minutes of meetings demonstrated that audits were a standing item on the agenda in order that the review process of audits completed were discussed and actions to be taken agreed upon.

Effective staffing

- We saw evidence that the practice was monitoring role specific updates and training. We saw that a spread sheet was being maintained and overseen to ensure that staff had received role specific training and identified when training updates were due. A designated member of staff had responsibility and oversight of these processes.
- We saw evidence that staff were effectively monitoring and auditing cleaning processes within the practice. Each clinical room now had a cleaning schedule which we saw was being consistently adhered to.