

Oakhill Medical 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 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 Oakhill Medical Practice on 2 August 2016. The overall rating for the practice was requires improvement. The full comprehensive report dated 2 August 2016 can be found by selecting the 'all reports' link for Oakhill Medical Practice on our website at www.cqc.org.uk.

We carried out an announced focused inspection on 15 August 2017 to confirm that Oakhill Medical Practice had carried out their action plan, to meet the legal requirement relating to the breach in regulation that we identified at our previous inspection. This report covers our findings in relation to the requirement and also additional improvements made since our last inspection.

Overall the practice is now rated as good. Our key findings were as follows:

- The practice had completed their action plan to meet the legal requirement in respect of managing risks to patients to ensure good governance.

- Effective systems were in place for receiving and acting on patient safety information in a timely and consistent way. Risks to patients were assessed and appropriately managed to protect them from avoidable harm.
- The procedure for managing patient test results had been reviewed to ensure this was effective and safe.
- Recruitment procedures had been strengthened to ensure that all appropriate pre-employment checks and information was obtained when appointing new staff.
- Senior staff were clear as to the plans for the service, and were able to demonstrate a commitment to on-going improvements. A business development plan outlined plans for the service.
- Aspects of the governance arrangements had been strengthened to ensure the delivery of high quality care, and that risks to patients were assessed and appropriately managed.
- Regular formal partnership meetings were in place as planned to discuss the business and clinical issues and to review on-going improvements.

Summary of findings

- The practice undertook quality improvement activity including clinical and non-clinical audits. However, clinical audits completed in the last two years did not include any completed, full cycle audits where required to monitor improvements made in patients care.
- Strengthen the monitoring of completed clinical audits, including the completion of full cycle audits where required to monitor improvements made in patients care.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

In addition the provider should:

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 our previous inspection carried out on 2 August 2016, we found that systems were ineffective in relation to staff recruitment, the management of patient safety information, updating of Patient Group Directions (PGDs) and monitoring blank prescription stationary. It was also unclear if various patient test results had been reviewed and followed up in a timely way.

This inspection found that the provider had taken appropriate action to meet the legal requirement to ensure the services were safe.

- The procedure for managing patients test results had been reviewed to ensure this was effective and safe.
- Effective systems were in place for receiving and acting on patient safety information in a timely and consistent way. Risks to patients were assessed and appropriately managed to protect them from avoidable harm.
- Recruitment procedures had been strengthened to ensure that all appropriate pre-employment checks and information was obtained when appointing new staff, including the required Disclosure and Barring Service check.
- Blank prescription forms and pads were stored securely at the practice and systems were in place to monitor their use.
- The system for overseeing that all patient group directions (PGD) were in date and appropriately signed had been strengthened. This ensured the practice nurse administered medicines to patients in line with legislation.

Good



Are services well-led?

At our previous inspection limited records were available to show that the practice's vision and strategy was regularly reviewed, and that formal partnership meetings were undertaken as planned. Aspects of the governance arrangements required strengthening in respect of assessing and managing risks to patients.

This inspection found that the provider had taken appropriate action to meet the legal requirement to ensure the services were well-led.

- Senior staff were clear as to the plans for the service, and were able to demonstrate a commitment to on-going improvements. A business development plan outlined plans for the service.

Good



Summary of findings

- Aspects of the governance arrangements had been strengthened to ensure the delivery of high quality care, and that risks to patients were assessed and appropriately managed.
- Various formal external and internal meetings took place as planned to aid communication and to drive improvements in how the practice delivered services to patients.
- Regular formal partnership meetings took place as planned to discuss the business and clinical issues and to review on-going improvements.
- The practice undertook quality improvement activity, which included clinical and internal audits. The annual audit plan had yet to be reviewed in regards to audits completed and quality improvements. However, clinical audits completed in the last two years did not include any completed full cycle audits to monitor whether these audits had led to quality improvements being made in patient care.
- The practice sought feedback from patients, which it acted on to improve the services provided.

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 addressed the issues relating to safety and well-led identified at our previous inspection on 2 August 2016, 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 addressed the issues relating to safety and well-led identified at our previous inspection on 2 August 2016, 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 addressed the issues relating to safety and well-led identified at our previous inspection on 2 August 2016, 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 addressed the issues relating to safety and well-led identified at our previous inspection on 2 August 2016, 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 addressed the issues relating to safety and well-led identified at our previous inspection on 2 August 2016, 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 addressed the issues relating to safety and well-led identified at our previous inspection on 2 August 2016, which applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

Good



Oakhill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser.

Background to Oakhill Medical Practice

Oakhill Medical Practice provides primary medical services to approximately 4,770 patients through a general medical services contract (GMS), commissioned by NHS England and North Derbyshire Clinical Commissioning Group (CCG).

The practice is located in purpose built premises in Dronfield in North Derbyshire. The premises include six consultation rooms and a treatment room; patients can access the first floor consultation rooms via a lift. The practice has car parking facilities and is accessible by public transport.

The practice population is predominantly of white British background and the level of deprivation is low, ranking significantly below the national average. The practice age profile has higher percentages of patients aged 65 years and over; and lower percentages of patients aged under 40 compared to the national averages.

The practice is run by a partnership of four GPs (two male, two female). The clinical team includes four GP partners, a practice nurse and a health care assistant. The team is supported by a full-time practice manager and a team of reception and administrative staff.

The practice opens Monday to Friday from 8am to 6.30pm.

Consulting times for routine appointments are generally from 8.10am to 12pm and from 3pm to 6pm; with an on call doctor available to assess urgent requests for appointments.

Extended hours appointments are offered on Mondays from 6.30pm until 8pm and on Fridays from 7am until 8am.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United and is accessed via 111.

Oakhill Medical Practice is registered with the Care Quality Commission (CQC) to carry out the following regulated activities: diagnostic and screening procedures; maternity and midwifery services; surgical procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

We undertook a focused follow up inspection of Oakhill Medical Practice on 15 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good. We visited the practice to confirm that the practice had carried out their action plan, to meet the legal requirement in relation to the breach in regulation that we identified in our previous inspection. The full report can be found by selecting the 'all reports' link for Oakhill Medical Practice on our website at www.cqc.org.uk.

How we carried out this inspection

Before our inspection, we reviewed information that we hold about the practice which included the provider's

Detailed findings

action plan linked to the last inspection. We visited the practice on 15 August 2017 as part of this focused inspection. We spoke with the practice manager, a GP partner, a senior receptionist and an apprentice receptionist. We also checked various records to support that:

- The system for managing test results was effective and safe.
- Formal internal meetings were undertaken as planned.

- Recruitment processes ensured that appropriate pre-employment checks were obtained for new staff.
- The governance arrangements had been strengthened to ensure the delivery of high quality care and that risks to patients were assessed and appropriately managed.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that

Are services safe?

Our findings

At our previous inspection carried out on 2 August 2016, we found that systems were ineffective in relation to staff recruitment, the management of patient safety information, updating of Patient Group Directions (PGDs) and monitoring blank prescription stationary. It was also unclear if various patient test results had been reviewed and followed up in a timely way.

This inspection found that the provider had taken appropriate action to ensure the services were safe.

Safe track record and learning

- The policy for managing patient test results had been reviewed and updated, which included timeframes in relation to the actioning of alerts and test results, once received into the electronic care record system and GPs inbox. The practice had reviewed its processes to ensure that if a patient failed to attend an appointment within a period of six weeks to discuss their test result, the GP would write to them informing them of their result. If the patient failed to respond to the GPs letter within two weeks, the test result would be filed, and the result would be discussed the next time the patient was seen.
- The practice had an effective system in place to ensure that GP partners received all test results requested by other GP partners and locum GPs, during periods of absence such as annual leave to ensure these were actioned in line with their policy for the management of test results.
- We reviewed the procedure for managing test results with one of the GP partners. We found that effective systems were in place. Abnormal test results remained on the computer home screen page and the GPs inbox, as an alert to remind all staff that the results had yet to be discussed with the patient.
- A GP partner we spoke with told us that they discussed all test results with patients, other than routine monitoring tests that were normal. We were told that patients were responsive to requests to book an appointment to discuss their results.
- The GPs reviewed all outstanding test results every Friday to check that these had been reviewed and actioned appropriately. The on call doctor also reviewed any urgent test results where required.

- During our inspection, we checked all outstanding test results for the practice, which included 28 in total. All results with the exception of one had been received in the week prior to our inspection (from 9 August 2017 until 14 August 2017). All previous test results had been actioned and filed, which evidenced that they had been dealt with in a timely way. We were told that the outstanding test had been requested by another provider and the practice had been unable to file it. However, the records showed that this result had been actioned and discussed with the patient. We received confirmation following our inspection that this result had been filed.
- We were told that a significant event had been carried out in response to a test result that had been filed, before the practice had been made aware that patients could access the results via their online account. The records showed that following this incident, the practice had reviewed its processes and shared lessons learned with the practice team, and had instructed all staff not to file a test result until the GP had discussed it with the patient.
- At our previous inspection, the practice had no record of having received and circulated a certain safety alert to relevant staff members. During this inspection, we saw evidence that effective systems were in place for receiving and acting upon patient safety information in a timely and consistent way. All safety alerts, including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) were recorded on a log, which included details of actions taken as a result. A traffic light rating system (red, amber and green) was in place to prioritise these alerts and track the progress made in completing the agreed actions.
- Safety alerts were circulated to clinicians, discussed at meetings and stored for staff's reference on the practice's shared computer network. Searches were undertaken on the clinical system to identify any affected patients, and a review of their medicines was arranged. A sample of safety and medicine alerts we checked showed that risks to patients were assessed and appropriately managed to protect them from avoidable harm.

Overview of safety systems and process

Are services safe?

- The recruitment policy had been updated to detail all pre-employment checks obtained when appointing new staff, including the required Disclosure and Barring Service (DBS) check. The practice manager had reviewed the staff files to ensure they contained the required information.
- We saw that an appropriate enhanced DBS check had been attained for a clinical member of staff, where a standard check had previously been obtained in error.
- The practice had a small, established staff team. One member of staff (an apprentice receptionist) had been appointed since our previous inspection. We checked the recruitment file of the new member of staff, and we saw that this contained appropriate pre-employment checks and information.
- Patient group directions (PGDs) were adopted by the practice to allow the nurse to administer medicines in line with legislation. The system for overseeing that all PGDs were in date and appropriately signed had been strengthened. This ensured the practice nurse administered medicines to patients in line with legislation. We saw that the practice shared email calendar included a reminder to alert them when PGDs required renewal. A list of all PDGs was kept, which included the expiry dates. We saw that all PGDs were in date and had been signed appropriately.
- Approximately 40% of patients were signed up to the electronic prescription service, which enabled the GPs to send prescriptions electronically to the patient's nominated pharmacy, providing a safe and secure system.
- We found that blank prescription forms and pads were stored securely at the practice and systems were in place to monitor their use. Rooms were locked when not in use where prescriptions were placed in printers. When undertaking a home visit a GP took out a blank prescription form generated from the patient's notes rather than a prescription pad.

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 carried out on 2 August 2016, we found limited records to show that the practice's vision and strategy was regularly reviewed. Formal partnership meetings were not always undertaken as planned, and aspects of the governance arrangements required strengthening to ensure the delivery of high quality care, and that risks to patients were assessed and appropriately managed.

This inspection found that the provider had taken appropriate action to meet the legal requirement to ensure the services were well-led.

Vision and strategy

- The practice had a business development plan dated 2015 to 2020; this did not include review dates to show when the plan was last reviewed. We received a copy of the updated plan which outlined some short and longer term plans for the service, and included target dates for completion. Two shorter term plans had also been completed.
- The mission statement set out in the business plan was to provide the highest quality clinical care, from a skilled and experienced clinician in an environment of caring, safety and trust.
- Senior staff we spoke with were clear as to the plans for the service, and were able to demonstrate a commitment to on-going improvements.

Governance arrangements

Aspects of the governance arrangements had been strengthened to ensure the delivery of high quality care, and that risks to patients were assessed and appropriately managed.

- Various external and internal meetings took place as planned to aid communication and improve how the practice delivered services to patients. Staff we spoke with felt that effective communications were in place given the small team of staff. Regular team meetings were held where they had the opportunity to raise any issues, and discuss learning from incidents and complaints. There were also regular opportunities to discuss any issues between team meetings.

- Records showed that formal partnership meetings took place as planned to discuss the business and clinical issues and to review on-going improvements. The partners and practice manager met at three monthly intervals. The minutes of meetings were recorded, which outlined the issues discussed and agreed actions. To ensure continuity of care and the future security of the practice, the partners were evaluating partnership options and succession planning.
- The lead GP for clinical governance attended quarterly external area governance meetings to share information, discuss changes and ensure that patients were safe.
- The internal arrangements for ensuring that risks to patients were assessed and appropriately managed had been strengthened. This included ensuring patient group directions were up to date and appropriately signed. The policy for managing test results had also been reviewed to ensure this was effective and safe, and recruitment procedures had also been strengthened to ensure that all required pre-employment checks were obtained when appointing new staff.
- The records showed that the practice undertook quality improvement activity, including information collection and monitoring of appointment demand and access, patient referrals to secondary care, accident and emergency attendance, use of out-of-hours services, and reviews of significant events and complaints.
- Internal and clinical audits were undertaken and used to monitor quality and to make improvements. An annual audit plan for 2016 to 2017 set out several audits, and included details of who was responsible for completing these. The annual plan had yet to be reviewed in regards to audits completed and quality improvements. The plan did not state if any audits included any completed, full cycle audits to monitor improvements made.
- Records showed that staff had completed three single cycle clinical audits from 2015 to 2017. These audits included a review of non-elective elderly patient admissions, aspirin prescribing for prevention of vascular disease and antibiotic prescribing patterns. One of the audits recorded that a re-audit should be completed at the end of each quarter to check that the

Are services well-led?

Good 

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

increased information about reasons for falls was included. However, no full cycle audits had been completed where required to monitor if improvements had been made.

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

The practice gathered feedback from patients through the NHS Friends and Family survey results. The survey results dated April 2017 to July 2017 showed that all people who completed the survey would recommend the practice to friends and family if they needed similar care.

The practice also gathered feedback from patients through the virtual patient participation group (PPG), which included over 80 members. This PPG offered open engagement with patients if they wished to discuss anything. The practice manager told us that they also sent a regular email to let patients know about any practice news, any planned changes and any local consultations that may be taking place.

The practice manager and the PPG lead attended the quarterly area PPG meetings, which included patients from other local practices. Prior to this meeting, the practice manager would email the virtual PPG to see if anyone wished to attend or had any comments about the agenda.

The practice implemented suggestions for improvements and changed the way it delivered services. For example, in response to feedback from patients a new telephone system was installed in the last 12 months to improve access to the service.

The Practice had hosted promotional activities from the Stroke Service and was in talks with the Clinical Commissioning Group (CCG) to host an open day to promote a local consultation on 'Better Health at Home'.

Staff we spoke with told us they were encouraged to identify opportunities to improve the service, and they would not hesitate to give feedback and discuss any concerns or issues with senior managers.

Continuous improvement

- The practice had been successful in a bid to obtain funding for a local clinical pharmacist to work in the practice one day a week to undertake medication reviews. The pharmacist was currently undertaking medication reviews for house bound patients.
- The practice employed one nurse. The practice had submitted a bid to North Derbyshire CCG to obtain funding for some additional nursing hours, including nurse practitioner and mental health nurse hours to work in the practice. It was anticipated the additional clinical skill mix would help to improve health outcomes for patients and reduce GP workload pressures, to enable them to focus their skills where they are most needed.