

Yalding 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 caring?

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 Yalding Surgery on 12 January 2016. Breaches of the legal requirements were found, in that:

The practice's systems and processes were not fully established and operated effectively to enable the practice to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. For example, issues identified with the management of medicines, fire risk assessments and legionella testing and risk assessments having not been carried out.

Additionally, the practice did not have appropriate storage facilities in order to ensure the confidentiality of patients' records, which were in paper format.

As a result, care and treatment was not always provided in a safe and well-led way for patients. Therefore,

Requirement Notices were served in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 - Safe care and treatment and Regulation 17 - Good governance.

Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches and how they would comply with the legal requirements, as set out in the Requirement Notices.

We undertook this desk based inspection on 23 May 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Yalding Surgery on our website at www.cqc.org.uk

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 our previous comprehensive inspection on 12 January 2016 the practice had been rated as requires improvement for providing safe services, as there were areas where it should make improvements. For example, the practice had not carried out a risk assessment or tests for the risk of legionella. There were issues in relation to:

- The dispensary and medicines were not being managed recorded and dispensed in line with current guidance and legislation.
- Fire risk assessments had failed to identify risks associated with fire doors that had been propped open.

As part of our desk based inspection on 23 May 2016, the practice provided evidence, records and documentary information to demonstrate that the requirements had been met.

- The practice had revised the way the way in which the dispensary and medicines were being managed, to ensure that medicines were recorded and dispensed in line with current guidance and legislation.
- They had updated fire risk assessments to ensure they identified the risks associated with fire doors that were propped open.
- The practice had carried out a risk assessment and tests for the risk of legionella.

Good



Are services caring?

At our previous comprehensive inspection on 12 January 2016 the practice had been rated as good for providing caring services. However, a Requirement Notice was served as the practice did not have appropriate storage facilities, in order to ensure the confidentiality of patients' records, which were in paper format.

As part of our desk based inspection on 23 May 2016, the practice submitted records and photographic evidence to demonstrate they had reviewed and improved the confidentiality of patients' records.

Good



Are services well-led?

At our previous comprehensive inspection on 12 January 2016 the practice had been rated as requires improvement for being well-led. Systems and processes were not fully established or operated

Good



Summary of findings

effectively to enable the practice to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. For example;

- Issues with the management of medicines had not been identified,
Fire risk assessments had failed to identify risks associated with fire doors that had been propped open.
- A legionella risk assessment had not been carried out.

As part of our desk based inspection on 23 May 2016, the practice submitted records and documentary evidence to demonstrate they had improved their systems and processes to ensure they were fully established and operated effectively. This enabled the practice to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, arising from the issues identified above.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- Performance for diabetes assessment and care was 94.9%, which was better than the local clinical commissioning group (CCG) average of 91.45% and the national average of 91.43%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients 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 high for all standard childhood immunisations, meaning that the majority of children registered at the practice received their immunisations.
- Performance for reviews of patients diagnosed with asthma was 88.91%, which was better than the local clinical commissioning group (CCG) average of 86.2% and the national average of 75.78%.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 86.67%, which was above the national average of 83.5%.

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 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 reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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).

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 100 % of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is considerably higher than the national average.
- The practice carried out 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Yalding Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based inspection was completed by a CQC Lead Inspector.

Background to Yalding Surgery

Yalding Surgery (also known as Burgess Bank Surgery) is a GP practice based in Yalding, Kent. There are approximately 5,500 patients on the practice list. The practice is similar across the board to the national averages for each population group. For example, 16% of patients are aged 0-14 years of age compared to the national average of 17.4%. Scores were similar for patients aged 75 and 85 years and over. The practice is in one of the least deprived areas of Kent.

There are three partner GPs (one male and two female) and two salaried GPs (one male and one female). The GPs are supported by a business manager, a dispensary manager, a reception manager, three practice nurses, three healthcare assistants, three dispensers and an administrative team.

Yalding Surgery is open 8am to 7.15pm Monday to Friday.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations and joint injections. Yalding Surgery is a dispensing practice, staffed by trained dispensers and a dispensary manager.

Services are delivered from; Yalding Surgery, Burgess Bank, Benover Road, Maidstone, Kent, ME18 6ES.

Why we carried out this inspection

We undertook a desk based inspection of Yalding Surgery on 23 May 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 12 January 2016.

We inspected this practice against three of the five questions we ask about services; is the service safe, caring and well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

How we carried out this inspection

Before carrying out the desk based inspection, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. For example, photographic and documentary evidence.

Are services safe?

Our findings

Overview of safety systems and processes

The practice was able to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). Additionally, a legionella management policy had been implemented. Documentary evidence confirmed this.

Yalding Surgery had an on-site dispensary. At our previous inspection we found that the practice's standard operating procedures for dispensing did not reflect practice or were inadequate. A number of standard procedures, including ones referred to in the documentation, were not recorded. We also found that contrary to legal requirements dispensary staff were routinely dispensing and issuing controlled drugs to patients without the prescription having been signed by a doctor. Stock records and audit checks kept of the medicines held in the dispensary were not always clear. We saw from the controlled drug register that medicines of this nature were recorded in the register as having been dispensed and issued to the patient. However, routine checking of controlled drugs stocks were not being carried out and recorded consistently. We found that when checks had been completed, these were recorded but discrepancies had not been noted, had not been investigated appropriately and did not have outcomes recorded. The process for the destruction of controlled drugs was not completed in line with current guidance and legislation. We found that on some occasions the practice's controlled drug stocks had been destroyed by dispensary staff and not by a Controlled Drugs Accountable Officer or an authorised deputy. The controlled drug register was a bound, page numbered book. However, we found that additional sheets of loose leaf paper had been added to the register.

The practice was able to demonstrate they had improved the arrangements for managing medicines, including controlled drugs, in the practice in order to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had sought

and received support from the Medicines Optimisation Team at West Kent Clinical Commissioning Group (CCG) in order to ensure that improvements were made to the way in they managed medicines.

Systems, processes and standard operating procedures for dispensing, had been updated and action taken to address the issues identified. Documentary evidence showed that the practice had changed the protocol to ensure that all prescriptions for controlled drugs were signed before the medicines were dispensed and issued to patients. The practice had improved the way in which dispensary staff recorded the obtaining, storing, security and disposal of controlled drugs. Documentary evidence confirmed that a bound register with no loose pages was in use.

The practice had obtained a new controlled drug destruction book in which, the destruction of all controlled drugs were appropriately recorded. We saw documentary evidence to support that all controlled drugs that required destruction had been carried out by a Controlled Drugs Accountable Officer. Additionally, the practice had implemented weekly stock checks of controlled drugs. Such checks had identified that no further discrepancies had been found and systems and processes had been improved to ensure staff knew how to appropriately investigate and record the outcome, if a discrepancy were identified during routine checks. Documentary evidence confirmed that the practice had completed the necessary documentation to inform the controlled drug team at West Kent CCG that there was a historic balance error. The imbalance had been rectified and learning points identified and discussed.

Monitoring risks to patients

Following our previous comprehensive inspection the practice had reviewed and improved its systems to ensure that fire risk assessments identified the risks associated with fire doors that had been propped open. Documentary evidence confirmed that the practice had updated their fire risk assessment to include the action to be taken by staff when propping fire doors open. This included when the practice was occupied during the day, when the practice was closed and which staff were accountable for ensuring that safety precautions were carried out.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

At our previous inspection we found that patients' records in paper form were not always held in a secure way so that only authorised staff could access them. For example, contract cleaning staff who were not employed directly by the practice had unsupervised access to paper records

containing confidential patient information. Photographic evidence provided showed that the practice had installed lockable cabinets to ensure that patient records were stored securely. Additionally, documentary evidence confirmed that the practice had implemented a system to ensure the safe storage of the keys for the cabinets. The practice had updated their confidentiality policy to reflect the new system.

Are services well-led?

Good 

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

Our findings

Governance arrangements

Following our previous comprehensive inspection the practice had reviewed and improved their arrangements

for identifying, recording and managing risks, issues and implementing mitigating actions. Documentary evidence showed that action had been taken to address the issues identified with; the management of medicines, the fire risk assessment and legionella risk assessment.