Crouch Oak Family Practice

Quality Report

45 Station Road,
Addlestone,
Surrey,
KT15 2BH
Tel: 01932 840123
Website: www.crouchoak.nhs.uk

Date of inspection visit: 18 May 2016
Date of publication: 27/06/2016

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Crouch Oak Family Practice on 6 October 2015. Breaches of legal requirements were found during that inspection within the safe and well-led domains. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Recruitment information being available for each person employed. This included completing Disclosure and Barring Service (DBS) checks for staff whose roles required them to have one, proof of identity and references.
- The on-going development and implementation of systems and processes in place for effective governance including assessing, monitoring, and driving improvement in the quality and safety of the services provided, as well as mitigating any risk.
- Ensure assessments for legionella and gas safety had taken place.

We undertook this focused inspection on 18 May 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. The provider was now meeting all requirements and was rated as Good under the safe and well-led domains. This report only covers our findings in relation to those requirements.

- Recruitment files contained the required information which included evidence of Disclosure and Barring Service (DBS) checks for those staff who needed them, proof of identity and references.

Systems and processes were in place for effective governance. Including:

- staff recruitment files staffing levels and staffing structure
- development of a new employee handbook and new contracts for staff
- induction checklists and appraisal systems
- training requirements for staff and implementing new e-learning modules

Evidence was seen for building safety assessments including legionella, fire, electrical and gas safety.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link 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?

Good

The practice is rated as good for providing safe services.

At our last inspection, the practice was rated as requires improvement for providing safe services, as there were areas where it needed to make improvements. Previously we found:-

- Recruitment files for staff members did not always contain the required information.
- Concerns relating to the maintenance of the building. For example, there was no evidence that risk assessments had taken place for gas safety or legionella.

At this inspection, we found:-

- Recruitment files contained the required information which included evidence of Disclosure and Barring Service (DBS) checks for staff whose roles required them to have one, proof of identity and references.
- Evidence of building maintenance. Including risk assessments for gas, electrical and fire safety, boiler maintenance, asbestos surveys and legionella.

Are services well-led?

Good

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

At our last inspection, the practice was rated as requires improvement for providing well-led services, as there were areas where it needed to make improvements. At the time of the comprehensive inspection the newly appointed practice manager had found areas that needed to be reviewed and was in the process of completing these actions. Previously we found:-

- Staff recruitment files did not contain the required information.
- Staffing levels and structure had not been reviewed.
- The employee handbook and staff contracts were outdated and needed to be reviewed.
- The staff induction checklist needed to be developed and a new appraisal system introduced including reviewing staff learning.

At this inspection, we found:-

- Staff recruitment files contained the required information.
- Evidence that staffing levels were reviewed at monthly meetings and a new structure had been agreed. For example, employing a nurse manager.

Summary of findings

- Staff had been given a new employee handbook and staff contracts had been updated.
- Evidence that new starters had a comprehensive induction which included a check list.
- A new appraisal system was in place and staff had access to training which was regular reviewed.

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

Good

The practice is rated as good for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered continuity of care with a named GP. Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care. For example, dementia and end of life care. It was responsive to the needs of older people, and could offer daily visits to elderly housebound patients where necessary and rapid access appointments for those with enhanced needs. The practice looked after three care homes and provided a named GP who conducted weekly visits to ensure continuity of care. We saw evidence the practice was working to the Gold Standards Framework for those patients with end of life care needs. The practice participated in the Dementia Enhanced Service that facilitates diagnosis and support for patients with dementia.

People with long term conditions

Good

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 medicine 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. The practice had trained nurses in diabetes and asthma care. It also ran dedicated respiratory clinics and diabetes clinics; with more complex patients having access to the Community Diabetic Nurse. The practice could provide in-house spirometry (this is a lung function test that can help diagnose various lung conditions, for example chronic obstructive pulmonary disease). The practice could also provide 24 hour BP monitoring for patients with conditions such as hypertension.

Summary of findings

Families, children and young people

Good

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. The practice held monthly meetings with health visitors to discuss vulnerable families. Immunisation rates were good 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. There was a practice policy to offer on the day urgent appointments for children. The practice had designated GPs who lead in sexual health and family planning, who could offer a wide range of services.

Working age people (including those recently retired and students)

Good

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 ran a late evening surgery from 6:30pm to 8pm on a Tuesday and a Saturday clinic from 9am to 12pm. The practice was proactive in offering online services. For example, on line booking of appointments and Electronic Prescribing. This enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required. There was a full range of health promotion and screening that reflected the needs for this age group. GPs and nurses offered advice by telephone each day for those patients who had difficulty in attending the practice. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered continuity of care with a named GP for this population group. It offered longer appointments and carried

Summary of findings

out annual health checks 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 how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children and had a safeguarding team who worked closely with social services. 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Patients with severe mental health needs had care plans and received annual physical health checks. The practice offered continuity of care with a named GP for this population group and had a GP who was the Mental Health Lead. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, and liaised closely with the Community Health Team in relation to the availability of counselling services. A consultant psychiatrist visited the practice on a weekly basis which patients could be referred to, and the practice worked closely with the psychiatrist and the community pharmacist for advice on individual medicine regimes.

Crouch Oak Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 6 October 2015 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Breaches of legal requirements were found. As a result, we undertook a focused inspection on 18 May 2016 to follow up on whether action had been taken to deal with the breaches.

Good

Are services safe?

Our findings

Overview of safety systems and processes

At our previous inspection, we found that not all recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had not been undertaken prior to employment. For example, files did not contain proof of identification, references, records of the interview process, or appropriate checks through the Disclosure and Barring Service (DBS). The practice manager had recognised these issues prior to our inspection and had been in the process of implementing a new system.

At this inspection, we found that new staff recruitment files contained all required information. We reviewed four 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 (DBS) for relevant staff. Files also included interview notes and induction checks lists.

At our previous inspection, we found a number of documents requested from NHS Property Services were not available to ensure patient safety. For example, a legionella's risk assessment, maintenance schedules and servicing records. We also saw some elements of the building were in need of repair and decorating.

At this inspection, we found that the generic areas of the practice had been repaired and painted by NHS Property Services. For example, the waiting areas and corridors. We spoke with two members of staff from NHS property services who were able to explain maintenance schedules and provided us with evidence of assessments carried out and any actions from these assessments. We saw that there was regular maintenance checks completed which included fire safety, water sampling for the testing of legionella, electrical testing including emergency lighting, risk assessments for gas, boiler checks and an asbestos survey. Any actions resulting from these assessments had been carried out and signed off once completed.

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

At our previous inspection, we found that the governance arrangements did not always operate effectively.

We saw evidence that the practice manager was ensuring that structures and procedures were in place which supported the delivery of good quality care. But some of these were in their infancy and had needed to be further supported by the partners of the practice in order to be achieved.

For example:-

- Reviewing and developing new personnel files to ensure that required information in relation to staff recruitment was present in all files.
- Reviewing the staffing levels and staff structure to identify gaps in working requirements and the employment of new additional staff.
- Reviewing and developing a new employee handbook and reviewing new contracts for all staff.
- Reviewing and developing new induction checklists and the appraisal system.
- Reviewing training requirements for staff and the implementation of new e-learning modules.

At this inspection we spoke with the practice manager in relation to the practices' structures and procedures. They were able to show us evidence of:

- New staff recruitment files which had been developed. We viewed four staff files and found that all required information was present. This included induction check lists for new staff members.
- Staffing levels reviews and the recruitment of new positions being considered by the partners. We viewed minutes of monthly partner meetings where staffing levels were discussed as a standing agenda item. For example, we noted that an agreement for a daily minimal staffing level for GPs was agreed and staff rotas were in place to adhere to this. The practice had also recruited a nurse manager and plans were in place to further recruit a nurse prescriber.
- A new staff hand book which had been e-mailed to all staff.
- New staff contracts and a review of job descriptions, which were being discussed at appraisals.
- New appraisal forms. The practice had taken part in a clinical commissioning group (CCG) pilot for developing a new appraisal system and form for the nurses and healthcare support workers. The practice manager had used this to develop a non-clinical staff appraisal form. Staff had been sent appraisal forms to complete and dates were being planned for appraisal meetings. Appraisals covered areas such as objectives, training needs, development and general discussions. We saw evidence that the practice had completed three clinical appraisals.
- The development of new e-learning modules. Training was either through e-learning or with trainers. Staff had been sent their training requirement needs and updated their managers when they completed each module. Managers ensured that staff completed training in a timely manner. A training database had been developed which showed dates of completed training. Training was also discussed and recorded at appraisals.