

Grayshott Surgery

Quality Report

Grayshott Surgery
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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 Grayshott Surgery on 1 March 2016. The practice had been rated as good for effective, caring and responsive. However, the practice required improvements in the safe and well led domains. After the comprehensive inspection in March, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following, the provider must:-

- Ensure that regular fire alarm checks are carried out and documented.
- Ensure that health and safety checks for the building and equipment are carried out and documented in line with practice policy.
- Investigate ways to re-establish a patient participation group to provide patient input to the practice.
- Review how learning is shared across the practice. For example from significant events and complaints. Ensure clear communication procedures are in place to ensure all relevant staff are aware of learning from events. Ensure a written record is kept of all verbal complaints so trends can be reviewed and analysed.
- Ensure that records are kept of all training completed by staff.

In addition the provider should:

- Review the training policy to show what training is required for each staff group and when refresher training is required.
- Ensure that recruitment reference checks and disclosure and barring service (DBS) checks are completed in line with practice policies. (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).
- Ensure that hand written prescription pads are kept secure at all times when taken off site, and that usage is monitored and recorded.

We undertook this announced focused inspection on 5 October 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. We found that the provider was now meeting all requirements and is rated as good under the safe and well led domains.

This report only covers our findings in relation to those requirements. We found:

- Fire alarms were now checked weekly and a full fire evacuation had taken place, with another planned for October 2016.
- A electrical installation condition check had been completed in June 2016 which showed no concerns.

Summary of findings

Non clinical electrical items had also been PAT (portable appliance test) tested and the practice had plans in place for this to be repeated every two years (clinical electrical equipment was tested yearly).

- A patient participation group (PPG) had been started and we saw evidence of meetings that had taken place. The PPG had produced a leaflet which contained information about the role of the PPG to try and help recruit other patients.
- Significant events and complaints were now routinely discussed during informal daily meetings and at monthly meetings with the GP's and nurses. We saw evidence of shared learning and saw minutes of meetings where these were discussed. The practice also reviewed all significant events and complaints on a yearly basis to re-enforce any learning and look for any trends. Verbal complaints were also being recorded and were reviewed by the practice manager.
- A new training tracker on the practices computer system had been introduced. This allowed staff members to log on to their own profile and review the dates of their training. The practice manager was able to review all staff members accounts to ensure that required training had been completed and retained copies of their certificates.

In addition we saw evidence that the provider had:

- Introduced a new training tracker which enabled staff members to know when their mandatory training needed to be renewed.
- Ensured that recruitment checks included completing a risk assessment as to if a DBS check was required for individual roles and where required DBS checks had been completed.
- Reviewed prescription pad monitoring and had a system in place to track prescriptions pads when taken off site. Pads were kept secure at all times.

This report should be read in conjunction with the last report from 1 March 2016. 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?

The practice is rated as good for providing safe services.

Good



At our last inspection, undertaken on 1 March 2016, the practice was rated as requires improvement for providing safe services, as there were areas where it needed to make improvements. Previously we found that:-

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thoroughly documented and discussed. This meant that lessons were not always learned or communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented fully to ensure patients were kept safe. For example, the practice had not routinely checked electrical safety including portable appliance testing. We also noted that the practice had not conducted regular fire drills or fire alarm checks.
- The practice had a system for monitoring and keeping prescriptions secure on site, but did not have a robust system for monitoring the use of hand written prescription pads taken off site.

At this inspection in October 2016, we found:-

- Lessons learnt from unintended or unexpected safety incidents were reviewed and documented and shared with staff members. GP discussed any significant events or complaints at informal daily meetings and these were discussed in full at monthly practice meetings with GPs and nurses. If needed these would also be discussed with administration staff. The practice had created a new form which highlighted what meetings these were to be discussed at, the date of the meeting and those present. We saw minutes to meetings where significant events and complaints had been discussed and that learning had been disseminated.
- The practice had conducted an electrical installation condition report which checked the internal wiring within the building. PAT testing was completed yearly on clinical equipment and bi-yearly for non-clinical equipment. We saw certificates that these checks had taken place. Fire alarms were tested weekly and a full fire evacuation had been completed in March 2016.

Summary of findings

- The practice had a robust system for monitoring the use of prescription pads used by GPs when completing home visits or visits to nursing homes.

Are services well-led?

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

At our last inspection, undertaken on 1 March 2016, the practice was rated as requires improvement for providing well led services, as there were areas where it needed to make improvements. Previously we found that:-

- There was no comprehensive process for identifying the training required for staff or for recording staff attendance at training sessions.
- The patient participation group had not been active for three years.

At this inspection, we found:-

- The practice had introduced a new training tracker on the practices computer system. This allowed staff members to log on to their own profile and review their mandatory training and the dates completed or if it was outstanding. The tracker sent an email to the staff member when specific training was due. The practice manager was able to review all staff members accounts to ensure that training was being completed as required and retained copies of certificates. Plans were in place to expand the tracker further and link the appropriate e-learning website to the training required.
- The patient participation group (PPG) had been restarted and four meetings had taken place. The PPG had created a newsletter explaining the role of the PPG to try and recruit more patients to join.

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.

At our previous inspection on 1 March 2016 the practice had been rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe and well led services and this is reflected in the population group ratings.

- 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 patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice looked after nine care homes for older people with over 330 residents and had employed GPs specifically to carry out regular weekly or twice weekly rounds to these homes, as well as the acute care offered by the GPs in the practice. In addition the practice employed a practice nurse who ran chronic disease management and health clinics within the larger care homes. The feedback from the homes was very positive about the care and responsiveness of the service provided.
- The practice kept a register of frail elderly patients and discussed these patients weekly with the community matron to avoid hospital admission where possible.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

At our previous inspection on 1 March 2016 the practice had been rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe and well led services and this is reflected in the population group ratings.

Good



Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 89% of patients on the diabetes register had a record of a foot examination and classification which was just above the national average of 88%.
- 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.
- The practice provided a medical officer service to a neurodisability hospital of very high need patients. The GPs carried out a daily ward round and provided out of hours cover 24 hours a day seven days a week.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

At our previous inspection on 1 March 2016 the practice had been rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe and well led services and this is reflected in the population group ratings.

- 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.
- 74% of patients with asthma, on the register, had an asthma review in the preceding 12 months compared to a national average of 75%
- 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.
- 79% of eligible female patients had a cervical screening test which was slightly below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- The practice ran a weekly clinic at a local boarding school.
- We saw positive examples of joint working with midwives and health visitors.

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).

At our previous inspection on 1 March 2016 the practice had been rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe and well led services and this is reflected in the population group ratings.

- 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 reflects the needs for this age group.
- A member of staff offered a training session to help patients understand how to register and use the online services.

Good



People whose circumstances may make them vulnerable

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

At our previous inspection on 1 March 2016 the practice had been rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe and well led services and this is reflected in the population group ratings.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. The practice looked after people from a local travelling fair and encouraged them to access medical care.

Good



Summary of findings

- The practice provided medical support for four residential homes for patients with learning disabilities. We spoke to two of these homes and they gave positive feedback about the care provided.
- There were 173 patients with learning disabilities registered at the practice and there was a lead GP for this patient group who had expertise in care for these patients. The GP had developed a checklist for these patients, kept at the care homes to assess their needs to ascertain the most appropriate form of medical care.
- 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 patients.
- 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.

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).

At our previous inspection on 1 March 2016 the practice had been rated as requires improvement for providing safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe and well led services and this is reflected in the population group ratings.

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average of 84%.
- 98% of patients experiencing poor mental health had an agreed care plan documented, which is better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice provided medical support for a care home for patients with long term mental health problems. This home gave very positive feedback about the support and care provided.
- 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.

Grayshott Surgery

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

1 March 2016 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 5 October 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Safe track record and learning

At our previous inspection in March 2016, we found that although the practice discussed significant events when they occurred, we did not see evidence of 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. The approach to learning from these incidents was not systemised, therefore the practice could not be sure that all staff were aware of incidents and that shared learning had taken place to improve safety in the practice.

At this inspection in October 2016, we found that fail safe processes had been put in to place for reporting, recording, acting on and monitoring significant events, incidents and complaints. A new form had been designed which captured the information, the investigation, the outcome and any learning. The forms also highlighted which meetings these were to be discussed at and recorded the date of the meetings and who attended. Significant events were reviewed and investigated by the practice. These were discussed daily at the informal GP meetings and then discussed fully at monthly practice meetings and further discussed at an annual significant event meeting. Practice meetings were attended by clinical staff and the practice manager. The learning was disseminated to all team members which included administration staff when necessary.

Overview of safety systems and processes

At our previous inspection in March 2016, we did not see evidence of a system to monitor the use of the hand written prescriptions when taken off site. The doctors visited a number of care homes and at times took a large number of prescription pads with them on these visits.

At this inspection, we found that the practice had in a place a system to track and monitor prescription pads used by each of the GPs. We saw that the GP signed and dated against the prescriptions taken on a spread sheet when conducting home visits.

Monitoring risks to patients

At our previous inspection in March 2016, we found some risks to patients were assessed and well managed, however there were areas of concern with risks associated with electrical equipment and fire safety.

- The practice had up to date fire risk assessments but had not carried out a fire drill for over 16 months and there was no evidence of regular testing of the fire alarms.
- The non clinical portable electrical equipment was tested to ensure the equipment was safe to use, however the last recorded check was in December 2012 and the certificate expired in December 2013. The practice stated that a decision had been made to conduct testing every four years for non clinical equipment and had booked a portable electrical equipment test for December 2016. We were unable to find a formal record or risk assessment in relation to this decision. There was no evidence of when the fixed wiring was last checked in the building.

At this inspection, we found that the practice had:-

- Carried out a fire drill in March 2016 which had been recorded and the results discussed with the fire wardens to ensure no improvements were required. We also saw that a second fire drill was planned for October 2016. The practice was also able to show us evidence of weekly fire alarm tests.
- Carried out tests on non clinical portable electrical equipment in June 2016. The practice had decided to ensure that these tests were conducted every two years. We saw this decision had been included in the policy after discussions with the company who carried out the checks as to any risks associated with this length of time frame. The practice had also conducted a fixed wiring (electrical installation condition) check in June 2016 which showed no concerns.

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 in March 2016, we found the practice was not able to demonstrate that all staff had received training that was mandatory or appropriate to their roles. There was no list of mandatory training for staff and on the day of the inspection we were not able to see records of staff attendance at all training sessions.

At this inspection in October 2016, we found that the practice had introduced a new training tracker on the practices' computer system. This allowed staff members to log on to their own profile and review their mandatory training and the date completed or if it was outstanding. The tracker sent an email to the staff member when specific training was due. The practice manager was able to review all staff members accounts to ensure that training

was being completed as required and retained copies of certificates. Plans were in place to expand the tracker further and link the appropriate e-learning website to the training required.

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

At our previous inspection, we found the patient participation group had not been active for three years and there was no evidence of any plans to address this.

At this inspection, we found a patient participation group (PPG) had been started and we saw evidence of four meetings that had taken place. The PPG had produced a leaflet which contained information about the role of the PPG to try and help recruit other patients. We noted that a further meeting had been planned for the day of the inspection. The practice was exploring the possibility of using the text reminding service to ask patients to take part in patient surveys and thereby also creating a virtual PPG.