

Heathcot 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 responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Heathcot Medical Practice on 16 June 2016. The practice was rated as requires improvement for safe, responsive and well led services and good for effective and caring services. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Heathcot Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 October 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 16 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had reviewed their significant event processes and was ensuring learning outcomes and actions were shared appropriately with staff.

- Blank prescription forms and pads were tracked and logged in line with national guidance.
- All actions arising from the legionella risk assessment had been completed and the practice had arrangements in place to ensure future risks were mitigated.
- A confidentiality sharing agreement had been made with the neighbouring practice.
- Patient feedback from the GP national survey demonstrated an improvement in telephone access and appointments availability.
- The practice had reviewed their policies and ensured they had been updated with appropriate information.
- Recruitment arrangements included all necessary background checks for staff. However, references were not always actively followed up before employment commenced.
- There were gaps in staff refresher training for adult and child safeguarding and infection control training.

During the last inspection, the practice had identified 214 patients as carers (1% of the practice population). The practice had reviewed their carers coding and improved identification of carers since June 2016. The number of identified carers had increased to 486 (4% of the practice list).

Summary of findings

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In addition the provider should:

- Ensure all recruitment documentation is requested and followed up in line with practice policy.

The practice is now rated as good for safe and responsive and requires improvement for well led services. All six population groups have also been re-rated following these improvements and are also rated as good. Overall the practice is now rated as good.

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 inspection on 16 June 2016 we rated the practice as requires improvement for providing safe services. The practice is now rated as good for providing safe services.

- The practice had reviewed their significant event processes and was ensuring learning outcomes and actions were shared appropriately with staff.
- Blank prescription forms and pads were tracked and logged in line with best practice guidance.
- All actions arising from the legionella risk assessment had been completed and the practice had arrangements in place to ensure future risks were mitigated.
- Recruitment arrangements included all necessary background checks for staff, although references were not always actively followed up before employment commenced.

Good



Are services responsive to people's needs?

At our previous inspection on 16 June 2016 we rated the practice as requires improvement for providing responsive services. The practice is now rated as good for providing responsive services.

- Patient feedback from the GP national survey demonstrated an improvement in telephone access and appointments availability.
- The practice had made a number of changes to improve patient access to appointments including recruiting additional staff and upskilling staff to undertake supplementary roles.

Good



Are services well-led?

At our previous inspection on 16 June 2016 we rated the practice as requires improvement for providing well led services. Not all improvements had been consistently applied when we undertook this follow up inspection. The practice remains rated as requires improvement for providing well led services.

- The practice had reviewed their policies and ensured they had been updated with appropriate information.
- Governance arrangements had not identified gaps in staff refresher training for adult and child safeguarding and infection control training, although knowledge amongst staff appeared embedded.

Requires improvement



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 resolved the concerns for safe and responsive services identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The practice remains rated as requires improvement for well led services. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and responsive services identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The practice remains rated as requires improvement for well led services. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and responsive services identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The practice remains rated as requires improvement for well led services. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and responsive services identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The practice remains rated as requires improvement for well led services. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and responsive services identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The practice remains rated as requires improvement for well led services. The population group ratings have been updated to reflect this.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and responsive services identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The practice remains rated as requires improvement for well led services. The population group ratings have been updated to reflect this.

Good



Heathcot Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This focused follow up inspection was undertaken by a CQC inspector.

Background to Heathcot Medical Practice

Heathcot Medical Practice is based in a purpose built two storey health centre where another GP practice and a community pharmacy are also located. There are treatment and consulting rooms on both floors. There are also two branch surgeries which were not inspected at this time.

At the time of our inspection there are approximately 18,680 patients on the practice list. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between the practice and NHS England and the practice where elements of the contract such as opening times are standard.

The practice provides GP services to five residential/nursing homes that are located within the practice boundary. The practice has relatively large numbers of patients from birth to nine years and 30 to 49 years when compared to the national average. The practice has a lower than average number of patients aged 15 to 29 years and 55 to 84 years when compared to the national average. Deprivation amongst children and older patients is low when compared to the population nationally.

The practice has six GP partners and four salaried GPs (four male and six female) who are supported by a pharmacy

technician, four nurses, two health care assistants and four phlebotomists. There is also a practice manager and deputy practice manager and a team of reception and administration staff. Heathcot Medical Practice is a training practice so it takes supernumerary registrars who are qualified doctors completing their specialist training as GPs. At the time of our inspection there were two registrars attached to the practice. The practice was actively recruiting a full time GP and a full time practice nurse.

The practice is open from 8am to 6.30pm Monday to Friday at the main practice at York House. Opening hours for the branch practices is 8am until 1pm and 2pm until 5.30pm. Patients requiring a GP outside of normal hours are advised to call the NHS 111 service or 999 for medical emergencies.

Services are provided from the following locations:

York House Medical Centre, Heathside Road, Woking, Surrey, GU22 7XL

Brewery Road Surgery, 54 Brewery Road, Horsell, Woking, Surrey, GU21 4NA

Knaphill Surgery, Redding Way, Knaphill, Woking, Surrey, GU21 2DN

Only the main York House Medical Centre location was visited during this inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of Heathcot Medical Practice on 16 June 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.

Detailed findings

The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Heathcot Medical Practice on our website at www.cqc.org.uk.

We undertook a focused follow up inspection of Heathcot Medical Practice on 11 October 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:

- Spoke with a range of staff including three GPs, the practice manager, deputy practice manager, two administration personnel and a pharmacy technician.
- Received written feedback from four members of staff.
- Spoke with patients who used the service.
- Looked at documents relating to the daily operation of the service.
- Reviewed data relating to the national GP patient survey.

Please note that when referring to information throughout this report, for example any reference to the national GP patient survey data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events, blank prescriptions, staff training, legionella risk and recruitment checks were not meeting the regulations.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection on 11 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had reviewed the reporting process for significant events and had ensured all staff were aware of what should be reported and to whom. All significant events were discussed at team meetings where actions and learning outcomes were agreed. An email was sent to all staff to inform them if a significant event had been discussed and staff could access the significant event meeting minutes on a shared drive of the practice computer system. Staff we spoke with were aware of learning outcomes from recent incidents. For example, a break in at the practice had led to a review of contact details with the neighbouring practice.

Overview of safety systems and process

Staff training for safeguarding, infection control, fire safety and basic life support was available to staff via e-learning and a variety of face-to-face sessions. We reviewed the training matrix on the day of inspection and found a number of staff were overdue their refresher training for safeguarding and infection control. For example, eight GPs had last received safeguarding children training in 2015 despite the safeguarding children policy clearly stating all clinical staff should receive an annual refresher. The practice identified the computer software had been set incorrectly to three yearly intervals for safeguarding training and informed staff to undertake the refresher training after the inspection visit. Patient facing staff we spoke with were able to demonstrate their understanding of infection control and safeguarding and all staff were aware of who the lead GP for safeguarding was.

We saw evidence of basic life support training update due to be undertaken in November 2017 and the practice showed us training certificates for fire safety training for those identified as not being up to date at the previous inspection.

The practice had made arrangements to ensure all blank prescription forms and pads were logged and tracked through the practice. Each printer had a designated box of blank prescription forms which were kept in a locked room. Every morning, one of the reception team added blank prescriptions to the printers from their designated box and signed the log sheet. Each evening, the reception team collected the unused blank prescriptions and returned and logged them to the relevant storage box. Blank prescription pads for individual GPs (including blue prescriptions for controlled medicines) were stored in a locked cupboard in one of the administration offices. These were logged and tracked according to best practice guidance.

Recruitment checks for new staff had been reviewed since the last inspection. We looked at four personnel files and found appropriate recruitment checks had been undertaken for two of them. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (DBS checks are used to 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). We found two staff files where only one reference was available. Second references had been requested but not returned. The practice told us they had actively pursued these but did not have any documentation to support this. Within two days of the inspection they showed us evidence they had updated the files with the outstanding references.

Monitoring risks to patients

Actions identified in the legionella risk assessment had been completed since the last inspection. For example, the practice had replaced two boilers on the main site and were carrying out regular water temperature checks. Where the water temperatures were found to be too high or too low, the practice had an agreed escalation plan to contact their plumber to correct the temperature of the thermostat. Two senior administration staff had undertaken legionella training to increase their knowledge and understanding.

Are services safe?

Following the last inspection the practice had instigated a confidentiality sharing agreement with the neighbouring

practice. The agreement recognised the implications of sharing a reception area where confidential patient information could easily be seen and overheard by staff not employed by Heathcot Medical Practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 June 2016 we rated the practice as requires improvement for providing responsive services as patient satisfaction scores were poor for telephone access, appointment availability and practice opening hours.

These arrangements had significantly improved when we undertook a follow up inspection on 11 October 2017. The practice is now rated as good for providing responsive services.

Access to the service

The latest national GP patient survey results were published in July 2017. The survey relates to data collected between January 2017 and March 2017. Results from the latest national GP patient survey showed patient satisfaction with how they could access care and treatment had improved.

- 72% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 71% and the national average of 76%. This had increased from 57% in the July 2016 survey.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 71%. This had increased from 50% in the July 2016 survey.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 84%. This had increased by 19% since the July 2016 published results.

The practice had reviewed the survey results, since the last inspection and had implemented a number of changes to continue to offer improvements to their appointments structure;

- The practice had trialled the duty GP offering triage calls to patients to prioritise same day appointments. The initial findings were positive but it was too soon to gauge impact.

- An additional receptionist was made available every morning to take telephone calls in a private area away from the reception.
- The practice had employed a full time GP and healthcare assistant to offer additional appointments.
- A pharmacy technician had been recruited to deal with medication enquiries and healthcare correspondence. They had also been trained to undertake blood testing for patients on blood thinning medicine so they could run clinics for these patients.
- Two receptionists had undertaken additional training to become phlebotomists to increase the availability of phlebotomy services.
- The practice had encouraged more patients to register for online services. At the time of the inspection the practice had 20% of their practice list signed up for online appointment booking and 19% for repeat prescription requests.

The practice had worked with the primary care foundation and the CCG to review their appointment availability and ensure the appropriate number of appointments was being offered to meet patient need. The practice reviewed their appointments up to eight weeks in advance to ensure there was enough staff available. This enabled them to organise locum staff or offer extra sessions to GPs.

Although the practice had not undertaken an audit of the new appointments process, they had recognised a fall in complaints. In 2016/17 the practice received five complaints relating to appointments. On the day of inspection, their complaints log showed no complaints had been made about appointments for the current year.

We spoke with three patients on the day of inspection. All three told us they were able to access appointments by telephone or through online booking and could request a GP or nurse of choice. Two patients told us they were able to get appointments when they needed one and one patient felt there was a long wait for a routine appointment.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing well-led services as governance arrangements were inconsistent.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 11 October 2017. However, there were still inconsistencies with ensuring staff were appropriately trained for their role. The practice therefore still is rated as requires improvement for being well-led.

Governance arrangements

The practice had reviewed their policies following the last inspection. We looked at eight policies and found they had been reviewed by senior management and GPs. Changes to policy were discussed at clinical meetings and all staff were informed of the new version of the policy via staff meetings, email and in person. Most staff were aware of how to access the policies on the practice intranet system. One member of administration staff (not patient facing) was unable to identify where the policies were kept but knew to ask a member of the senior team where to find them.

Governance arrangements had been reviewed to ensure all actions arising from the legionella risk assessment were carried out in a timely way. The practice had added regular boiler checks to the annual premises risk assessment. Legionella testing was scheduled for 2019.

The practice had developed a checklist of pre-employment checks for new staff, since the last inspection. The checklist included requesting and receiving two references for all staff. However, governance arrangements had not ensured the references for two members of staff had been received in line with the practice policy. Both members of staff had been working for over six months before the second references were received (after the inspection). The practice had not updated the recruitment files with follow up documentation and were unable to demonstrate the reference requests had been reviewed regularly. The practice updated their recruitment processes on the day of the inspection to include follow up of documentation not received prior to employment commencing.

Since the last inspection, all staff had received up to date fire safety and basic life support (BLS) training. However, a matrix of staff training had failed to identify that eight clinical staff had not received safeguarding children refresher training and seven clinical staff had not received safeguarding adults refresher training since 2015. In addition, seven clinical and three non-clinical staff were overdue for infection control training. The practice computer system that logged the e-learning safeguarding modules had been set to remind staff of the training at three year intervals. This was not in line with practice policy for safeguarding which stated the training should be updated annually. The practice made arrangements to correct the e-learning modules to reflect their policy and escalated urgent training action to all staff to be completed by the end of October 2017.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• The provider had not identified gaps in staff training.• Clinical staff were overdue their safeguarding child and adult refresher training.• Clinical and non-clinical staff were overdue infection control training. <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>