

High Street Surgery





Quality Report

100 High Street,
Dover,
Kent,
CT16 1EQ
Tel: 01304 206463
Website: www.thehighstreetsurgery.co.uk

Date of inspection visit: 14 November 2017
Date of publication: 11/12/2017

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 effective?		Good	
Are services caring?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	8
Background to High Street Surgery	8
Why we carried out this inspection	8
How we carried out this inspection	8
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Street Surgery on 28 February 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for High Street Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 November 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 28 February 2017. This report covers our findings in relation to those requirements 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 improved patients access to information regarding their complaints system. Posters were displayed within the reception area.

- The practice had systems to support patients with limited mobility, including wheelchair users, to access the building and their services.
- The practice had strengthened systems, processes and practices to minimise risks to patient safety.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.
- Staff had access to appropriate training and had the skills and knowledge to deliver effective care.
- Data from the national GP patient survey, published in July 2017 showed improvements in some aspects of care from July 2016.
- The practice had identified 1.6% of their patient list as carers and provided information and support for them to access services.
- The practice had introduced and were embedding systems to support the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff attended meetings and were supported to undertake training opportunities.

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.

- The practice had strengthened systems, processes and practices to minimise risks to patient safety.
- Staff had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff had access to appropriate training and had the skills and knowledge to deliver effective care.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2017 showed improvements in some aspects of care from July 2016.
- The practice had identified 1.6% of their patient list as carers and provided information and support for them to access services.

Good



Are services well-led?

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

- The practice had introduced and were embedding systems to support the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff attended meetings and were supported to undertake training opportunities.

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 provider had resolved the concerns for safety, effectiveness, caring and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients 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 identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

The provider had resolved the concerns for safety, effectiveness, caring and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcome Framework (QOF) showed performance for diabetes related indicators were comparable with local and national averages.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Good



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

The provider had resolved the concerns for safety, effectiveness, caring and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness, caring and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on Monday from 6.30pm to 7.30pm.
- 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, such as chlamydia screening.

People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness, caring and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 provider had resolved the concerns for safety, effectiveness, caring and well-led identified at our inspection on 28 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice carried out advance care planning for patients living with dementia.

Good



Summary of findings

- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

High Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and practice manager, CQC specialist advisor .

Background to High Street Surgery

High Street Surgery is situated in Dover High Street. It has a branch surgery, Whitfield Surgery located in Whitfield approximately 3.5 miles from their main surgery and a ten minute drive. They provide services to approximately 7947 patients. The practice population has a higher than average amount of people living in deprived circumstances.

The practice holds a General Medical Services contract. The practice team consists of three GP partners all male and one female salaried GP. The practice also employs three locum GPs all male. There is one nurse practitioner, four practice nurses and two healthcare assistants.

High Street Surgery is open from 8am to 6.30pm Monday to Friday. They operate extended hours appointments on Monday or Wednesday from 6.30pm to 7.30pm.

Whitfield Surgery is open from 8am to 1pm Monday and Friday, Tuesday and Wednesday 8am to 2pm and Thursday 8am to 4.45pm. Outside of these hours patients are transferred to High Street Surgery, Dover. Whitfield Surgery provides a dispensary service to patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises

When the practices are closed, an out of hours service is provided by IC24.

The practice was first inspected on 26 August 2015 and rated as requires improvement overall. The practice was reinspected on 28 February 2017. The practice had responded to the risks identified at the earlier inspection but additional breaches of the regulations were found. The practice was rated as requires improvement overall.

Services are delivered from:

- High Street Surgery, Dover, Kent CT16 1EQ, and
- Whitfield Surgery, 43 Sandwich Road, Whitfield, CT16 3LT

The branch surgery at Whitfield was not visited as part of this inspection.

Why we carried out this inspection

We undertook a comprehensive inspection of High Street Surgery on 28 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, caring and well led services.

We undertook a follow up inspection on 14 November 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for High Street Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice We carried out an announced visit on 14 November 2017. During our visit we:

Detailed findings

- Spoke with a range of staff (the practice manager, GP, nursing team and reception staff).
- Reviewed documentation including staff records and meeting minutes.

Are services safe?

Our findings

At our previous inspection on 28 February 2017, we rated the practice as requires improvement for providing safe services. We found the practice needed to strengthen their systems for identifying and responding to risks including having appropriate emergency equipment.

These arrangements had significantly improved when we undertook a follow up inspection on 14 November 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. We found that the GPs initiated and attended safeguarding meetings relating to patients and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

The practice maintained appropriate standards of cleanliness and hygiene.

- We found the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice had undertaken significant improvements to both premises such as the redecoration of the Whitfield Surgery, installation of new flooring and wipe clean chairs.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. An annual IPC audit had been undertaken identifying areas of high risk. We saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.

- The practice had revised their management of medicines following their last inspection in February 2017. They had spoken with their clinical team regarding the safe storage of medicines to ensure their integrity was maintained. We found fridge temperatures were being appropriately recorded and monitored.
- We found blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice branch surgery, Whitfield Surgery was a dispensary. We saw there were standard operating procedures in place for dispensary tasks. The practice showed us evidence that staff has signed to confirm they had read and agreed them. The practice told us the medicine management lead GP regularly attended Whitfield Surgery to speak with the dispensary team and lead on the pharmacy team meetings.

We reviewed five personnel files including three locum files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

We found there were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment dated May 2017. They had conducted two fire drills in September 2017 and November 2017. There were designated fire marshals within the practice. There was appropriate fire safety equipment and an evacuation chair which staff had been trained in the use of. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular

Are services safe?

bacterium which can contaminate water systems in buildings). We found the practice had been assessed as a low risk and had a monitoring system in place to mitigate risks.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

- The practice ensured there was sufficient emergency equipment and medicines to enable staff to respond to incidents. Both practices had a defibrillator available on the premises and oxygen with adult and children's masks. Staff had been trained in responding to emergencies.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 February 2017, we rated the practice as requires improvement for providing effective services as improvements were required in the training provided to staff.

These arrangements had significantly improved when we undertook a follow up inspection on 14 November 2017. The provider is now rated as good for providing effective services.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- We reviewed five personnel files for permanent and locum staff and found all had access to and had undertaken appropriate training that included: safeguarding, fire safety awareness, basic life support and information governance.

Are services caring?

Our findings

At our previous inspection on 28 February 2017, we rated the practice as requires improvement for providing caring services as the national GP patient survey for July 2016 showed patients reported lower levels of satisfaction than previously and below the local and national averages. Improvements were also required in their identification of patients with caring responsibilities.

We undertook a follow up inspection on 14 November 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

The national GP patient survey results were published in July 2017. 263 survey forms were distributed and 115 were returned. This represented a response rate of 44% and 1.4% of their patient list.

Results from the national GP patient survey showed some improvement on the previous years survey results. Patients felt they were treated with compassion, dignity and respect evidenced in higher satisfaction scores on consultations with GPs and nurses. For example:

- 79% of respondents said the GP was good at listening to them an increase of 10% on July 2016 survey results. The clinical commissioning group (CCG) average was 87% and the national average was 89%.
- 78% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%. This was a 10% increase on the previous years survey results.
- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and the national average of 91%. This remained the same as in July 2016.
- 91% of respondents said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%. This was a 3% increase on the previous years survey findings.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey, published in July 2017 showed improvements were still required in patients involvement in planning and making decisions about their care and treatment. For example:

- 65% of respondents said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 85%. There had been a 5% decline in patient satisfaction on the previous year's survey results.
- 58% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 80% and the national average of 82%. This was 2% reduction on the previous survey findings of July 2016.

The practice told us they had discussed the findings of the national GP patient survey findings and regularly reviewed all patient feedback to inform and improve their service. They had identified areas for improvement with individual staff members and held performance reviews. They were continuing to monitor the performance of staff through consultations, questionnaires on individual's performance and discussions with their patient participation group.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a further 64 carers since their last inspection in February 2017. This amounted to 1.6% of the practice list. The practice were working with their patient participation group to identify and support carers. Members of the reception team had received additional training to signpost patients to appropriate community provision.

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 on 28 February 2017, we rated the practice as requires improvement for providing well-led services as they were required to strengthen their governance systems and processes to ensure risks were followed up on and mitigated.

We undertook a follow up inspection of the service on 14 November 2017 and the practice is now rated as good for being well-led.

Governance arrangements

The practice had introduced and strengthened their systems to support the consistent delivery of good quality care.

- We found practice specific policies were available to all staff. The practice spoke to staff about the policies and

staff told us they knew where they could be accessed. Staff also told us they would speak to their colleagues for advice and guidance. The practice manager told us how they ensured staff reviewed those policies appropriate to their roles. For example; the practice nurse and infection prevention control lead was reviewing their policies to ensure they were reflective of changes to guidance and practice.

- We found the practice had strengthened their management arrangements for identifying, recording and managing risks and implementing mitigating actions. For example; we reviewed practice meeting meetings from 9 October 2017 and 23 October 2017 and saw risks were discussed, actions identified and assigned to a named member of staff. These were reviewed at subsequent meetings to ensure the timely progression and completion of actions.