The Moat House Surgery

Quality Report

Worsted Green
Merstham
Surrey
RH1 3PN
Tel: 01737 642207
Website: www.themoathousesurgery.co.uk

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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

Are services safe?	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 The Moat House Surgery on 29 July 2016. The practice was rated requires improvement for the provision of safe services. The overall rating for the practice was good. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for The Moat House Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 August 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 29 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as good for providing safe services.

Our key findings were as follows

- Every area highlighted as requiring improvement (including areas where they should improve) had been escalated as a significant event to ensure the processes and policies were reviewed and learning shared with staff.
- Recruitment arrangements included all necessary employment and background checks for all staff.
- There was a system for checking emergency equipment and medicines so they were within their expiry date and fit for use. The practice had also reviewed the emergency medicines and equipment to ensure it was in line with recommended best practice guidance.
- Designated staff had been trained in legionella awareness and all actions in the legionella risk assessment had been completed.
- Blank prescription forms were securely stored and tracked throughout the practice.
- Chaperone training had been undertaken by all staff that were designated chaperones and staff were aware of their responsibilities. All staff who were chaperones had a DBS check.

The practice showed us their overall (unverified) exception reporting figures for 2016/17 (exception reporting is the removal of patients from Quality and Outcomes Framework (QOF) calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had reported 15% total clinical exceptions which had reduced from 17% in 2014/15. This

Summary of findings

remained higher than the 2015/16 Clinical Commissioning Group average of 11% and national average of 10%. Diabetes and cervical smear screening indicators exceptions had improved but remained above local and CCG averages.

Since the last inspection the practice had reviewed their QOF achievement and exception reporting rates and had made a number of changes to improve patient outcomes. They had reviewed the nursing skill mix and offered additional training to enhance the skills of one of the practice nurses. The practice provided additional staffing at their annual flu clinics to enable patients with long term conditions to receive health and lifestyle checks included in their annual long term condition reviews. A system flag was raised for any patient who had not responded to repeated requests to attend for reviews so clinicians could offer opportunistic reviews.

Since the last inspection the practice had reviewed their confidentiality policy and ensured all staff were aware of their responsibilities. Staff we spoke to were able to demonstrate how they hold confidential conversations and keep patient notes safe and secure on the computer system.

However, there was an area of practice where the provider should make improvements:

- Continue to monitor and improve QOF exception rates to ensure patients receive appropriate care and treatment.

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

During our inspection in July 2016 the practice was rated as requires improvement for providing safe services. Improvements had been made when we undertook this inspection on 10 August 2017. The practice is now rated as good for providing safe services.

- Every area highlighted as requiring improvement (including areas where they should improve) had been escalated as a significant event to ensure the processes and policies were reviewed and learning shared with staff.
- Recruitment arrangements included all necessary employment and background checks for all staff.
- There was a system for checking emergency equipment and medicines so they were within their expiry date and fit for use. The practice had also reviewed the emergency medicines and equipment to ensure it was in line with recommended best practice guidance.
- Designated staff had been trained in legionella awareness and all actions in the legionella risk assessment had been completed.
- Blank prescription forms were securely stored and tracked throughout the practice.
- Chaperone training had been undertaken by all staff who were designated chaperones and staff were aware of their responsibilities. All staff who were chaperones had a DBS check.

The Moat House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This focused inspection was carried out by a CQC inspector.

Background to The Moat House Surgery

The Moat House Surgery is based in a purpose built property. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 11,000 patients on the practice list. The practice has a slightly higher than average number of patients from birth to 14 years and over 85 years, there is a slightly lower than average number of patients aged 20 to 30 years and 70 to 84 years old. The practice also has a higher than average number of patients with long standing health conditions. The practice is located in an area that is considered to be in the fourth least deprived area nationally, however the practice area includes one of three recognised areas of deprivation in Reigate and Banstead and has a higher than average number of children and older people affected by income deprivation.

The practice has five GP partners and two salaried GPs (three male and four female). They are supported by two nurse practitioners, three practice nurses, one healthcare assistant, a phlebotomist, a practice manager, assistant practice manager, a patient services manager, IT manager and a team of clerical and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered 7.30am to 8am Tuesday to Friday, 6.30pm to 7pm Monday, Wednesday and Thursday evenings and Saturday morning from 8.30am to 10am. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

Worsted Green

Merstham

Surrey

RH1 3PN

Why we carried out this inspection

We undertook a comprehensive inspection of The Moat House Surgery on 29 July 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 for providing safe services. The overall rating for the practice was good. The full comprehensive report following the inspection on 29 July 2016 can be found by selecting the 'all reports' link for The Moat House Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Moat House Surgery on 10 August 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:

Detailed findings

- Spoke with a GP partner, the practice manager, a practice nurse, a phlebotomist, the reception manager, a receptionist and a clinical administrator.
- Reviewed practice records and documents.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

At our previous inspection on 29 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in place for checking emergency medicines and equipment, undertaking actions identified in a legionella risk assessment and tracking of blank prescriptions was not keeping patients safe. In addition, chaperone training and best practice, background checks for non-clinical staff and recruitment checks were insufficient.

These arrangements had significantly improved when we undertook a follow up inspection on 10 August 2017. The practice is now rated as good for providing safe services.

During this inspection the practice demonstrated how they had taken action to improve. Every area highlighted as requiring improvement (including areas where they should improve) had been escalated as a significant event to ensure the processes and policies were reviewed and learning shared with staff. All staff groups had been involved in the improvements and various staff members had taken individual responsibility for a specific area. The significant events were reviewed regularly and discussed at team meetings to update staff on the improvements.

Overview of safety systems and process

The practice had reviewed their chaperone training arrangements for non-clinical staff and implemented a new protocol. Selected non-clinical staff received both online and face to face training to ensure they were aware of their responsibilities when undertaking chaperoning duties. One of the administration team had received additional training to enable them to provide chaperone training to staff. Clinical staff were aware of who could act as chaperones and used them appropriately during consultations. All staff who had been selected to offer chaperone services had received a disclosure and barring service (DBS) check. (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). One member of staff was awaiting their DBS check to come through and was aware they were not to undertake chaperone duties until they had been suitably cleared.

Security of blank prescription forms had been reviewed. The reception manager had established a suitable tracking procedure and had a log book to record these. Individual boxes of blank prescriptions were assigned to individual clinical rooms so there were clear chronological tracking and monitoring of the blank forms. Printers in clinical rooms had locks so only authorised personnel could access and refill them accordingly. All blank prescription forms were stored securely in a locked room whilst waiting to be assigned to a printer.

The practice team had also reviewed the monitoring of prescription forms used for prescribing controlled drugs (CDs). (CDs are medicines that require extra checks because of their potential misuse). A new process was developed to monitor and track the prescriptions out of the practice. When a CD prescription was issued an additional label was printed in the form of an A4 log sheet. The label was then attached to the prescription and held in a secure area of the reception. When the patient came to collect the prescription they were asked to confirm their identity and then sign the form. The reception staff member handing out the prescription also signed the label which was then scanned into the patient record. This ensured the practice was able to monitor CD prescriptions and mitigate risks to patients.

Medicines and consumables were checked monthly and a new stock rotation and checking protocol ensured no items were used beyond their expiry date. A log of monthly checks was kept and a designated member of the nursing team was responsible for maintaining and recording these. There were arrangements in place to ensure the checks were carried out by another member of the team if the designated checker was on leave. On the day of inspection all the medicines and consumables we looked at were within their expiry date and fit for use.

We reviewed three personnel files for staff employed since the last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references and the appropriate checks through the DBS. The practice recruitment policy had been reviewed and updated and a check list developed to ensure no elements of the recruitment documentation were overlooked.

Monitoring risks to patients

The practice risk assessment for legionella demonstrated they had completed all highlighted actions. This included

ensuring specific staff had received training in legionella awareness. The practice had undertaken regular water flushing and water temperature recording and the next risk assessment was planned for 2018.

Arrangements to deal with emergencies and major incidents

The practice had reviewed their emergency medicines and equipment since the last inspection. The emergency bag had been reorganised so items were easier to access and use. The practice had reviewed the emergency medicines and considered the resuscitation council and Care Quality Commission guidelines to determine best practice requirements. Clinical staff had discussed and reviewed the requirements and any ongoing actions from the significant event at team meetings.

A system for checking and recording expiry dates had been developed and a new protocol implemented. The emergency medicines and equipment was checked at the beginning of each month and after use. One of the practice nurses had developed a glossary of the equipment with photographs so staff could identify individual items. All the medicines and equipment we checked were within their expiry dates and fit for use.

These improvements ensured the practice had met the standards and was no longer in breach of the regulations.