

West Meads Surgery

Quality Report

West Meads Surgery

2-8 The Precinct

Bognor Regis

West Sussex

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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

Our previous comprehensive inspection at West Meads Surgery in Bognor Regis, West Sussex on 5 October 2016 found breaches of regulations relating to the safe and well-led delivery of services. The overall rating for the practice was requires improvement. Specifically, we found the practice to require improvement for the provision of safe and well led services. The practice was rated good for providing effective, caring and responsive services. The concerns identified as requiring improvement affected all patients and all population groups were also rated as requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for West Meads Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the four breaches in regulations that we identified in our previous inspection in October 2016. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made improvements since our last inspection. At our inspection on the 22 August 2017 we found the practice was meeting the regulations that had previously been breached. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is now rated as good. All six population groups have also been re-rated following these improvements and are also rated as good.

Our key findings were as follows:

- There was an overarching governance framework which supported the delivery of safe and good quality care. Improvements had been made after the October 2016 inspection to deliver progress in improving services. These improvements included improvements in safeguarding arrangements, recruitment and health and safety.
- The practice was effectively managing training arrangements, which were consistent and embedded across all staff groups. Training and professional development was managed and recorded on a system which identified when staff had training and when it would need to be refreshed.

Summary of findings

- The practice had revised recruitment processes and supporting documentation including Disclosure and Barring Service checks. Recruitment procedures were operated effectively to satisfy that staff employed were of good character, such as obtaining references, conducting disclosure and barring scheme checks for clinical staff, identification and employment history.
- The practice had established and was operating safe and effective systems to assess, manage and mitigate the risks identified relating to electrical safety, legionella, gas safety and oxygen storage.
- National guidance had been embedded into the practice regarding the provision of chaperones (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). This included appropriate training and completed background checks.
- Individual comprehensive risk assessments had been completed for all practice staff who visit patients away from the practice. This was supported by a revised lone working policy.
- To further support and sustain the level of improvements, we saw the practice formally documented and communicated to all staff the practice governance, strategy and supporting business plan. Furthermore, we saw this included information on the practice emergency procedures, including access to the business continuity plan.
- The practice had taken steps to improve the suitability of the premises for patients who have mobility problems.
- Suitable arrangements and supporting processes were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- An on-going schedule of audits had been formalised to continually assess, monitor and improve the quality of services. We saw this schedule ensured audit activity was monitored and confirmed recommendations and follow up audits were planned and completed.

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 had taken appropriate action and is now rated as good for the provision of safe services.

Our last inspection in October 2016 identified concerns relating to how West Meads Surgery identified, recorded and managed risks, including risks within safeguarding, health and safety, premises and recruitment. We also saw concerns regarding chaperone arrangements.

During the inspection on 22 August 2017, we saw the concerns had been addressed:

- The safeguarding arrangements including the use of chaperones within the practice had been reviewed. This included revised safeguarding policies and appropriate safeguarding and chaperone training relevant to staff member's roles.
- Revised recruitment policies and processes had been adopted which reflected national guidance. For example, supporting recruitment documentation that was missing during the October 2016 inspection was now all recorded and documented correctly.
- The practice had assessed and now managed environmental risks within the practice. This included an up to date legionella risk assessment, electrical installation and gas safety check and risks associated with lone working.
- The practice had improved arrangements in place to respond to emergencies and major incidents. For example, appropriate warning signage on the treatment room door where oxygen was stored and increased staff awareness and understanding of the business continuity plan and emergency procedures.

Good



Are services well-led?

The practice had taken appropriate action and is now rated as good for the provision of well-led services.

Our last inspection in October 2016 identified concerns relating to areas of weakness within the practices governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk. Risks relating to safeguarding, health and safety, premises, recruitment and chaperone arrangements were not always assessed, monitored, or mitigated.

Good



Summary of findings

Whilst we found the practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, this was not well documented and we found the practice did not have an up to date business plan or strategy.

Furthermore, we had concerns regarding several practice policies which not been dated, were overdue review and contained out of date information.

During the inspection on 22 August 2017, we saw the concerns had been addressed:

- The practice had taken steps to improve systems, processes and practices in place to keep patients safe. For example, the practice had assessed and managed safety risks within the practice including safeguarding, chaperoning and safety of the premises.
- We saw evidence that there was an effective monitoring system in place to ensure all staff had undertaken training relevant to their role.
- Governance arrangements had been proactively reviewed and took account of current models of best practice. For example, in March 2017 the practice was issued with a Care Quality Commission report (following the October 2016 inspection) which highlighted four regulatory breaches relating to safe care and treatment, good governance, staffing and fit and proper persons employed. We found all the actions had been completed at the inspection on the 22 August 2017.

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 and well-led identified at our inspection on 5 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 October 2016 which applied to everyone using this practice, including this population group. 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 safety and well-led identified at our inspection on 5 October 2016 which applied to everyone using this practice, including this population group. 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 safety and well-led identified at our inspection on 5 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- We saw the practice had reviewed the suitability of the premises for patients who have mobility problems. An action following this review included the installation of an emergency alarm pull cord in the toilet.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 5 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



West Meads Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC Inspector.

Background to West Meads Surgery

West Meads Surgery is in Bognor Regis, West Sussex and provides medical services to approximately 7,600 patients and sees patients from West Meads, North Bersted, Aldwick and Rose Green.

There are three GP partners and four salaried GPs (four female, three male). Collectively they equate to almost five full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

In addition there are two paramedic practitioners (one female, one male), three female practice nurses and three female health care assistants. They are supported by the practice manager, an assistant practice manager and a team of reception/administration staff.

The practice is open from 8.30am to 6pm Monday to Friday. A telephone service is available 8am to 6.30pm and outside of the opening hours the practice is serviced by an out of hour's provider.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website.

Data available to the Care Quality Commission (CQC) shows the practice is located in an area that is considered to be in the sixth most deprived decile nationally. People living in more deprived areas tend to have greater need for health services. Statistically, this practice area has a higher number of people with a long-standing health condition when compared to the national average.

This practice serves a higher than average number of patients who are aged over 65 years when compared to the national average. The number of patients aged from birth to 18 years is slightly lower than the national average. The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, diabetes care, and travel vaccines.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Coastal West Sussex Commissioning Group.

At the previous inspection in October 2016, it was noted that the provider's registration with CQC was incorrect. Following the October 2016 inspection, the provider had been in regular contact with CQC to address the registration concerns, which are now all resolved and the practice is correctly registered.

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 as part of our regulatory functions. That inspection took place on 5 October 2016 and we published a report setting out

Detailed findings

our judgements. These judgements identified four breaches of regulations. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

We carried out a follow up inspection on 22 August 2017 to follow up and assess whether the necessary changes had been made, following our inspection in October 2016. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulations that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

This report should be read in conjunction with the full inspection report

How we carried out this inspection

Before visiting on 22 August 2017, the practice confirmed they had taken the actions detailed in their action plan.

During our visit, we met with the management team including two of the GP Partners and the Practice Manager. We also spoke with members of the reception team. We reviewed information given to us by the practice and also reviewed processes and documents relevant to the management of the practice including, safeguarding arrangements, chaperone arrangements recruitment processes, training records and systems to manage health and safety. During our visit we also undertook observations of the environment including observations of the suitability of the premises for patients who have mobility problems.

All were relevant to demonstrate the practice had addressed the breaches of the regulations identified at the inspection in October 2016.

Are services safe?

Our findings

When we inspected West Meads Surgery in October 2016, we identified concerns relating to how the practice identified, recorded and managed risks, including risks within safeguarding, health and safety, premises and recruitment. We also saw concerns regarding chaperone arrangements.

We reviewed information obtained during the inspection in August 2017 and found the practice had made improvements to address the concerns previously identified.

Overview of safety systems and processes

The practice now had clearly defined and embedded systems, processes and practices in place to keep patients safe from harm:

- The existing arrangements in place to safeguard children and vulnerable adults from abuse had been strengthened. These arrangements now reflected relevant legislation and local requirements. The practice had revised and reviewed the safeguarding policies; these were accessible to all staff and included a section which clearly identified who the practice safeguarding lead was. We saw all practice staff had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to child protection or child safeguarding level three, other clinical staff were trained to level two or three. Previous concerns regarding a lack of training for non-clinical staff had been addressed and they had received appropriate and role specific training.
- Furthermore, we saw existing chaperone arrangements had been updated (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and we saw evidence that all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check and chaperone training. (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). There was a system in place which monitored the use of chaperones and when updated chaperone training was required.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken. The practice had implemented a recruitment checklist which ensured all recruitment records including employment history, references, and application form were documented and recorded. We also saw documented risk assessments had been completed and recorded for all non-clinical members of staff who did not have a DBS check. These actions ensured the practice was now working in accordance to the safeguarding policies.
- Home visits were completed by clinical staff including practice nurses, health care assistants and the paramedic practitioners. Previous concerns regarding the lack of risk assessments had been addressed. We saw individual comprehensive risk assessments had been completed for all practice staff that completed home visits to patients. This was supported by a revised home visit/lone working policy.

Monitoring risks to patients

Procedures had improved and the practice was monitoring and managing risks to patient and staff safety.

The assistant practice manager was the health and safety lead at the practice and their knowledge of health and safety was comprehensive and up to date

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was supported by a completed electrical safety test which ensured the safety of the power supply and hard wiring.
- The practice provided further evidence of other completed risk assessments. These risk assessments and supporting documentation monitored the safety of the premises for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and gas safety.
- We saw that the most recent legionella risk assessment was completed in November 2016 and the next assessment was planned for November 2018, in line with recommendations by the independent water specialist.

Are services safe?

- There was an up to date gas safety check which had been completed in February 2017.
- Previous concerns regarding the arrangements for planning the number of staff and mix of staff had been reviewed. Suitable arrangements and supporting processes, for example, a rota system was in place for all the different staffing groups and had been formalised. This ensured the practice was monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was appropriate warning signage on the treatment room door where oxygen was stored.

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and various copies were held off-site as a backup. Previously some of the staff we spoke with did not demonstrate an understanding of the emergency procedures or knowledge of the business continuity plan. During the August 2017 inspection, we reviewed the business continuity plan and discussed the emergency procedures with staff members. All staff we spoke with had a clear and comprehensive understanding of both the plan and emergency procedures appropriate to their job role.

These actions were now ensuring that requirements relating to safe care and treatment, staffing and fit and proper persons employed were now being met.

Are services well-led?

Good 

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

Our findings

When we inspected West Meads Surgery in October 2016, we identified concerns relating to areas of weakness within the practices governance arrangements. There was a governance framework, but this did not always support appropriate arrangements to monitor and improve quality and identify risk. Risks relating to safeguarding, health and safety, premises, recruitment and chaperone arrangements were not always assessed, monitored, or mitigated.

Whilst we found the practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, this was not well documented and we found the practice did not have an up to date business plan or strategy.

Furthermore, we had concerns regarding several practice policies which not been dated, were overdue review and contained out of date information.

We reviewed information obtained during the inspection in August 2017 and found the practice had made improvements to address the concerns previously identified.

Vision and strategy

The practice had a visible long-term strategy and supporting business plans which reflected West Meads Surgery values.

- The strategy and plans had been identified by the GP partners and practice manager in January 2017 and shared with all practice staff. We saw both the strategy and supporting plans were regularly monitored and aligned to the in-house values to deliver high quality care and promote good outcomes for patients.
- Whilst reviewing the strategy we saw a clear proactive approach to seeking and embedding the provision of

new strategies in the delivery of care and treatment. For example, West Meads Surgery was working with colleagues within the Local Community Network (LCN) to improve and provide healthcare to the community of Bognor Regis and the surrounding areas.

Governance arrangements

The practice had demonstrated improvement and had an enhanced governance framework to support improvements required whilst delivering good quality care. To sustain the improvements we saw systems and processes had been embedded into the governance arrangements. For example:

- The practice had improved and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, we saw revised and reviewed the safeguarding policies and all practice staff had received training on safeguarding children and vulnerable adults relevant to their role. As part of the review of safeguarding arrangement we saw updated chaperone arrangements and an embedded system which monitored the use of chaperones and when updated chaperone training was required.
- The practice had implemented a monitoring system to manage risks associated with health and safety within the practice. For example, a legionella risk assessment was completed in November 2016 and the next assessment was planned for November 2018, in line with recommendations by the independent water specialist.
- Staff had undertaken training relevant to their role to enable them to carry out the duties they were employed to do. There was a training matrix to monitor ongoing training and schedule future training requirements.

These actions were now ensuring that requirements relating to good governance were being met.