

The Shotgate Surgery

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 effective?

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 The Shotgate Surgery on 13 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for The Shotgate Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 February 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 13 April 2016. 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.

At the announced February 2017 inspection we found;

- The practice had conducted comprehensive audits relating to medicine management performance and clinical care. All were aligned to guidance and showed improvements where appropriate.

- Quality improvement processes had been established and were jointly overseen by the practice manager and the clinical lead to maintain and build on improvements.
- The practice had continued to meet regularly with the patient participation group (PPG). The clinical lead had been in attendance at all three of their last meetings. The PPG told us there had been improvements in how the practice engaged with them.
- We found appropriate systems were in place to ensure legal authorities were obtained to administer vaccinations safely.
- Staff had received training in how to correctly code patient health conditions. The practice manager in partnership with the clinical lead undertook regular governance checks to alert them of any issues. We found the practices prescribing practices were consistent with the patients clinical coding.
- All staff were aware of the practice safeguarding lead and in their absence concerns were reported to the deputy safeguarding lead.
- We reviewed practice team meeting minutes and saw learning from complaints and safety incidents were shared and revisited to embed the changes into practice.

Summary of findings

- Clinicians were apprised of changes to guidance at their monthly meetings. We saw alerts had been placed on the patient record system advising them of changes. We checked the patient record system and saw clinical adherence to national guidelines.
- The practice had introduced a policy for communicating with out of hour's services. We found appropriate patients had been identified, clinical records had been appropriately updated and care plans were in place.

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 effective?

The practice is rated as good for providing effective services.

Good



- The practice had conducted comprehensive audits relating to medicine management performance and clinical care. All were aligned to guidance and showed improvements where appropriate.
- Staff had received training in how to correctly code patient health conditions. The practice manager in partnership with the clinical lead undertook regular governance checks to alert them of any issues. We found the practices prescribing practices were consistent with the patients clinical coding.
- Clinicians were apprised of changes to clinical guidance at their monthly meetings. We saw alerts had been placed on the patient record system advising them of changes. We checked the patient record system and saw good clinical adherence to national guidelines.
- The practice had introduced a policy for communicating with out of hour's services. We found appropriate patients had been identified, clinical records had been appropriately updated and care plans were in place.

Are services well-led?

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

Good



- Audits and quality improvement processes had been established and were jointly overseen by the practice manager and the clinical lead to maintain and build on improvements.
- We found appropriate systems were in place to ensure legal authorities were obtained to administer vaccinations safely.
- The practice had continued to meet regularly with the patient participation group (PPG). The clinical lead had been in attendance at all three of their last meetings. The PPG told us there had been improvements in how the practice engaged with them.

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 effective and well-led identified at our inspection 13 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

We found:

- The practice was introducing multidisciplinary meetings with partner health and social care services.
- The practice referred patients to their care coordinator who promoted and supported patients to maintain their independence. This they achieved through accessing additional services and mobility aids.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice nurse undertook some flu vaccination home visits in partnership with the district nursing team.

Good



People with long term conditions

The provider had resolved the concerns for effective and well-led identified at our inspection 13 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

We found;

- The practice nurses led on long term conditions such as diabetes.
- Longer appointments and home visits were available when needed.
- All patients had a named GP.
- Clinicians were aware of how to communicate with their out of hours services.

Good



Families, children and young people

The provider had resolved the concerns for effective and well-led identified at our inspection 13 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

We found :

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw relationships were being built with partner services but some were in their infancy.
- Patients were advised of midwife and health visitor contact numbers.
- Mothers and children were invited for their six week check.
- Some vaccinations for children had not been appropriately authorised by a medical professional. However checked on the patient record system showed none had been administered.

Working age people (including those recently retired and students)

The provider had resolved the concerns for effective and well-led identified at our inspection 13 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

We found;

- The practice offered extended hours surgeries on a Tuesday afternoon 6pm to 7.30pm and Friday morning 7.30am to 8am.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective and well-led identified at our inspection 13 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

We found:

- The practice carried out annual health checks for people with a learning disability.
- The practice maintained a list of vulnerable adults. It was intended to be used to inform discussions at the forthcoming multidisciplinary meetings.
- The practice was reinstating multidisciplinary meeting with their health and social care partners in April 2016.
- Staff had undertaken safeguarding training to an appropriate level but not all members of the clinical team knew who the safeguarding lead for the practice was.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective and well-led identified at our inspection 13 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

We found:

- Patients experiencing poor mental health received an annual physical health check.
- Staff undertook dementia awareness training.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice told patients experiencing poor mental health about how to access various support groups and they were supported to self-refer where appropriate.

Good



The Shotgate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to The Shotgate Surgery

The Shotgate Surgery is one of a number of practices managed by a corporate health provider. It is located in Wickford on a main road with designated parking facilities neighbouring the building. They have approximately 3228 registered patients.

The practice employs three GPs, one female and two male. There is one salaried GP and the remaining two are locum GPs but have worked for the practice for a number of years. The practice also has a Physician Associate who works Monday, Wednesday and Friday. The practice benefits from the attendance of a pharmacist who works Tuesdays and Fridays conducting medication reviews.

They are supported by two practice nurses and an administrative/reception team overseen by the practice manager and the area practice manager. The practice is supported by a regional and national management team including a corporate team of specialists in training and policies.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.10am to 11.30am and 4pm to 6pm on Monday to Friday. Extended hours appointments were offered on Tuesday 6.30pm to 7.30pm and Friday mornings 7.30am to 8am.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice has a patient profile similar to the national patient profile, with slightly lower representation amongst the youngest and older age groups. Life expectancy for both male and females was above the local and national averages.

The practice has a website providing details of opening times, contact information and details of their staff and services offered.

Why we carried out this inspection

We undertook a comprehensive inspection of The Shotgate Surgery on 13 April 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. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for The Shotgate Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Shotgate Surgery on 22 February 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 February 2017. During our visit we:

- Spoke with a range of staff practice manager, deputy practice manager, area manager and clinical lead GP, reception staff and practice nurse and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 April 2016, we rated the practice as requires improvement for providing effective services as the practice did not have a system in place for sharing and monitoring adherence to clinical guidance, there was an absence of clinical and administrative quality improvements, there was inconsistent coding of clinical records and improvements were required in their communication with out of hours services.

These arrangements had significantly improved when we undertook a follow up inspection on 22 February 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

We asked the clinical team about their understanding of recent guidance. They told us they shared National Institute for Health and Care Excellence (NICE) best practice guidelines and discussed it during their monthly clinical meetings. The clinical lead conducted regularly governance checks on the clinical system to ensure alerts were flagged and guidelines were being followed. We checked patient records and saw good compliance with national guidance on prescribing and monitoring of patients.

Previously we found little evidence of quality improvement through clinical audit. However, during our recent inspection conducted in February;

- We reviewed three clinical audits. Two cycle audits had been conducted in relation to medicine management and the monitoring of the long-term GPs clinical performance including waiting times and clinical consultations. A single cycle audit had been conducted for cervical screening tests. The cervical screening audit showed consistently good clinical performance by the practice nurse and no development needs. The other two audits showed quality improvements and both were aligned to national guidelines. The practices had used their audits to inform changes to clinical practices and improvements in the safe monitoring of medicines.
- The practice had reviewed their findings from the previous audit of their patients overall attendance at accident and emergency (A&E) departments for 2015. The practice had assigned and completed all of their actions. These focused on improving the information available to patients, educating them on practice

opening times, the range of appointments available such as telephone appointments, consultations with their Physician Associate, Pharmacist for medication reviews and nurse appointments to deter them from seeking alternative emergency medical assistance. The practice regularly reviewed their appointments and attendance at A&E by their patients. They followed up with all patients who had attended emergency health provision to ensure their care needs were being met. A further audit of their patient A&E attendance was planned for 2016 to identify themes and learning.

- We previously found inconsistency in the coding of patient data. Following the inspection the practice revised how they conducted the coding of records. They identified training and development needs within their team. Members of the administrative team undertook external training in the coding of clinical records. The practice accepted that further training and clinical supervision was required to establish and maintain good practice. Staff told us they felt supported and there was an understanding of the complexities associated with undertaking the role.
- The practice manager had also introduced monthly checks on the patient record system to capture clinical coding issues. For example; the checks identified patients who were receiving medication but did not have a primary clinical diagnosis. We checked a sample of patient records and found the read coding of patients clinical conditions was consistent with their prescribing of medicines.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice had revised how they shared relevant information with other services. The practice had a policy in place for communicating with out of hours services. This had been endorsed by the clinical lead and practice management and shared with staff. We reviewed the practice meeting minutes for 31 January 2017 and saw staff had been reminded of the use of special notes for their palliative care patients. The practice showed us how they had used special note entries for patients such as those on

Are services effective?

(for example, treatment is effective)

their palliative care register, vulnerable patients and those with challenging behaviour. We checked a sample of their patient records and found these had been appropriately updated.

The practice had introduced multidisciplinary meetings in April 2016. These were recognised as important to enhance

communication and improve the coordination of patient care. However, there had been recent changes within the local health landscape. In response to this, the practice was initiating individual case reviews with multidisciplinary health and social care partners where appropriate.

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 13 April 2016, we rated the practice as requires improvement for providing well-led services as an absence of an established and effective governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 22 February 2017. The practice is now rated as good for being well-led.

Vision and strategy

- The practice was part of a large national corporate provider of health provision. The practice had a patient charter setting out patients' rights and also their responsibilities.
- The practice manager has worked at the practice for over ten years and has established and supportive relationships with health and social care services.
- The practice was focussing on providing good accessible quality care and treatments to their patients. They had established a clinical lead who was working closely with the practice manager and area manager to drive and sustain improvements.
- The practice had a business plan which reflected the vision and values. For example, ensuring the practice maintains a high quality of care whilst offering patients good access.

Governance arrangements

During our earlier inspection of The Shotgate Surgery we found there were some areas where governance could be strengthened. The practice had produced an action plan to focus on the improvements necessary. We found all actions had been completed and progress was continually monitored to maintain understanding of risks and respond to them. We found;

- The practice had reviewed how they monitored performance and made improvements such as through clinical and internal audit programmes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as the implementation of the patient safety alerts. For example the practice showed us how they managed safety alerts. They told us safety alerts were

received by the practice manager who shared them with the lead GP and clinical team. They conducted a search on the patient record system to identify those patients who may be adversely affected by the alert. Where patients were affected the lead GP tasked the clinicians and ensured the patient was appropriately reviewed. On confirmation of this, the practice manager updated their records to reflect actions taken.

- We saw good monitoring and adherence by the clinical team to national guidelines.
- The practice maintained a record of their Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were signed off by an appropriate clinician and shared appropriately with the clinical team.

Leadership and culture

The practice had acknowledged improvements had been required to deliver consistently good care to their patients. The practice had made changes to both their clinical and managerial teams to provide leadership and stability to the practice. They had established and strengthened governance systems and had a good understanding of how these related to provide improvements in patient care.

The leadership structure was defined and established and the administrative staff felt well supported by the deputy and practice manager.

- Staff told us the practice had introduced regular practice meetings since January 2016 and these presented a good opportunity to raise and discuss concerns. We checked the practice meeting minutes for 31 August 2016, 21 November 2016, and 18 January 2017. All had a detailed agenda, good attendance by the practice team and actions had been assigned and completed.
- Staff said they felt respected, valued and supported, particularly by their colleagues. The practice told us both staff and patients had benefitted from the appointment of their permanent lead GP improving access and continuity of patient care.
- Staff were encouraged to attend locality group meetings such as practice management, practice nurse group and specialist health groups.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, every two months and had increased their membership. We spoke to the chair the PPG who said the practice was working with the PPG to improve engagement and services for patients.
- The Patient Participation Group (PPG) had previously raised concerns relating to the availability and accessibility of appointments. The practice had met with the PPG and explained how they had increased the appointments and range of clinicians available to meet patients evolving needs. For example; patients were able to have telephone appointments, consultations with the Associate Physician and medication reviews with the Pharmacist.
- We reviewed the meeting minutes for the last three patient participation group meeting dated, 28 September 2016, 30 November 2016 and 11 January 2017. We saw the clinical lead was present at all three of the meetings.
- The practice manager and area manager spoke daily with the practice team both formally and informally. They listened, understood and tried to meet individual's needs of their staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff had previously found it difficult to meet patient demand and respond to their needs with high turnover of clinical staff. The staff were pleased with the appointment of the practice manager and clinical lead and the overarching support and presence of the area manager bring leadership and stability to the practice.