

Wallis Avenue

Quality Report

The Surgery Wallis Avenue

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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 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 Wallis Avenue on 6 and 11 May 2015. Breaches of the legal requirements were found. Following the comprehensive inspection, the practice wrote to us to tell us what they would do to meet the legal requirements in relation to the breaches.

We undertook this focussed inspection on 2 February 2016, to check that the practice had followed their plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting 'all reports' link for Wallis Avenue on our website at www.cqc.org.uk.

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 comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for providing safe services.

- All staff were not trained to the appropriate level in safeguarding and the practice had been unable to demonstrate that locum GPs employed through an agency were up to date with safeguarding training.
- The practice had been unable to demonstrate it was fully compliant with national guidance on infection prevention and control.
- Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed, although the practice relied heavily on regular locum staff to fill the shortfall in permanent staff.
- Documents that guided staff in dealing with medical emergency situations were out of date and did not reflect current national guidance.
- The practice had plans to deal with foreseeable emergencies but not all staff had up to date basic life support training. The practice had been unable to demonstrate that locum staff employed through an agency had up to date basic life support training.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met.

- All staff, including locum GPs, had been trained to the appropriate level in safeguarding.
- The practice demonstrated it was managing infection prevention and control in line with national guidance.
- Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. The practice was less reliant on regular locum staff to fill the shortfall in permanent staff.
- Documents that guided staff in dealing with medical emergency situations had been revised and reflected current national guidance.
- All staff, including locums, had received up to date basic life support training or were booked to attend such training in the near future.

Good



Summary of findings

Are services effective?

Good



At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). However, their QOF data was found to be inaccurately reported and unreliable.
- The practice was unable to demonstrate there was a programme to complete clinical audit cycles which were used to monitor quality and to make improvements.
- The practice had been unable to demonstrate that all staff, including locum GPs employed directly or through an agency, were up to date with mandatory training courses.
- Records had demonstrated that the practice had appropriately managed the poor performance of a member of locum staff recently. However, other records had shown that the practice had not followed its own policy when carrying out disciplinary action in relation to another member of staff.
- There was a backlog of paper communications that the practice had received dating back to 2012 that had yet to be scanned into the system. The practice had been unable to demonstrate how this backlog of communication paperwork was being addressed or the timeframe by which it would be scanned into their system. There had been no assessment of the risks associated with such a large volume of correspondence awaiting scanning.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had revised the accuracy and reliability of the way data was collected for the QOF.
- Where the 2014 / 2015 QOF data for this practice showed it was not performing in line with national standards the practice had taken action and made improvements
- Clinical audits now demonstrated quality improvement.
- Records showed that all staff, including locum GPs, were up to date with mandatory training, such as basic life support, or were due to attend such training in the near future.
- All staff we spoke with told us that the practice had not had to invoke any disciplinary procedures or processes in response to staff behaviour or performance issues since our last inspection.

Summary of findings

- The backlog of paper communications found at our last inspection had been scanned into the electronic patient records system. All paper communications received by the practice were now scanned, workflowed and dealt with the day they were received.

Are services well-led?

At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for providing well-led services.

- The practice had been unable to demonstrate that they had a system to help ensure all governance documents were kept up to date.
- Although the practice operated a clinical audit system that improved the service and followed up to date best practice guidance it had been unable to demonstrate plans to repeat audits to complete cycles of clinical audit.
- The practice had failed to identify and manage risks associated with the backlog of paper communications it had received that had yet to be scanned into the patient records system. The practice had also failed to identify, record and manage some infection control risks in line with national guidance.
- The lead GP had not always been visible in the practice and staff told us that they were not always approachable and did not always take time to listen to all members of staff.
- Some staff told us that suggestions for improvements put forward by staff were not acted upon.
- Some staff said they did not always feel valued or well supported by management.
- Some staff said they were sometimes asked to carry out roles they had not been trained to do.
- The practice had been unable to demonstrate they had an action plan to address any of the suggestions for improvements or changes identified by the patient survey that had been carried out in 2014.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met.

- The practice had introduced a system to revise governance and other guidance documents annually or in response to changes in practice.
- A programme of continuous clinical audit was now used by the practice to monitor quality and make improvements.

Good



Summary of findings

- There were now arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff told us the lead GP was now much more visible in the practice, was approachable and always took time to listen to all members of staff.
- All staff were now involved in discussions about how to run and develop the practice and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff said they now felt respected, valued and supported, particularly by the GP in the practice.
- Staff told us they felt adequately trained to carry out their designated duties and had not been asked to carry out roles they had not be trained to perform.
- The practice had developed an action plan to address feedback received from the patient survey carried out in 2014.

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

At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for the care of older people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People with long term conditions

At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for the care of people with long-term conditions. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



Families, children and young people

At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for the care of families, children and young people. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the

Good



Summary of findings

requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Working age people (including those recently retired and students)

At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for the care of working age people (including those recently retired and students). The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People whose circumstances may make them vulnerable

At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider had been rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Good



People experiencing poor mental health (including people with dementia)

At our previous comprehensive inspection on 6 and 11 May 2015 the practice had been rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider had been rated as requires improvement

Good



Summary of findings

for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applied to everyone using the practice, including this patient population group.

At our focussed follow-up inspection on 2 February 2016, the practice provided records and information to demonstrate that the requirements had been met. The provider is rated as good for providing safe, effective and well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

Wallis Avenue

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Wallis Avenue

Wallis Avenue Surgery is situated in Maidstone, Kent and has a registered patient population of approximately 3,500.

The practice staff consist of one GP (female), one practice manager, two practice nurses (female), one healthcare assistant (female) as well as administration and reception staff. The practice also employs locum GPs directly and through locum agencies. There is a reception and a waiting area on the ground floor. All patient areas are accessible to patients with mobility issues as well as parents with children and babies.

The practice is not a training or teaching practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Primary medical services are provided Monday to Friday between the hours of 8am to 1pm and 2pm to 6.30pm, and Friday 8.30am to 6pm. Extended hours surgeries are offered Monday and Wednesday 6.30pm to 7.30pm. There are a

range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (IC24) to deliver services to patients outside of surgery hours.

Services are provided from The Surgery, Wallis Avenue, Maidstone, Kent, ME15 9JJ, only.

Why we carried out this inspection

We undertook an announced focused inspection of Wallis Avenue on 2 February 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection on 6 and 11 May 2015.

We inspected this practice against three of the five questions we ask about services; is the service safe, effective and well-led. This is because the service was not meeting some of the legal requirements in relation to these questions.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. During our visit we spoke with the GP, the practice manager, the practice nurse, the healthcare assistant as well as one administration and reception staff, and reviewed information, documents and records kept at the practice.

Are services safe?

Our findings

Overview of safety systems and processes

The practice had systems, processes and practices to keep patients safe and safeguard them from abuse.

- Records demonstrated that all staff, including locum staff, had received safeguarding training relevant to their role. The GP, who was the practice's lead member of staff for safeguarding, was trained to child safeguarding level three.
- The practice had developed an action plan to address infection control issues found at our last inspection. Most cloth covered chairs in clinical rooms had been replaced with chairs covered in non-porous material. All cloth covered chairs in clinical rooms were due to be replaced by the end of May 2016. Records showed that carpets on the floors of clinical rooms where invasive procedures were carried out, as well as clinical wash-hand basins that did not comply with Department of Health guidance on infection control, were now due to be replaced at the next refurbishment of the practice. Cleaning records demonstrated that steam cleaning of cloth covered chairs and carpets in clinical rooms was now taking place on a weekly basis. Records showed that all relevant members of staff were now up to date with infection control training.

Monitoring risks to patients

- Records showed that all staff were now up to date with fire safety training.
- The practice had revised the number of staff and mix of staff employed at Wallis Avenue to meet patients' needs. An additional practice nurse had been employed which had increased the number of nurse appointments available to meet patients' needs. Although the practice still relied upon the employment of locum GPs to meet the shortfall in permanent medical staff, availability of appointments with the permanent GP had increased through the provision of additional extended practice hours on Wednesday from 6.30pm to 7.30pm. Wherever possible the practice employed locum GPs on a long term basis to help maintain continuity of care to patients.

Arrangements to deal with emergencies and major incidents

- The practice had revised documents that guided staff in dealing with medical emergency situations. For example, anaphylactic treatment guidelines. We saw that these were up to date and reflected current national guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had revised the accuracy and reliability of the way data was collected for use in the QOF. The most recent published results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 2015 showed;

- Performance for diabetes related indicators was lower than the national average. For example, 71% of the practice's patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less compared with the national average of 81%. Sixty five percent of the practice's patients on the diabetes register had a record of a foot examination and risk classification within the last 12 months compared with the national average of 88%.
- Performance for mental health related indicators was lower than the national average. For example, 73% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%.

Where the 2014 / 2015 QOF data for this practice showed it was not performing in line with national standards the practice had taken action and made improvements. For example, the practice had employed additional nursing staff, increasing the number of influenza clinics and appointments for diabetic patients' reviews to address the shortfall of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (practice 67% - national average 94%).

Clinical audits demonstrated quality improvement.

- Staff told us the practice had a system for completing clinical audit cycles. For example, a medicines audit. Records demonstrated analysis of its results and an action plan to address its findings. There were plans to repeat this to complete cycles of clinical audit.
- Other clinical audits had been carried out. For example, an inadequate smear test audit. Records showed these had been carried out at regular intervals. The practice was now able to demonstrate that improvements to patient care were driven by the completing of clinical audit cycles.

Effective staffing

- Records showed that all staff, including locum GPs, were up to date with basic life support training or were due to attend such training on 21 April 2016.
- All staff we spoke with told us that the practice had not had to invoke any disciplinary procedures or processes in response to staff behaviour or staff performance issues since our last inspection.
- Records showed that all staff, including locum GPs, had a job description outlining their roles and responsibilities whilst working at Wallis Avenue.

Coordinating patient care and information sharing

The practice had revised the systems they used to provide staff with the information they needed. Staff still used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Staff told us that designated staff and locum staff had been allocated to address the backlog of paper communications that the practice had received, dating back to 2012, that had not been scanned into the system as a matter of priority. Staff told us that this work was now completed and that all paper communications received by the practice were scanned, workflowed and dealt with the day they were received. We saw this system in operation during our inspection and also saw that there was now no longer any backlog of paper communications to be processed.

Staff told us that there was a system to review and manage blood results on a daily basis. Results that required urgent attention were dealt with by the GPs at the practice promptly, and out of hours doctors as well as palliative care staff were involved when necessary.

Are services well-led?

Good 

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

Our findings

Governance arrangements

- The practice had introduced a system to revise governance and other guidance documents annually or in response to changes in practice. We looked at 21 such documents and saw that they were all dated and had been revised within the last 12 months.
- A programme of continuous clinical audit was now used to monitor quality and make improvements.
- There were now arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, an action plan had been developed and partially implemented in response to issues identified by the practice's infection control audit.

Leadership and culture

All staff we spoke with told us the GP was now much more visible in the practice, was approachable and always took the time to listen to all members of staff.

- All staff we spoke with said they felt respected, valued and supported, particularly by the lead GP and the practice manager. All staff were involved in discussions about how to run and develop the practice and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- All staff we spoke with said they felt adequately trained to carry out their designated duties at Wallis Avenue and had not been asked to carry out roles they had not been trained to perform.

There was a clear leadership structure and staff felt supported by management.

- Staff told us that the practice held regular staff meetings.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings. They said they were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice.

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

The practice was able to demonstrate that they encouraged and valued feedback from patients, the public and staff. They sought patients' feedback and engaged patients in the delivery of the service.

- They had gathered feedback from patients through complaints received.
- The practice had developed an action plan to address feedback received from the patient survey carried out in 2014. For example, practice opening hours had been revised and the practice was now only closed between 1pm to 2pm instead of 12.30pm to 3pm.
- The practice was in the process of gathering feedback from patients through a patient survey. Records showed that this was due to be completed by 29 February 2016.
- Records showed that the practice had a patient participation group (PPG) and demonstrated involvement of the PPG in the running of the practice. Membership of the PPG had dwindled recently and staff told us the practice was in the process of setting up a virtual PPG in an attempt to continue to collect feedback from this group.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.