The Guildford Rivers Practice

Quality Report

Chapel Lane,
Milford,
Surrey,
GU8 5HU
Tel: 01483 415885
Website: None

Date of inspection visit: 13 August 2015
Date of publication: 24/09/2015

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

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 6

Detailed findings from this inspection

Our inspection team 7

Why we carried out this inspection 7

Detailed findings 8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Guildford Rivers Practice on 29 October 2014. The practice was found to require improvement for providing safe, effective and well led services. The practice was also found to require improvement in providing services for people with long-term conditions and people whose circumstances may make them vulnerable.

Following the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the regulations in relation to the following:

- Ensure consistent arrangements to provide support to staff by means of appropriate supervision, appraisal and professional development.
- Introduce a process of audit of infection control processes.
- Ensure recruitment processes include all required pre-employment checks in order to minimise the risks to the health, safety and welfare of patients.
- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to the health, safety and welfare of patients and staff.

Our previous report also highlighted areas where the practice should improve:

- Seek to gather feedback from patients via patient surveys and the establishment of a patient participation group.
- Establish a process to ensure more formal sharing of information and encourage continuous learning and improvement of all staff.
- Identify and monitor the risks associated with the role of the outreach nurse in visiting vulnerable patients within their own homes.
- Ensure a consistent approach to the use of alerts on the practice's electronic records system in order to highlight vulnerable children and adults.
- Develop a practice website to improve patient access to information relating to the practice and facilitate on line appointment bookings.

We undertook this focused inspection on 13 August 2015 to check that the provider had followed their action plan and to confirm that they now met the regulations. At this inspection we found the practice was good for providing safe, effective and well led services. The practice was also good for providing services for people with long-term conditions and people whose circumstances may make them vulnerable.

Our key findings across the areas we inspected were as follows:

- The practice had developed processes to ensure all staff received an appraisal and were supported by a personal development plan.

Summary of findings

- Training was planned to support individual learning needs and promote professional development.
- A series of regular meetings and training events within the practice encouraged sharing of information and continuous improvement.
- Recruitment processes included all required pre-employment checks to minimise the risks relating to the health, safety and welfare of patients.
- The practice had undertaken an audit of infection control processes.
- Risk assessment and monitoring processes had been implemented in areas such as fire safety, legionella, infection control and the role of the outreach nurse.
- The practice had reviewed its use of alerts to ensure these were used consistently to highlight vulnerable children and adults.
- The practice had established a patient participation group (PPG) and was planning to undertake a patient survey.
- The practice had reviewed the content of its patient information leaflet to improve information available to patients.
- Access to online appointment bookings and repeat prescription requests were available via the practice's NHS Choices website.

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

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

At our last inspection we found that risks to patients who used the practice were not always fully assessed to ensure patients were kept safe. For example the practice had not assessed the risks associated with their fire evacuation and safety procedures, the risk of exposure to legionella bacteria or the risks associated with the duties of the outreach nurse role. The practice had not undertaken a risk assessment or audit of its infection control procedures. We reviewed individual care records and saw that alerts were not used consistently to highlight vulnerable children and adults on the practice's electronic records system.

At this inspection we found that a range of comprehensive risk assessments had been carried out. The practice had assessed the risks associated with their fire evacuation and safety procedures and had implemented changes to processes as a result. The practice had identified a new lead for infection control. An audit of infection control processes and assessment of the risk of exposure to legionella bacteria had been completed. Staff had been provided with infection control training. The practice had assessed the risks associated with the duties of the outreach nurse role. The practice had identified one GP to monitor and review the use of alerts to highlight vulnerable adults and children on the practice's electronic records system.

Are services effective?

Good

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

At our last inspection we found that staff had not always received up to date training appropriate to their role and further training needs had not always been identified and planned. Although staff reported participating in some appraisal discussions, no appraisals were recorded and personal development plans were not in place.

At this inspection we found that the practice had undertaken a review of their appraisal process. All staff had received an appraisal and had agreed a personal development plan and training objectives. Training was planned to meet individual staff needs and objectives. The practice had introduced a programme of ongoing training and had allocated protected learning time for all staff. Newly recruited staff had participated in a comprehensive induction programme.

Summary of findings

Are services well-led?

Good

The practice is now rated as good for providing well led services.

At our last inspection we found that risks to patients who used the practice were not always fully assessed to ensure patients were kept safe. Staff told us they had participated in some appraisal discussions but these had not been recorded. Training needs were not always identified and documented. Staff had not always received up to date training to meet their professional development needs. The practice had not established a patient participation group (PPG). The practice had not undertaken a full survey of patient feedback across the whole practice population. Information sharing amongst the GPs was good but the whole practice team did not regularly attend formal meetings. A lack of formal processes meant that the practice could not ensure that all staff received relevant information. The practice did not have its own website but provided some minimal information to patients on opening hours and appointment availability, via the NHS Choices website.

At this inspection we found that risks had been fully assessed to ensure patients and staff were kept safe. The practice had introduced a series of regular meetings and training events which encouraged sharing of information across the practice team. Staff were well supported in accessing training to meet their professional development needs. Processes for regular appraisal and support of staff had been implemented. The practice had established a patient participation group which had met on two occasions. The practice had not developed its own website but had reviewed their practice information leaflet to improve the information available patients. Patients were able to book appointments and organise repeat prescriptions via a link on the NHS Choices website.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. At our previous inspection we found that one staff member within the practice had not received training to ensure their skills and knowledge in the support of some patients with long term conditions were up to date. At this inspection we found that all staff had received up to date training to support their role. Training needs were monitored and well planned.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. At our previous inspection we found that the practice had used a risk assessment tool to enable them to identify their most vulnerable patients. These patients were provided with additional support, including home visits, by a dedicated outreach nurse. However, risks associated with this role had not been fully assessed by the practice. At this inspection we found that the risks associated with the role of the outreach nurse had been fully assessed and monitored.

The Guildford Rivers Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

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 on 29 October 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Breaches of regulations were found and the practice was required to make improvements. As a result we undertook a focused inspection on 13 August 2015 to follow up on whether action had been taken to deal with the breaches of regulations.

Good

Are services safe?

Our findings

Cleanliness and infection control

At our previous inspection we found that the practice had a lead for infection control but they had not received additional training to enable them to provide advice on the practice infection control policy or to carry out staff training. However, all staff received some induction training on infection control and undertook annual update training via an e-learning programme. Infection control audits were not carried out within the practice and the lead did not attend any practice meetings to discuss infection control processes. The practice had not considered the risks associated with potential exposure to legionella bacteria which is found in some water systems. There were no processes in place to ensure regular checks were carried out to reduce the risk of exposure of staff and patients to legionella bacteria.

At this inspection we found that the practice had identified a new lead for infection control. An audit of infection control processes had been carried out in March 2015. Infection control policies had been reviewed and all staff had been required to sign to confirm they had read and understood the policies. The infection control lead had delivered a training session to all staff which covered hand hygiene, waste disposal and the safe handling and disposal of sharp items.

The practice had employed an external advisor to undertake a comprehensive legionella risk assessment in March 2015. The practice had implemented the recommendations made within the report in order to minimise the risk of exposure to legionella bacteria to staff and patients.

Staffing and recruitment

At our previous inspection we reviewed the personnel records of five members of staff and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, the records relating to a nurse who had been recently recruited contained no evidence that proof of identification or references had been obtained. A criminal records check via the Disclosure and Barring Service (DBS) had only been sought several weeks after the start of employment. References and proof of identification had not been obtained for another nurse who had been employed by the practice for more than two years. The practice had a recruitment policy in place but this did not accurately reflect the recruitment checks required.

At this inspection we reviewed personnel records of two staff members who had been recently recruited by the practice. We found that the practice had ensured that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. The practice had recruitment policies which set out the standards it followed when recruiting clinical and non-clinical staff. The practice had undertaken an assessment of all roles within the practice to determine the need for criminal records checks through the Disclosure and Barring Service (DBS). As a result, where required, staff had been subject to a criminal records check. We saw evidence of these checks.

Monitoring safety and responding to risk

At our previous inspection we noted that the practice had considered some of the risks of delivering services to patients and staff and had implemented some systems to reduce risks. We reviewed the risk assessments in place. These included assessment of risks associated with health and safety of the environment. However, risk assessments had not been carried out in relation to key areas, such as fire safety arrangements, the risk of exposure to legionella bacteria and infection control processes. We reviewed individual care records and saw that alerts were not used consistently to highlight vulnerable children and adults on the practice's electronic records system. Therefore locum GPs or part-time workers who did not know individual patients well may not be alerted to potential risks associated with these vulnerable patients.

At this inspection we found that the practice had undertaken a series of comprehensive risk assessments relating to the health, safety and welfare of patients and staff. These included assessment of risks associated with infection control processes, the risk of exposure to legionella bacteria and the role of an outreach nurse who visited patients in their own homes. A risk assessment of all fire safety and evacuation procedures had been completed in January 2015. A copy of the risk assessment had been placed within each room of the practice and had also been shared with other practitioners who provided services within the practice building. The practice manager told us

Good

Are services safe?

that a rehearsal of fire evacuation procedures had recently been carried out and was now scheduled to be repeated every three months. This had enabled the practice to identify the risk of one fire exit being blocked on occasions. Appropriate action had been taken to reduce this risk. The practice had identified one GP to monitor and review the use of alerts to ensure their consistency in highlighting vulnerable adults and children on the practice's electronic records system.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our previous inspection, we found that although staff we spoke with told us they had undergone annual appraisal discussions, appraisals had not been documented. We examined personnel files which confirmed this. Staff told us that although they were able to discuss their performance, they had not had the opportunity to set objectives or formally agree learning needs as part of the appraisal process. Personal development plans were not in place for nursing and administrative staff. One practice nurse had not received up to date training to support their role. The nurse did not attend clinical meetings or have the opportunity to regularly partake in reflection and review of their performance.

At this inspection we found that the practice had undertaken a full review of their appraisal process. We examined personnel files and found that all staff had recently participated in an appraisal. Appraisals were recorded and included a full assessment of individual training needs. All staff had recently attended two internal training events which included training in for example, infection control, dementia awareness and the Mental Capacity Act 2005. All staff had undergone chaperone training. Staff were also supported in undertaking a programme of eLearning in a wide range of key topics such as information governance, health and safety and fire safety. Staff were assured protected learning time in order to ensure this learning could be completed. Staff had recently signed a variation to their contract of employment which confirmed both parties' commitment to this training and the protected learning time.

At this inspection we spoke with one nurse who had recently been recruited by the practice. They told us they had participated in a comprehensive induction programme which included shadowing other staff and close supervision by the GP partners. The practice had reviewed previous training the nurse had undertaken and had assessed and planned any additional training required. Detailed objectives had been agreed between the nurse and the GP partners for the first three to six months of employment. We reviewed personnel records and saw that those objectives had been recorded fully. The nurse told us they felt well supported by the practice in their continuing professional development.

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

At our previous inspection we found that risk assessments had not been carried out in relation to key areas, such as fire safety arrangements, the risk of exposure to legionella bacteria and infection control processes. The practice had recently developed a role for an 'outreach nurse' who visited patients in their own homes. However, a full assessment of the potential risks associated with this outreach role had not been undertaken.

At this inspection we found that the practice had undertaken a series of comprehensive risk assessments relating to the health, safety and welfare of patients and staff. These included assessment of risks associated with infection control processes and the risk of exposure to legionella bacteria. The practice had undertaken a comprehensive risk assessment of the role of an outreach nurse who visited patients in their own homes. A risk assessment of all fire safety and evacuation procedures had been completed in January 2015.

Leadership, openness and transparency

At our previous inspection we found that information sharing amongst the GPs was good but the whole practice team did not regularly attend formal meetings. Despite a lack of team meetings, we saw some evidence that significant events had been shared amongst the majority of the practice team to ensure they learned from them and received advice on how to avoid similar incidents in the future. However, a lack of formal processes meant that the practice could not ensure that all staff received this important information.

At this inspection we found that the practice had implemented a series of regular meetings which enabled staff to keep up to date with practice developments and facilitated communication between the GPs and the staff team. These included weekly GP meetings, monthly GP partner meetings, clinical review meetings with GPs and nurses and weekly team meetings which included administration and reception staff, one GP and the practice nurse. Complaints and significant events were discussed and reviewed at designated meetings. We looked at minutes from the most recent meetings and found that performance, quality and risks had been discussed. We saw evidence of good sharing of information between meetings.

Practice seeks and acts on feedback from its patients, the public and staff

At our previous inspection we found that the practice had not established a patient participation group (PPG). Some feedback had been sought from specific patient groups and used to implement improvements. However, the practice had not undertaken a full survey of patient feedback across the whole practice population.

At this inspection we found that the practice had established a patient participation group which had met on two occasions. We reviewed records of the meetings held and saw that the group had discussed for example, appointment availability and booking systems. The practice had displayed an invitation for patients to join the group on a noticeboard within the practice. The practice had planned to undertake a full patient survey in conjunction with the PPG later in the year.

Management lead through learning and improvement

At our previous inspection, we found that although staff we spoke with told us they had undergone annual appraisal discussions, appraisals had not been documented. Staff told us that they had not had the opportunity to set objectives or formally agree learning needs as part of the appraisal process. One practice nurse had not received up to date training to support their role. The nurse did not attend clinical meetings or have the opportunity to regularly partake in reflection and review of their performance.

At this inspection we found that the practice had undertaken a full review of their appraisal process. We examined personnel files and found that all staff had recently participated in an appraisal. Appraisals were recorded and included a full assessment of individual training needs. All staff were supported in undertaking a programme of eLearning in a wide range of key topics such as information governance, health and safety and fire safety. Staff were assured protected learning time in order to ensure this learning could be completed.

At this inspection we spoke with one nurse who had recently been recruited by the practice. They told us they

Are services well-led?

Good

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

had participated in a comprehensive induction programme which included shadowing other staff and close supervision by the GP partners. Detailed objectives had been agreed between the nurse and the GP partners for the first three to six months of employment. The nurse told us they felt well supported by the practice in their continuing professional development.