

Lingfield 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 safe?

Requires improvement 

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 Lingfield Surgery on 18 October 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the safe, effective and well led domains. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Lingfield Surgery on our website at www.cqc.org.uk. The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that risk assessments were carried out regularly within the practice.
- Ensuring that staff training was monitored and that all staff were trained appropriately for their role.
- Reviewing patient satisfaction in relation to access to appointments and satisfaction with consultations.
- Ensuring that prescription forms were tracked and monitored within the practice.

Additionally we found that:

- The practice needed to continue to monitor their performance in diabetes management and secondary

prevention of fragility fractures to ensure patient outcomes were managed effectively. The practice also needed to review exception reporting where this was above average and take action appropriately.

- The practice needed to review and update their business continuity plan.

This inspection was an announced focused inspection carried out on 7 September 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 18 October 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.

Our key findings were as follows:

- The practice had undertaken risk assessments and had completed any actions required. However, the practice still needed to undertake work on their risk assessment in relation to substances that are hazardous to health.

Summary of findings

- The practice were now monitoring the training of all their staff groups appropriately and evidence was seen that staff had undergone the required training.
- The practice had a system in place that monitored the tracking of prescription forms throughout the practice.
- The practice had reviewed patient satisfaction and evidence was seen that the friends and family test feedback was positive.
- The practice had reviewed and updated their business continuity plan.
- The practice had continued to monitor their performance in relation to diabetes and secondary prevention of fragility fractures. They had also taken action to assist in the compliance of medicines being taken for diabetes.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that all premises and equipment used by the provider are clean, secure, suitable, properly used and maintained and appropriately located. Specifically the provider must ensure that a risk assessment for the control of substances hazardous to health (COSHH) complies with the policy in place at the practice.

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing safe services as not all risk assessments had been undertaken as required. At this inspection we found that the assessment for monitoring the control of substances hazardous to health was still incomplete. Consequently, the practice is still rated as requires improvement for providing safe services.

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 inspection on 18 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management, prescription form safety and their business continuity plan required some improvements.

At this inspection in September 2017 we found that the practice had carried out the required risk assessments and actions in relation to fire risk and legionella but had not completed the work required in relation to the risk of controlling substances that were hazardous to health. There was a policy in place for this but this was not complied with.

The business continuity plan had been reviewed and updated as required and now contained contact numbers and was also held off site should a situation arise.

Evidence was seen during this inspection that a system had been put in place to monitor the use of prescription forms throughout the practice. Special printer locks had also been fitted to printers containing prescription forms.

Requires improvement



Are services effective?

At our previous inspection in October 2016 the practice had been rated as requires improvement for providing effective services. Concerns related to staff training issues.

At this inspection in September 2017 we found that the practice had reviewed their staff training. Evidence was seen that documented that all relevant training had been undertaken by all staff groups.

Good



Are services well-led?

At our previous inspection in October 2016 the practice had been rated as requires improvement for providing well led services. Concerns related to the management of risk and responding to areas of dissatisfaction detailed within the national GP patient survey.

At this inspection in September 2017 we found that the practice had monitored the feedback given by patients. We noted that the friends and family test was consistently positive however the national GP patient survey published in July 2017 did show mixed results. The practice had also purchased a software system that enabled

Good



Summary of findings

patients to self-manage their care and consult online with their own GP through the practice website. This was to become operational in October 2017 with the intention that this would increase patient satisfaction.

The practice had undertaken, and acted upon areas within their risk and legionella assessment but there were still actions outstanding in areas relating to the control of substances hazardous to health (COSHH). The policy in place for this risk had not been adhered to.

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 services identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. However, the practice remained as requires improvement for providing safe services. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for effective and well-led services identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. However, the practice remained as requires improvement for providing safe services. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for effective and well-led services identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. However, the practice remained as requires improvement for providing safe services. 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 effective and well-led services identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. However, the practice remained as requires improvement for providing safe services. 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 effective and well-led services identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. However, the practice remained as requires improvement for providing safe services. The population group ratings have been updated to reflect this.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective and well-led services identified at our inspection on 18 October 2016 which applied to everyone using this practice, including this population group. However, the practice remained as requires improvement for providing safe services. The population group ratings have been updated to reflect this.

Good



Lingfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The team consisted of a CQC inspector and an assistant inspector.

Background to Lingfield Surgery

Lingfield surgery is a GP practice based in Lingfield, near East Grinstead in Surrey. The practice catchment area covers the West Sussex and Kent borders and they have a population of 10,600 patients.

The practice is similar across the board to the national averages for some population groups. For example, 17% of patients are aged 0 -14 years of age which is the same when compared to the national average. The practice had a slightly higher proportion of patients over the age of 65 but a somewhat lower than average proportion of patients with a long standing health condition. The practice area has significantly less deprivation than the national average and slightly less deprivation than the CCG average.

The practice holds a Personal Medical Service contract and consists of three partners (male and female) and three salaried GPs (female). The GPs are supported by four nurses and a phlebotomist, practice and operations managers and a range of administrative roles. A wide range

of services and clinics are offered by the practice including asthma and diabetes.

The practice is open between 8.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am and between 12.00pm and 2.00pm the telephones are accessible for emergencies but not routine calls. Appointments are from 8.30am to 12.00pm and from 3.30pm to 5.40pm. Extended

hours appointments are offered from 7.20am on a Tuesday and Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

Services are provided from:

East Grinstead Road, Lingfield, Surrey, RH7 6ER.

Why we carried out this inspection

We undertook a comprehensive inspection of Lingfield Surgery on 18 October 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 18 October 2016 can be found by selecting the 'all reports' link for Lingfield Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Lingfield Surgery on 7 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

Detailed findings

- Spoke with the practice manager and spoke with six patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed the training records of staff.
- Reviewed the prescription tracking process in place within the practice.
- Reviewed the risk assessments undertaken by the practice.

- Reviewed the information available in relation to patient satisfaction levels.
- Reviewed the information available in relation to performance in diabetes and secondary prevention of fragility fractures.
- Reviewed the practice's business continuity plan.

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 safe?

Our findings

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of monitoring the use of prescription forms and undertaking appropriate risk assessments were not adequate.

These arrangements had improved when we undertook a follow up inspection on 7 September 2017. However, the practice had not fully assessed the risks associated with the control of substances hazardous to health. The practice is still rated as requires improvement for providing safe services.

Overview of safety systems and process

At the comprehensive inspection in October 2016 we had found that the practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of:-

- Blank prescription forms and pads were securely stored however there were no systems in place to monitor their use.

At this focused inspection in September 2017 we found the provider had addressed our concerns. Evidence was seen that there was now a system in place to track the use of computerised prescription forms. We saw evidence of a stock record and a system of signing out these pads. The practice had also fitted locks to the printers where these forms were used.

Monitoring risks to patients

At the comprehensive inspection in October 2016 we had found that there were procedures in place for monitoring and managing risks to patients and staff safety. However, there were some elements relating to risk assessment that required improvement. These being:

- We found that the practice did not have current fire risk assessment. The previous assessment had been undertaken in 2011.
- Records for mitigating risk following a legionella risk assessment were not maintained.
- The practice had not undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH).

During this inspection we found the provider had undertaken a fire risk assessment and acted upon any actions required. It was also seen that there was a completed log of actions taken to mitigate risk in relation to legionella.

The practice had started work in relation to their COSHH assessment but this was not complete and evidence was seen that the policy that was in place for this area had not been complied with.

Arrangements to deal with emergencies and major incidents

At the comprehensive inspection in October 2016 we had found that the practice had not reviewed their business continuity plan. The business plan had not contained contact numbers nor was it available off site should it be required.

At this inspection evidence was seen that the plan had been reviewed. Contact numbers were now in place and it was held off site by the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of ensuring all staff received appropriate training in relation to their role needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 7 September 2017. The practice is now rated as good for providing effective services.

Effective staffing

At the comprehensive inspection in October 2016 staff had the skills, knowledge and experience to deliver effective care and treatment. However, it was noted that there were gaps in some staff training in relation to fire training, child and adult safeguarding and information governance.

At this inspection we saw evidence that the practice had taken steps to ensure all staff had undertaken all relevant training commensurate with their role.

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 16 October 2016, we rated the practice as requires improvement for providing well-led services as there areas within their governance structure that required improving.

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 7 September 2017. The practice is now rated as good for being well-led.

Governance arrangements

At our previous inspection in October 2016 the practice had been rated as requires improvement for providing well led services due to concerns related to the management of risk.

At this inspection we found the practice had undertaken, and acted upon areas within their fire and legionella risk assessment but there were still actions outstanding in areas relating to the control of substances hazardous to health (COSHH). The policy in place for this risk had not been adhered to.

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

At the inspection in October 2016 the practice had been unaware of the results of the national GP patient survey published in July 2016 which had identified areas where satisfaction was below Clinical Commissioning Group (CCG) and national averages.

At this inspection in September 2017 we found that the practice had monitored the feedback given by patients. The friends and family test was consistently positive however, the national GP patient survey published in July 2017 showed mixed results.

Evidence was seen that their friends and family test results from April to July 2017 inclusive had resulted in 38 responses of which 22 (58%) were either extremely likely or likely to recommend the surgery to others whilst only two responses indicated that they were unlikely to recommend the surgery (5%). The remaining 14 responses (37%) indicated that they were neither likely or unlikely to recommend the practice.

The national GP patient survey published in July 2017 had mixed results. For example, 99% of respondents had confidence and trust in the last GP they saw or spoke to in comparison to the local clinical commissioning group (CCG) average of 96% and a national average of 95%.

However, 71% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

99% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%. However, 84% of respondents stated that the last nurse they saw or spoke to was good at explaining tests and treatments compared to both the CCG and national average of 90%.

Evidence was seen that patient satisfaction was discussed at the Patients Participation Group (PPG) meeting in August 2017.

The practice had purchased a software platform that enabled patients to self-manage and consult online with their own GP through the practice's website. This was one method identified by the practice that could assist it in raising the satisfaction levels of patients. This was to go live shortly after this inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: The provider could not demonstrate that they had undertaken risk assessments in relation to the control of substances hazardous to health (COSHH). This was in breach of regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014