Sidley Medical Practice

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Sidley Medical Practice on 21 August 2017. This was to follow up on a warning notice the Care Quality Commission served following an announced focused inspection on 16 June 2017 when the practice was rated as inadequate for providing well led services.

The warning notice was served relating to regulation 17: Good Governance of the Health and Social Care Act 2008. The timescale given to meet the requirements of the warning notice was 18 August 2017.

The June 2017 inspection highlighted several areas where the provider had not met the standards of regulation 17: Good governance. These included:

- Clinical audits did not demonstrate quality improvements to patient care.
- Staff training and appraisals did not ensure all staff had received up to date training or were aware of their learning needs.
- Patient safety and medicines alerts were not effectively managed and the practice could not provide evidence they had reviewed all alerts in a comprehensive way.
- The practice was unable to evidence they had reviewed and completed all the highlighted actions in the infection control audit. Cleaning records did not include items of medical equipment and the practice could not demonstrate regular cleaning of medical equipment took place.
- Not all staff were aware of how to identify and report a significant event.
- Governance arrangements did not ensure background checks were carried out for staff prior to employment.
- The practice had failed to seek and act on feedback from staff and had failed to identify that many staff were unaware of the practice vision and business plan.

At this inspection in August 2017 we found that actions had been taken to improve the provision of well led services. Specifically the practice had:

- Reviewed the governance arrangements for all areas of practice outlined in the warning notice.
- Held a meeting with all staff to offer training on significant events to provide an understanding of their role and the terminology.
- Improved the arrangements for dealing with patient and safety alerts received from various sources, including the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Reorganised the staffing structure and assigned a new designated staff lead to deal with personnel and recruitment documentation.

Summary of findings

- Allocated protected time for staff to undertake essential training such as safeguarding, fire safety and information governance.
- Commenced or completed staff appraisals for all staff that had been in post for over 12 months.
- Reviewed the infection control action plan and ensured all outstanding actions had been completed or had a date specified for completion within a reasonable timeframe. Cleaning records demonstrated clinical equipment was being regularly cleaned and checked.
- Undertaken further clinical audits and demonstrated improvements to patient care and outcomes.
- Improved communication with staff at all levels and actively engaged with their ideas and suggestions for developing the practice.

At our previous inspection in June 2017, we rated the practice as inadequate for the provision of well-led services and an overall rating of requires improvement. At this inspection we have focused on the warning notice findings in respect of the well led section of our report. We found that the practice had taken action to address the breaches of regulation set out in the warning notice issued in July 2017. However, the current ratings will remain until the practice receives a further comprehensive inspection to assess the improvements achieved against all breaches of regulation identified at the previous inspections.

The focused report published on 28 July 2017 should be read in conjunction with this report.

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 well-led?

During our inspection in August 2017 we found the practice had made improvements to the provision of well led services. Specifically, the practice had:

- Reviewed the governance arrangements for all areas of practice outlined in the warning notice.
- Held a meeting with all staff to offer training on significant events to provide an understanding of their role and the terminology.
- Improved the arrangements for dealing with patient and safety alerts received from various sources, including the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Reorganised the staffing structure and assigned a new designated staff lead to deal with personnel and recruitment documentation.
- Allocated protected time for staff to undertake essential training such as safeguarding, fire safety and information governance.
- Completed or commenced staff appraisals for all staff that had been in post for over 12 months.
- Reviewed the infection control action plan and ensured all outstanding actions had been completed or had a date specified for completion within a reasonable timeframe. Cleaning records demonstrated clinical equipment was being regularly cleaned and checked.
- Undertaken further clinical audits and demonstrated improvements to patient care and outcomes.
- Improved communication with staff at all levels and actively engaged with their ideas and suggestions for developing the practice.

Sidley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This warning notice follow up inspection was undertaken by a CQC inspector. The team included a GP Specialist Advisor.

Background to Sidley Medical Practice

Sidley Medical Practice provides general medical services to approximately 16,500 patients and operates from two practices in Bexhill-on-Sea. These are known as Sidley Surgery, a purpose built premises in a residential area with a link to an adjacent pharmacy, and Albert Road Surgery that is located in the town centre and based in a converted residential property.

Patients can access services provided from either location:

Sidley Surgery, 44 Turkey Road, Bexhill-on-Sea, East Sussex, TN39 5HE.

Or

Albert Road Surgery, 24 Albert Road, Bexhill-on-Sea, East Sussex, TN40 1DG.

There are six GP partners (three female and three male) and three salaried GPs (two female, one male). The practice is accredited to provide both teaching and training. It supports medical students and provides training opportunities for qualified doctors seeking to become GPs. At the time of the inspection there were two trainee GPs working at the practice.

In addition there are nine members of the nursing team; six practice nurses (one male, five female) and three health care assistants (all female). There is a senior management team overseeing day to day operations. This includes a senior GP partner, a self-employed consultant acting as an interim practice manager, a deputy practice manager and an operations manager. There are 24 members of reception/administration staff supporting the practice.

Both practices are open Monday to Friday between 8am and 6:30pm with a lunchtime closure from 1pm to 2pm; during this time patients can call the normal surgery phone number and a duty doctor is available. Pre-booked extended hours appointments are offered at the Albert Road Surgery every Saturday from 8am to 11am and at Sidley Surgery from 6:30pm to 7pm, Monday to Friday.

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

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

This practice serves a higher than average number of patients who are aged over 65 years when compared to the national average. The number of patients aged from birth to 18 years is slightly lower than the national average.

The practice offers a number of services for its patients including; family planning, minor surgery, hypertension clinics, drug and alcohol misuse services, smoking cessation, and travel vaccines.

Detailed findings

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Hastings and Rother Clinical Commissioning Group. The practice list is currently capped.

Why we carried out this inspection

We undertook a focused follow up inspection of Sidley Medical Practice on 16 June 2017 to follow up on concerns raised during a comprehensive inspection carried out on 23 August 2016, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing well led services and requires improvement for safe and effective services. Overall the practice was rated requires improvement. The full comprehensive report following the inspections in August 2016 and June 2017 can be found by selecting the 'all reports' link for Sidley Medical Practice on our website at www.cqc.org.uk.

We undertook a focused follow up inspection of Sidley Medical Practice on 21 August 2017. This inspection was carried out to review in detail the actions taken by the practice in relation to the warning notice issued by the CQC and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including three GPs, the interim practice manager, a practice nurse, an associate practitioner, personnel manager and four administration/reception staff.
- Reviewed practice documents and files.

Are services well-led?

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

Our findings

At our previous inspection on 16 June 2017, we issued a warning notice for good governance as the arrangements in respect of being a well led service were in breach of regulation. Specifically, the practice had:

- Not ensured all staff understood the process for reporting, recording and acting on significant events. The clinical meeting timetable had not been flexible in order to maintain timely discussion of significant event analysis and sharing of learning.
- Not established formal pathways and processes to ensure patient safety and medicine alerts were received, reviewed, actioned and recorded.
- Undertaken an infection control audit in March 2017 but had not identified interventions or timescales for completion of actions. Completed actions had not been documented, including records of cleaning of medical equipment.
- Not identified gaps in recruitment files. For example, not all background checks were requested prior to the commencement of employment.
- Not ensured there were systems and processes in place to assess, monitor and improve the quality and safety of services through an on-going audit programme in a range of clinical areas.
- Failed to identify not all staff had received appropriate training relevant to their roles and responsibilities.
- Commenced a programme of appraisals but had only achieved 50% of all staff either receiving an appraisal or being offered pre-appraisal paperwork.
- Failed to ensure staff were aware of the practice vision and business plan and their responsibilities to it. Not all staff felt involved in discussions about how to run and develop the practice.

During the August 2017 inspection, we reviewed the requirements of the warning notice issued on 7 July 2017 following the inspection in June 2017. We found the governance arrangements had improved.

Governance arrangements

- Staff had attended a meeting where they received training on significant events to ensure they were aware of their role and responsibilities. The training included what a significant event was and how it should be escalated. All staff (including those unable to attend the meeting) had received the meeting minutes and offered the opportunity to discuss significant events with a member of the senior management team. Staff we spoke with demonstrated an understanding of the process and their role in identifying and reporting them. The personnel lead told us the number of reported events had increased in the few weeks since the training which reassured the practice they were improving safety.
- The arrangements for receiving and acting on patient safety and medicine alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) had improved. All alerts, including ones from the local pharmacy prescribing teams, were received via email to two of the GP partners who recorded and disseminated the information to clinicians to action. The details were recorded on an electronic log sheet with a hyperlink to the MHRA alert to ensure historical reviews could be undertaken. Clinicians discussed the alerts at clinical meetings and any outstanding actions identified. There was also a clinical pharmacist working at the practice who had an oversight of the alerts and was available to offer expert medicines advice, when needed.
- The practice had reviewed the infection control audit carried out in March 2017 and identified an action plan. Actions identified had been assigned a date for completion and a designated person responsible for ensuring they had been commenced or completed.
- Governance arrangements for recruitment and personnel records had been reviewed by the practice. Following the last inspection in June 2017, the practice had re-organised the staffing structure and designated a new member of staff to lead on personnel and recruitment. We looked at two personnel files for new members of staff that had been recruited since June 2017. We found the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).(DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be

Are services well-led?

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vulnerable). We also reviewed the personnel file of one clinical member of staff who had references missing during the last inspection and found they had received two references since the last inspection.

- Clinical audits and improvements to patient outcomes had been reviewed. The practice showed us six audits which had been carried out in the last six months. Three of these were completed audits where patient outcomes had been reviewed and learning shared. The practice kept an electronic log of the audits with hyperlinks to the documents so they were easy to access and review. Dates had been set for repeat audits to be undertaken. The GPs used a variety of sources to identify topics for audit, including MHRA and safety alerts, issues arising from meetings and personal interest.
- Staff had been offered protected time to undertake training in safeguarding, fire safety and information governance (IG). The interim practice manager had updated the training matrix with training dates and had a colour coded alert system set up to highlight when a member of staff was due for an update or refresher. Gaps in training were escalated to the individual member of staff by a computer generated message and time set aside for them to complete the training. We were shown the most up to date matrix which showed all staff had undertaken safeguarding and fire safety training. All but one member of clinical staff had completed IG training. We saw evidence this member of staff had time allocated for them to complete the IG training in August 2017. Staff we spoke with were able to demonstrate their understanding and responsibilities in relation to safeguarding, fire safety and information governance.
- Appraisals had been completed for all but two staff. The remaining two members of staff had received their pre-appraisal paperwork and had their appraisal dates allocated for September 2017. A log of all appraisals ensured dates were checked and reviewed regularly. Staff undergoing probationary periods had their review and appraisal dates added to the log.

Leadership and culture

- A new staffing structure had been established with senior staff being designated to different or new roles and taking responsibility for key areas of the organisation.
- The practice had developed a mission statement which had been shared with staff and was available on the practice website. Staff had been involved in its development and felt it reflected the responsibilities of the practice and patients alike.
- Staff we spoke with said they felt more involved in how to run and develop the practice. They told us communication had improved and management were more engaged with staff at all levels. Staff told us they felt supported and encouraged to offer suggestions for improvements. The practice management team had decided to establish more regular whole team meetings so issues and ideas could be discussed at all levels.