Ifield Medical Practice

Quality Report

Ifield Medical Practice
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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 caring?	
Are services responsive to people's needs?	
Are services well-led?	Good

Summary of findings

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Overall summary

The practice was rated as Requires Improvement overall and is now rated as Good for providing safe services, Good for providing effective services and Good for providing services that are well-led.

We carried out an announced comprehensive inspection of this practice on 11 March 2015 and improvements were required in the safe, effective and well-led domains. The practice sent us an action plan detailing what they would do to make improvements..

We conducted a focused inspection on 16 December 2015 to check that the provider had followed their action plan and to confirm that they now met 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 the 'all reports' link on our website at www.cqc.org.uk

During this inspection we found:-

- All staff were now trained in safeguarding children and vulnerable adults at an appropriate level to their role.
- All staff who undertook chaperone duties had now been appropriately trained for that role
- All of the actions identified in the infection control audit referred to in the initial inspection had been effectively managed. A further audit had been conducted on 6 August 2015 and improvement noted. The findings were formally discussed at a clinical meeting.
- A fire evacuation rehearsal had been conducted on 3 June 2015 and 8 December 2015. This had resulted in learning and improved efficiency in the process.
- The practice had developed and implemented a Prescription Control Protocol. This had resulted in the auditing of stocks of printer prescriptions and prescription pads.The practice was able to evidence that meetings were being held with GPs, nurses and non-clinical managers every two months. The agenda for those meetings included complaints, significant events and clinical matters.
- The practice had appointed a member of the management team as audit co-ordinator and had initiated a small programme of audits. The full cycles were yet to be completed.
- All staff requiring a Disclosure and Barring Service (DBS) check were now in receipt of one, including those undertaking chaperone duties.

Summary of findings

There were areas where the provider needed to continue to make improvements. The provider should:

- Review the format of the fire evacuation roll-call sheet to prevent any errors in accounting for staff.
- Proactively drive the programme of audits forward and include definitive timescales for two audit cycles for each subject area to be completed.
- Ensure that the practice reminds relevant personnel of the Prescription Control Protocol security recommendations for prescriptions taken out of the practice.

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 rated as good for providing safe services.

At this inspection we found that systems and processes had been put in place to communicate the lessons learned following significant events.

The practice had managed the actions identified in the infection control audit. Activity had been recorded and a further audit conducted.

The practice had also developed and implemented a Prescription Control Policy which ensured a complete audit trail for all prescriptions.

The practice had conducted two full fire evacuation rehearsals ensuring that lessons learned were taken forward.

Are services effective?

Good

The practice is rated as good for providing effective services.

At this inspection we found that all staff had received training in child and adult safeguarding at a level appropriate to their role.

All reception staff who carried out chaperone duties had received training to support the role of chaperone.

There was also evidence that the practice had initiated a programme of audits and identified a member of the management team to co-ordinate progress.

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Good

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

At this inspection we found that all staff had been in receipt of the relevant child and adult safeguarding training.

We also found that all reception staff providing chaperone duties had received appropriate training for the role.

Regular multidisciplinary meetings were being held, during which significant events and complaints were discussed. Staff that we spoke to were fully aware of the systems and processes in relation to significant events and the outcomes of investigations pertinent to their role.

Summary of findings

The practice had initiated a co-ordinated programme of audits, which was still in the development stage. The practice had also conducted two full fire evacuation rehearsals. The process had been recorded appropriately and lessons learned.	

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

Good

The practice is rated as good for the care of older patients.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice used specific funding to provide additional GP and nurse appointments and to improve access to appointments for patients over 75 years of age. The practice employed the use of a risk stratification tool to identify those patients at highest risk of unplanned hospital admission, to ensure care planning was in place.

People with long term conditions

Good

The practice is rated as good for care of people with long term conditions.

Nurses and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Patients told us that children and young people were

Summary of findings

treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours appointments were available on one evening per week from 6:30pm until 9.00pm. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances make them vulnerable.

The practice held a register of patients living in vulnerable circumstances, for example those with a learning disability. It had carried out annual health checks for people with a learning disability. Longer appointments were available when needed to this group of patients. The practice regularly worked with multi-disciplinary teams in the management of vulnerable people. It provided vulnerable patients with information about how to access various support groups and voluntary organisations. Staff understood their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health.

People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had developed strong links with a mental health liaison practitioner who was attached to the practice. They undertook dementia screening of patients and ensured early referral to memory assessment services. The practice provided patients experiencing poor mental health with information about how to access various support groups and voluntary organisations. The practice patient participation group had recently held a dementia awareness event within the practice.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

There were areas where the provider needed to continue to make improvements. The provider should:

- Review the format of the fire evacuation roll-call sheet to prevent any errors in accounting for staff.
- Proactively drive the programme of audits forward and include definitive timescales for two audit cycles for each subject area to be completed.
- Ensure that the practice reminds relevant personnel of the Prescription Control Protocol security recommendations for prescriptions taken out of the practice.

Ifield Medical Practice

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 and a CQC Inspection Manager

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 11 March 2015 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 legal requirements were found. As a result, we undertook a focused inspection on 16 December 2015 to follow up on whether action had been taken to deal with the breaches.

Good

Are services safe?

Our findings

Learning and improvement from safety incidents

At our previous inspection staff understood and fulfilled their responsibilities to raise concerns and report significant events, however lessons learned were not always communicated widely to support improvement.

At this inspection we were told that significant events were discussed as an agenda item at both practice and clinical meetings. This enabled lessons learned and reviews to be considered in a multidisciplinary forum. We saw minutes from these meetings which evidenced that such discussions were now taking place. In addition to the meetings, staff told us that the outcomes of investigations into incidents were being communicated either via email or in person to relevant personnel.

Reliable safety systems and processes including safeguarding

At our previous inspection staff had some understanding of safeguarding of children and vulnerable adults. However, not all staff had received training at a level appropriate to their role.

We also noted that reception staff who acted as chaperones had not always received training to support their role.

At this inspection we saw records that evidenced all GPs were in receipt of child safeguarding training to level three, nursing staff were in receipt of child safeguarding training to at least level two and all other staff had received training in child safeguarding to level one. All staff had received training in adult safeguarding.

Staff we spoke to were able to demonstrate knowledge of both child and adult safeguarding policies and procedures and we noted that flow charts to compliment the policies were displayed in all clinical rooms.

We also saw records that evidenced chaperone training had been conducted in June 2015 in relation to all non-clinical staff who acted as chaperones. Staff we spoke to were able to demonstrate knowledge of chaperoning.

Medicines management

At our previous inspection we found that there was no clear policy on the safe and secure storage of blank prescription forms.

At this inspection we saw that a Prescription Control Protocol had been produced and implemented. This protocol ensured a clear and secure audit trail for all blank prescriptions. Staff we spoke to demonstrated knowledge of the systems and processes contained within the protocol. We examined records and noted compliance with the protocol in relation to auditing and safe storage within the practice. However, one GP that we spoke to was unsure as to how to keep prescriptions secure whilst away from the practice and in line with practice policy.

Cleanliness and infection control

At our previous inspection the practice had carried out an audit of their infection control procedures; however, areas identified as requiring action had not been followed up or reviewed.

At this inspection we viewed the infection control audit conducted in February 2014 and identified that the actions required corresponded to those outlined in the requirement notices issued. This audit achieved score of 93%.

We saw documentary evidence that all staff had received training in hand washing techniques. All staff that we spoke to demonstrated knowledge of correct hand washing procedures and a pictorial instruction sheet on hand washing procedure was displayed near to the wash basin area in every clinical room.

We saw documentary evidence of a further infection control audit which was conducted on 6 August 2015. This audit achieved a score of 98%. The missing 2% was accredited to questions relating to toys in the surgery. This practice did not have any toys and therefore these questions were not applicable. However, the audit format was unable to recognise anything other than a yes or no answer so the score was falsely lowered.

Monitoring safety and responding to risk

At our previous inspection the practice had not undertaken a rehearsal of their fire evacuation procedures within the last 12 months.

At this inspection we saw records of two fire evacuation rehearsals since our last visit. These were carried out on 3

Good

Are services safe?

June 2015 and 8 December 2015. Each rehearsal was conducted on a different weekday to enable part-time staff to be present. The majority of staff that we spoke to had had the opportunity to participate in one of the rehearsals and all were aware of the evacuation procedure. Notes had been taken following each rehearsal in order to learn from each process. The roll call document used for the evacuations was designed in such a way that an error in accounting for a member of staff could easily be made.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

At our previous inspection we found that there was limited evidence to demonstrate completed audit cycles.

At this inspection we saw evidence that the practice had initiated a programme of audits. A member of the management team had been appointed as co-ordinator of this programme. However, the practice had not as yet completed a full cycle of two audits.

Effective staffing

At our previous inspection it was found that not all staff had received training in adult and child safeguarding at a level appropriate to their role.

In addition, reception staff who acted as chaperones had not always received training to support their role.

At this inspection we found that all staff had received training in both adult and child safeguarding to the level appropriate to their role. All reception staff who conducted chaperone duties had been in receipt of appropriate training.

Are services caring?

Our findings

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 the practice had a number of policies and procedures to govern activity and held regular governance meetings. Incidents were recorded and there was some evidence of lessons learned. However, arrangements were not formalised to ensure learning was disseminated to the whole practice team. Initial learning points identified were not always followed up and reviewed.

In addition, the practice had not undertaken a rehearsal of their fire evacuation procedures within the last 12 months.

At this inspection we saw evidence that incidents were discussed as agenda items at both practice and clinical meetings, thus reaching a multidisciplinary audience. Discussions and learning were recorded, disseminated and reviewed. Individual feedback was given where appropriate. Staff that we spoke to demonstrated knowledge of the policies, procedures and learning outcomes in relation to significant events.

We also saw evidence that the practice had conducted two full fire evacuation rehearsals since our previous inspection. Learning from these rehearsals had been noted and improvements to the fire evacuation policy made.

Management lead through learning and improvement

At our previous inspection some staff had not received up to date training in mandatory areas such as safeguarding children and vulnerable adults.

Reception staff who provided chaperone services had not always received training to support their role.

At this inspection we found that all staff had received training in both adult and child safeguarding to the level appropriate to their role. All reception staff who conducted chaperone duties had been in receipt of appropriate training.