

St Andrews 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?

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 of this practice on 28 April 2016. Breaches of Regulatory requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the regulatory responsibilities in relation to the following:

- To ensure that the practice had a system for securing and tracking the use of prescription forms used by the practice.
- To ensure the practice had a system for addressing issues identified in the infection control audit.
- To ensure that the practice had in place a system that correctly monitored all significant events that occurred in the practice.

We undertook this focused inspection on 19 October 2016 to check that the provider had followed their action plan and to confirm that they now met regulatory 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 for St. Andrews Surgery on our website at www.cqc.org.uk.

This report should be read in conjunction with the last report published in July 2016. Our key findings across the areas we inspected were as follows:-

- We saw evidence that prescriptions forms were securely stored at all times and that there was an effective system in place that tracked these forms from entry into the practice to their subsequent use.
- We saw evidence that there was an effective system in place that recorded and monitored the actions taken to address issues found during infection control audits.
- We saw evidence that the practice had a system in place that recorded each significant event and monitored how this was progressed and discussed within 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?

The practice is rated as good for providing safe services.

Good



- On our previous inspection on 28 April 2016, we found that the practice could not demonstrate a system for securing and tracking the use of prescription forms within the practice. During our visit on 19 October 2016 it was noted that there was a system that tracked each prescription form from the initial delivery to the practice to the subsequent use by GPs.
- On our previous inspection we found that the practice could not demonstrate that they had an effective system for remedying issues documented in infection control audits. During our visit on 19 October 2016 it was noted that there was an effective system that monitored the issues found during infection control audits and that actions had been undertaken to resolve these concerns.
- It was also noted during the previous inspection that the practice did not have a system in place that ensured all significant events were correctly documented and discussed at an appropriate meeting. Evidence was seen during this inspection that the practice had a system in place that monitored the progression of these events from the initial reporting of the issue through to the dissemination of information to staff following the appropriate discussion at meetings.

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 practice was rated as good for the care of older people on 28 April 2016. This rating remains unchanged.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits were offered to those who were unable to access the practice. Patients who had enhanced needs had prompt access to appointments.
- Patients that were housebound were offered pro-active healthy living reviews which were undertaken by a healthcare assistant. These visits identified problems, assisted in monitoring medicines and allowed the patient to be signposted to other support agencies.
- Patients identified as “at risk” had their care plan reviewed following discharge from hospital. Care plans included details of next of kin and these were liaised with where appropriate. Patients held a copy of their care plan.
- Monthly multi-disciplinary care team meetings were held involving GPs, community nurses, the community matron along with social and mental health care workers. A local service called STEPS were also represented and this group assisted patients maintain their independence. The STEPS service provided a service to people aged 65 or over who face housing difficulties and people aged 18 or over who have a long term physical health condition and need advice and guidance to help them live life to the full.
- Patients resident in nursing homes were visited fortnightly so any health condition could be managed proactively. All patients in nursing homes had a care plan and had their resuscitation and end of life care wishes discussed with them.

People with long term conditions

The practice was rated as good for the care of people with long-term conditions on 28 April 2016 . This rating remains unchanged.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes Framework 2014/15 showed that the percentage of patients on the diabetes

Summary of findings

register, with a record of a foot examination and risk classification within the preceding 12 months was 94%. This was better than the CCG average of 87% and the national average of 88%.

- The practice had developed a joint GP/nurse diabetic clinic to undertake all the requirements for the patient's annual review.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was a pilot site for a service called "Live well, feel better" which enabled patients with chronic health conditions to receive support from health coaches to develop motivation, confidence and assist with their problem solving skills.

Families, children and young people

The practice was rated as good for the care of families, children and young people on 28 April 2016. This rating remains unchanged.

- 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. Alerts were put onto the electronic patient record when safeguarding concerns were raised.
- Immunisation rates were comparable for all standard childhood immunisations when compared to local CCG averages. All non-attendance at an immunisation appointment resulted in a telephone call to reschedule the appointment or an arrangement was made to discuss any concerns about the immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice was rated as good for the care of working-age people (including those recently retired and students) on 28 April 2016. This rating remains unchanged.

- The practice had adjusted its services to accommodate the needs of this population group to ensure the service was accessible, flexible and offered continuity of care.
- Online services were available for booking appointments and ordering repeat prescriptions.
- Extended hours were available and telephone consultations with GPs for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- The practice website gave advice to patients about how to treat minor ailments, health promotion and screening that reflected the needs of this patient group.

People whose circumstances may make them vulnerable

Good



The practice was rated as good for the care of people whose circumstances may make them vulnerable on 28 April 2016. This rating remains unchanged.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There was a weekly substance misuse clinic where a GP worked alongside a specialist nurse.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice had a “Community navigator” who could direct people to non-health related sources of support. The community navigator assessed patients’ non-medical support

Summary of findings

needs and helped them to access groups, services and activities that could broadly improve their health and wellbeing. The Navigator offered up to 6 appointments of around 45 minutes in duration.

People experiencing poor mental health (including people with dementia)

The practice was rated as good for the care of people experiencing poor mental health (including people with dementia). This rating remains unchanged.

- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- All patients aged 65 and over with a long term condition were screened for memory issues.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months which was comparable to the CCG average of 88% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



St Andrews Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to St Andrews Surgery

St. Andrews Surgery is a practice offering general medical services to the population of Lewes, East Sussex. There are approximately 10,000 registered patients. The practice is located within a property which has limited the practice in making alterations which would benefit patients. Due to this issue the practice is actively looking to relocate the surgery to another location. The practice is part of NHS High Weald Lewes Havens CCG.

The practice population has a higher number of patients between 05-19 and 40-64 years of age than the national and local CCG average. The practice population also shows a lower number of patients between the age of 20-34 year olds than the national and local CCG average. There are a lower number of patients with a longstanding health condition. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

St. Andrews Surgery is run by four partner GPs (one male and three female). The practice is also supported by three salaried GPs (two male and one female) three practice nurses, two healthcare assistants, a phlebotomist, a team of administrative and reception staff, an assistant practice manager and a practice manager.

The practice provides a number of services for its patients including; asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

St. Andrews Surgery, The Old Central School, Southover Road, Lewes, East Sussex, BN7 1US

Opening hours are Monday to Friday 8.30am to 6.30pm. The practice is closed from 1pm to 2pm each Tuesday for staff training. During this time patients can access care from the out of hour's provider. The practice has extended hours on Tuesday and Thursday evenings until 7pm and Friday mornings from 7.30am. There are also extended appointments available every Saturday morning from 8am to 10am. During the times when the practice is closed arrangements are in place for patients to access care from IC24 which is an Out of Hours provider. Access to this service is by calling NHS 111.

Why we carried out this inspection

We undertook an announced focused inspection of St. Andrews Surgery 19 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 28 April 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe? This is because the service had not been meeting some legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016. During our visit we:

- Reviewed the system in place to monitor the tracking and use of prescription forms throughout the practice.
- Reviewed the system in place in relation to infection control audits and how issues discovered during these were remedied.
- Reviewed the significant event process now in place at the practice.

Are services safe?

Our findings

Safe track record and learning

We had found on our previous inspection that one significant event had not been entered correctly onto the spread sheet that the practice used for these issues whilst another case had been entered onto the sheet but not discussed at an appropriate meeting. During this inspection we saw that the practice had reviewed their system and now had a tracking process for each significant event that started when the issue was first identified and continued through to discussion and learning from the issue which included informing all appropriate staff of the outcome.

Overview of safety systems and processes

We previously found that the practice could not demonstrate that they had a method for tracking

prescription forms. During this inspection we saw that the practice had a system in place that effectively monitored what prescription forms had been allocated for each consulting room

Prescription forms were subsequently released for use by individual GPs and a system was in place for monitoring exactly what prescription forms had been allocated for each consulting room and the details of this monitoring was updated on a daily basis.

Monitoring risks to patients

Risks to patients were assessed and well managed.

We previously found that the practice could not demonstrate that they had a method for recording the action required on issues identified within infection control audits. On this inspection evidence was seen that actions had been undertaken where required.