

Dr S J T Williams & Partners

Quality Report

St Richards Road Surgery

Deal

Kent

CT14 9LF

Tel: 01304364111

Website: www.strichardsroadsurgery.nhs.uk

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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 effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

In April 2016 a comprehensive inspection of Dr S J T Williams & Partners was conducted. The practice was rated as requires improvement for providing effective services and good for providing safe, caring, responsive and well led services. Overall the practice was rated as good. During that inspection we found that the practice was not compliant with providing mandatory training.

Following the inspection we asked the practice to provide an action plan detailing how they would improve on the area of concern. Subsequently, the practice provided evidence to show compliance with regulations.

We carried out a desk based inspection of Dr S J T Williams & Partners on 6 September 2016 to check that the practice had followed their plan and to confirm that they met the legal requirements.

We found the practice had made a significant improvement since our last inspection on 28 April 2016. Following the desk based review on 6 September we rated the practice as good for providing effective services. The overall rating for the practice remains good. For this reason we have only re-rated the location for the key question of effective. This report should be read in conjunction with the full inspection report of 28 April 2016. A copy of the last inspection report can be found on our website www.cqc.org.uk.

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 effective?

At our previous comprehensive inspection on 28 April 2016 the practice had been rated as requires improvement for providing effective services. There was an area where it must make improvements; namely not all staff had completed mandatory training in areas such as infection prevention control and fire safety awareness.

As part of our desk based inspection on 6 September 2016, the practice provided evidence, records, and documentary information to demonstrate that the requirements had been met.

Good



Dr S J T Williams & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our follow up desk top inspection was undertaken by a CQC Assistant Inspector.

Background to Dr S J T Williams & Partners

Dr S J T Williams & Partners (also known as St Richards Road Surgery and Golf Road Surgery) delivers services from two purpose built premises in Deal, Kent. There are approximately 9,600 patients on the practice list. The practice has more patients aged over 64 years and fewer patients aged 44 and under than national averages. The practice has more patients with long-term conditions registered on their list than local or national averages (practice 64%, local 60%, national 54%). The practice holds a General Medical Service contract and consists of five GP partners (three male and two female). There are four practice nurses (female) and four healthcare assistants (female). The GPs, nurses and healthcare assistants are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, dermatology, audiology, wound care and family planning. The practice had recognised there was a higher than average prevalence of patients with long-term conditions and had provided access to a health trainer.

The practice is open from 8am to 6.30pm. Extended hours are available from 6.30pm to 8pm alternate Mondays and Tuesdays and from 8.30am to 12pm Saturday mornings. The practice is collaborating with three local GP practices (The Deal Collaboration) and used their over 75's funds to

provide a paramedic practitioner to visit patients at home that were unable to attend the practice. An out of hours service is provided by Integrated Care 24 outside of the practices opening hours and there is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from the main site at: St Richard's Road Surgery, Deal, Kent, CT14 9LF, and branch site at: 22 Golf Road, Deal, Kent, CT14 6PY.

Why we carried out this inspection

We undertook a desk based inspection of Dr S J T Williams & Partners on 5 September 2016. This inspection was carried out to check that improvements had been made to meet the legal requirements planned by the practice, following our comprehensive inspection 28 April 2016.

We inspected this practice against one of the five questions we ask about services; is the service effective. This is because the service was not meeting some of the legal requirements in relation to this question.

How we carried out this inspection

Before carrying out the desk based inspection, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive inspection had been addressed. To complete this desk top inspection we:

- Reviewed a comprehensive training log and risk assessments sent to us by the provider.
- Contacted the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 9.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 01/04/2016 to 31/03/2016 showed:

- Performance for diabetes related indicators were similar to the national average. For example, 90% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months (national average 88%).
- The practice had recognised in 2012 it was below average for some areas of dementia care and made improvements. Subsequently performance for dementia related indicators had been consistently better than the national average for several years. For example, 89 % of patients diagnosed with dementia had received a face-to-face review in the preceding 12 months (national average 88%).

There was evidence of quality improvement including clinical audit.

- There was range of audits in areas such as audiology, dermatology, record keeping for home visits, minor surgery and prescribing.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, the practice produced a new patient leaflet after the first stage of an audiology service audit. Findings were shared with staff members and the patient participation group (PPG) and the second stage of the audit was planned for April 2017.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Members of the nursing team had lead roles which was underpinned with extra training in areas such as asthma, diabetes and wound care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. At the previous inspection, records

Are services effective?

(for example, treatment is effective)

showed there were some gaps in mandatory training, for example, fire safety training had not been completed by all members of the team. Subsequently the provider demonstrated that all staff had completed mandatory training. This included fire safety and infection control level one for non-clinical staff and level two for other staff. Although three members of staff had not received training to carry out chaperoning duties, the practice assured us that the relevant course had been booked and appropriate risk assessments were carried out while staff were on a waiting list for the chaperoning course.

Coordinating patient care and Information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However, these meetings were not always formally minuted.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- An audiology service was available on the premises and smoking cessation advice was available from a local support group. The practice had access to health trainers to support patients.

The practice's uptake for the cervical screening programme was 84%, which was similar to the national average of 82%. There was a policy to telephone patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. For example, 60% of patients aged between 60 – 69 years had been screened for bowel cancer, which was above the CCG average of 57% and the national average of 55% and 81% of females aged 50 – 70 years had been screened for breast cancer, which was above the CCG average of 76% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were similar to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 99% (national average 82% to 94%) and five year olds from 89% to 99% (national average 80% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.