

The Chestnuts Surgery

Quality Report

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Date of inspection visit: 14 February 2017
Date of publication: 06/04/2017

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 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 The Chestnuts Surgery on 26 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for The Chestnuts Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 14 February 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 26 July 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 revised the system that managed and recorded actions taken as the result of receiving national patient safety alerts.
- The practice was able to demonstrate that risks to patients, staff and visitors were being assessed and well managed.

- The practice had revised clinical audit activity to help ensure it was driving quality improvement.
- The practice had made improvements to help ensure staff maintained accurate, complete and contemporaneous records in respect of each service user.
- The practice had introduced systems to help ensure results were received for all samples sent for the cervical screening programme as well as to help ensure women who were referred as a result of abnormal results were followed up.
- The practice had introduced a system that identified patients who were also carers. The practice had identified 28 patients on the practice list who were also carers.
- Governance arrangements had been revised to help ensure they were effectively implemented.
- The practice had introduced a system to help keep all governance documents up to date.

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

In addition the provider should:

Summary of findings

- Continue to identify patients who are also carers to help ensure eligible patients are offered relevant support.

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.

- The practice had revised the system that managed and recorded actions taken as the result of receiving national patient safety alerts.
- The practice had revised the way they assessed and managed risks to patients, staff and visitors. Records showed that risks from fire and legionella (a germ found in the environment which can contaminate water systems in buildings) were now being assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing responsive services.

- The practice had revised clinical audit activity to help ensure it was driving quality improvement.
- The practice had made improvements to help ensure staff maintained accurate, complete and contemporaneous records in respect of each service user.
- The practice had introduced systems to help ensure results were received for all samples sent for the cervical screening programme as well as to help ensure women who were referred as a result of abnormal results were followed up.

Good



Are services well-led?

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

- Governance arrangements had been revised to help ensure they were effectively implemented.
- The practice had introduced a system to help keep all governance documents up to date.
- The practice had revised clinical audit activity to help ensure it was driving quality improvement.
- The practice was able to demonstrate that risks to patients, staff and visitors were being assessed and well managed.

Good



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 the provision of safe, effective and well-led care identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for the provision of safe, effective and well-led care identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for the provision of safe, effective and well-led care identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. 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 the provision of safe, effective and well-led care identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. 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 the provision of safe, effective and well-led care identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for the provision of safe, effective and well-led care identified at our inspection on 26 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

The Chestnuts Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to The Chestnuts Surgery

The Chestnuts Surgery is situated in Sittingbourne, Kent and has a registered patient population of approximately 9,440. There are more patients registered between the ages of 55 and 85+ years than the national average.

The practice staff consists of four GP partners (three male and one female), one salaried GP (female), one practice manager, one deputy practice manager, three practice nurses, one healthcare assistant as well as administration and reception staff. There are reception and waiting areas on the ground floor. The practice also employs locum GPs via an agency. Patient areas on the ground floor are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from 70 East Street, Sittingbourne, Kent, ME10 4RU only.

The Chestnuts Surgery is open Monday to Friday between the hours of 8am to 12.30pm and 1.30pm to 6pm. Extended hours appointments are offered Monday to Friday 7am to

8am. Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Why we carried out this inspection

We undertook a comprehensive inspection of The Chestnuts Surgery on 26 July 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 July 2016 can be found by selecting the 'all reports' link for The Chestnuts Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Chestnuts Surgery on 14 February 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

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the comprehensive and focussed inspections had been addressed. During our visit we spoke with the practice manager, the deputy practice manager, one practice nurse and one GP partner as well as reviewed information, documents and records kept at the practice.

Detailed findings

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 26 July 2016, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate the action taken as a result of receiving national patients safety agency alerts.
- The practice's system that monitored and recorded the hepatitis B status of GPs and nurses had failed to identify the hepatitis B status of all clinical staff.
- Risks to patients were not always assessed and well managed.

These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

The practice had revised the system that identified notifiable safety incidents. One of the GP partners had been designated to lead on the management of national patients safety agency alerts. Staff told us that alerts received were recorded in a log and then passed to the designated lead GP partner. Records confirmed this and showed that action required and action taken as a result of the practice receiving alerts were now being recorded.

Overview of safety systems and process

The practice's system that monitored and recorded the hepatitis B status of GPs and nurses had been revised. We saw that this system now identified the hepatitis B status of all clinical staff working at the practice.

Monitoring risks to patients

The practice had revised the way they assessed and managed risks to patients, staff and visitors.

- A fire risk assessment had been carried out in October 2016. The practice had developed and was in the process of implementing an action plan to address identified issues. For example, nominated fire wardens had received appropriate training and weekly testing of the fire alarm system was now taking place. Records showed that fire drills were being carried out.
- The practice had introduced a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). A legionella risk assessment had been carried out and the practice had developed an action plan to address identified issues. Results of water samples sent for legionella testing showed that legionella was not present. Records showed that the practice had ordered a special thermometer kit in order to be able to monitor and record the water temperature from hot and cold outlets.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 26 July 2016, we rated the practice as requires improvement for providing effective services.

- There was limited evidence of clinical audits driving quality improvement.
- Accurate, complete and contemporaneous records in relation to each service user were not always maintained.

These arrangements had significantly improved when we undertook a follow up inspection on 14 February 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice had revised clinical audit activity to help ensure it was driving quality improvement.

- A clinical audit of women of child bearing age taking a certain medicine had been carried out since our last inspection. The practice had analysed the results and produced an action plan to address its findings. Records showed this audit was due to be repeated to complete the cycle of clinical audit.
- Staff told us that the second clinical audit of the blood glucose management of diabetic patients was currently in progress and due to be completed at the end of March 2017. Records confirmed this and demonstrated that this action would complete a cycle of clinical audit.

- Records showed that the practice would be carrying out other clinical audits in order to drive quality improvements. For example, an antibiotic prescription audit and an audit of joint injections carried out at the practice.

Coordinating patient care and information sharing

The practice had made improvements to help ensure staff maintained accurate, complete and contemporaneous records in respect of each service user. We saw records that confirmed this. For example, staff told us of safeguarding concerns they had raised with their local safeguarding team since our last inspection. The concerns related to a child who was registered at the practice. We looked at records for the child and parent and saw that there were entries relating to these concerns that included;

- Details of the concerns.
- The reporting of the concerns to the local safeguarding team.
- Details of all subsequent communications with the local safeguarding team.

We also saw that the practice's computer system alerted staff to the fact that the child was listed on the child protection register.

Supporting patients to live healthier lives

Staff told us that the practice had introduced a system to help ensure results were received for all samples sent for the cervical screening programme as well as a system to help ensure the practice followed up women who were referred as a result of abnormal results. We saw records that confirmed this.

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 26 July 2016, we rated the practice as requires improvement for providing well-led services as governance arrangements were not always effectively implemented.

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 14 February 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had revised governance arrangements to help ensure they were effectively implemented.

- The practice had introduced a system to help keep all governance documents up to date. We looked at six policies that were either overdue for review or did not contain a review date at the time of our last inspection. These were all now up to date and contained review dates.
- The practice had revised clinical audit activity to help ensure it was driving quality improvement.
- The practice had revised the way it assessed and managed risks to patients, staff and visitors. They were able to demonstrate that risks from fire and legionella were now being assessed and well managed.