

# The Sandhurst Group Practice

## Quality Report

72 Yorktown Road  
Sandhurst  
Berkshire  
GU47 9BT

Tel: 01252 877322  
Website: [www.sandhurstgp.co.uk](http://www.sandhurstgp.co.uk)

Date of inspection visit: 2 July 2015  
Date of publication: 20/08/2015

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	7
Background to The Sandhurst Group Practice	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection of the Sandhurst Group Practice, 72 Yorktown Road, Sandhurst, Berkshire, GU47 0BT on 2 July 2015. We carried out this inspection to check that the practice was meeting regulations. Our previous inspection in October 2014 had found breaches of regulations relating to safe and effective delivery of services. The ratings for the practice have been updated to reflect our findings.

We found the practice had made significant improvement since our last inspection on 2 October 2014 and they were meeting regulations that had previously been breached.

Specifically the practice was:

- Operating safe systems in relation to the recruitment of staff and there was evidence of a systematic approach to staff induction.
- Following processes to manage medicines safely and cleaning and infection control procedures had been improved to reduce risk of cross infection.
- Consistently applying current clinical guidelines and had undertaken a range of clinical audits to assess, monitor and improve patient care.

We have changed the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services.

**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 had made significant efforts to improve safety of services. Medicines were managed appropriately and stored safely. The practice was clean and tidy and systems were in place to reduce the risk of cross infection

Good



### Are services effective?

The practice had improved in effective delivery of services. Guidelines for GPs and nurses were available in one location. The number of audits to assess, monitor and improve patient care had been increased. Staff induction records were available and were seen to be comprehensive.

Good



### Are services well-led?

The practice had introduced improved systems to assess, monitor and manage risks to the health and safety of patients and others.

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 practice is rated as good for the care of older patients because they had addressed previous breaches of regulations relating to safe and effective delivery of care and treatment. The practice was meeting regulations. 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 the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of patients with long-term conditions because they had addressed previous breaches of regulations relating to safe and effective delivery of care and treatment. The practice was meeting regulations. Nursing staff 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.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people because they had addressed previous breaches of regulations relating to safe and effective delivery of care and treatment. The practice was meeting regulations. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked with midwives, health visitors and school nurses.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care working age patients and those recently retired because they had addressed previous breaches of regulations relating to safe and effective delivery of care and treatment. The practice was meeting regulations. The needs of

Good



# Summary of findings

the working age population, those recently retired and students had been identified. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable because they had addressed previous breaches of regulations relating to safe and effective delivery of care and treatment. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had been trained in how to recognise signs of abuse in vulnerable adults and children. Health promotion activities and translation services had been improved and enhanced for members of the Nepalese community registered with the practice. The practice was meeting regulations.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia). They had addressed previous breaches of regulations relating to safe and effective delivery of care and treatment. The practice was meeting regulations. The practice supported their patient focus group with an education event which included spotting the early signs of dementia. A visiting talking therapy service was available which offered both individual and group support. Patients with long term mental health problems had individual care plans and a specialist mental health worker was invited to attend the practice multi professional meetings.

Good



## Summary of findings

# The Sandhurst Group Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection was undertaken by a CQC Lead Inspector.

## Background to The Sandhurst Group Practice

The Sandhurst Group Practice delivers GP services to the population of Sandhurst and Owlsmoor and approximately 20,000 patients are registered with the practice. Services are delivered from two purpose built practices one in Sandhurst and one in Owlsmoor.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 12pm and 2pm to 6pm. Extended hours surgeries are offered on a Thursday evening between 6.30pm and 7.30pm and every Saturday morning between 8.30am and 11am. The Saturday morning service alternates between the two practice locations but appointments are available to all registered patients.

The practice has opted out of providing out-of-hours services to their own patients and refers them to The Frimley Primary Care Service via the 111 service.

## Why we carried out this inspection

We carried out an inspection on 2 October 2014 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We carried out this inspection on 2 July 2015 to follow up and assess whether the necessary changes had been made.

We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection.

## How we carried out this inspection

We visited the practice on 2 July 2015 and we had advised the practice in advance of our visit.

During the visit we spoke with the Practice Manager, the lead GP, the Senior Practice Nurse and a member of staff. We looked at the cleaning standards and processes in place to reduce the risk of infection, we checked how medicines were kept and reviewed records relevant to the management of the practice.

# Are services safe?

## Our findings

### Reliable safety systems and processes including safeguarding

When we inspected the practice on 2 October 2014 we found that some staff who carried out chaperone duties had not been trained in the role. They had also not undertaken criminal records 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 vulnerable).

During the inspection in July 2015 the practice had implemented a policy of only permitting nursing staff and health care assistants to act as chaperones. We also noted that this policy was being followed. We found all practice nurses and health care assistants who undertook chaperone duties had received relevant training in the role and all had completed DBS disclosures.

### Medicines management

During our previous inspection we found that medicines were not always managed safely because medicine fridges were not locked and out of date medicines were found in one fridge. The out of date medicines could have been administered to patients. Medicines could also have been taken without the practice realising. The practice did not operate a consistent process for dealing with medicine alerts.

During the inspection in July 2015 we noted the practice had a system in place to record the distribution of medicine alerts. The minutes of meetings showed us that actions to follow up such alerts were discussed by the GPs. The action taken was also recorded.

We checked the two fridges where medicines were stored and found both were locked when staff were not accessing medicines. We saw that the temperature of medicine fridges was monitored and the records showed them to be operating at appropriate temperatures. We looked at 13 medicines held in the fridges and all were in date.

We saw the practice had introduced a system to record all prescription pads received and logged the prescription pads out to GPs and nurses when they were needed. The system was appropriate to enable the security and tracking of prescriptions through the practice.

### Cleanliness and infection control

At the last inspection we found the practice was not operating effective systems to reduce the risk of cross infection and appropriate cleaning standards were not always being achieved. There was dust in treatment rooms and hazardous waste was not dealt with safely. Staff receiving specimens did not have access to disposable gloves to enable them to follow the practice policy for safe receipt of specimens.

In July 2015, the practice was able to provide evidence of a control of infection policy, which had been updated. The records of meetings showed us staff had been briefed in control of infection measures. The practice had completed and showed us a range of infection control audits that identified actions required to further reduce risk of infection. We noted that actions identified were being followed up. For example; the practice nurses recorded the frequency of cleaning and sterilising equipment in treatment rooms. The results of the audits showed the practice had addressed the issues of general cleanliness found at the last inspection. We found sharps boxes were used appropriately and hazardous waste awaiting collection was stored safely. The practice should summarise control of infection audits on an annual basis and make a control of infection statement.

We saw that cleaning specifications were in place and monitoring was conducted. We checked the treatment rooms and a sample of three GP consulting rooms. All were clean and tidy. The previous inspection identified that upholstered chairs were not subject to deep cleaning and some had tears in the fabric. We found chairs had been cleaned and a six monthly deep cleaning programme was in place. The upholstery on previously damaged chairs had been replaced.

There was a supply of disposable gloves which reception staff wore when receiving specimens from patients.

There was a legionella (a particular bacteria which can contaminate water systems in buildings) risk assessment in place that showed the practice to be of low risk because neither cold nor hot water was stored on site.

### Equipment

During our previous inspection in October 2014 the practice had not completed electrical safety tests on equipment in use.



## Are services safe?

The practice had completed these tests in April 2015. We checked a sample of six appliances and all had stickers confirming the test had been completed and each appliance was safe for use.

### Staffing and recruitment

At the last inspection in October 2014 we had concerns that patients were not supported or cared for by staff who had been suitably recruited. This was because appropriate checks were not always completed before new staff members had commenced employment.

We reviewed the personnel records of three members of staff who had commenced working at the practice since our last inspection. The three records confirmed all pre-employment checks required by legislation had been completed. For example, proof of identity and references were held on file. We saw the practice recorded GPs qualifications, professional registration and DBS disclosure.

We also reviewed the files of the 11 staff who undertook chaperone duties. We found all had received DBS checks that allowed them to undertake their roles and provide chaperone services to patients.

There were also records of GPs and nursing staff having received their course of immunisations for Hepatitis B (A type of virus that can infect the liver. This virus can be contracted by health care personnel and others as a result of a needle stick injury if they have not been immunised against the virus).

### Arrangements to deal with emergencies and major incidents

At the last inspection in October 2014 we found the practice had not taken action to repair emergency lighting and fire drills had not been undertaken in accordance with the practice fire risk assessment.

In July 2015 all emergency lighting, fire-fighting equipment and the fire alarm system had been serviced. We reviewed two records of fire drills that had been undertaken. The practice recorded the time taken to evacuate the premises and any lessons learnt from the evacuation drill. For example, the practice ensured a fire warden secured the outer door once all patients, visitors and staff had evacuated to reduce the risk of anyone re-entering the building unnoticed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

At the last inspection in October 2014 we found GPs operating an inconsistent approach to access best practice guidelines. We could not be sure that all were accessing the most up to date guidance to support patient care.

At our inspection in July 2015 the lead GP showed us the computerised folder system that contained both NICE (The National Institute for Health and Clinical Excellence who are responsible for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment) and local care and treatment guidelines. We observed, using a test patient record, how the computerised patient record system gave GPs and nurses easy access to the guidelines when a diagnosis was made.

New guidelines and updates were received by the lead GP and minutes of meetings showed us these were discussed along with the actions arising from them. GPs and nurses had the opportunity to learn about new or updated guidance before it was added to the directory of best practice. A similar system was used to receive and update treatment protocols for long term medical conditions. For

example, if an additional test or stage in the treatment plan for patients with diabetes was required this would be discussed first before it was added to the treatment plan on the patient record system.

### Effective staffing

When we visited the practice in October 2014 we were unable to access a selection of staff training records and documentation confirming induction training for new members of staff had taken place.

In July 2015 we reviewed four staff training files and found all contained records of training staff had undertaken in the last two years. The records confirmed that staff had completed essential training. For example, basic life support and maintaining confidentiality. Certificates of training were held in the files. We also found records confirming safeguarding training had been undertaken by all staff. The member of staff we spoke with told us they had access to training to support them undertaking their duties and that the practice was supportive in providing training opportunities.

We were shown two records of induction for new staff. These covered the range of tasks and procedures staff were required to learn and understand before they were regarded as competent to discharge all their duties. The records detailed when staff achieved each task and were signed off by the member of staff and their line manager.

# 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

During our previous inspection we found the practice was not effectively operating systems to identify, assess and monitor the quality and safety of services delivered.

During the July inspection we identified that the practice had made significant improvements in identifying and managing risk. Control of infection audits had been completed. Staff recruitment procedures and employment checks were undertaken and met the requirements of legislation. Medicines were managed and stored safely.

The GPs had enhanced and expanded their programme of clinical auditing. There was evidence of an increase in focus on and systematic review of care and treatment. There was evidence of actions taken to further improve the care and treatment patients received. We saw five further audits which we did not receive at the previous inspection. One of these was a completed audit where the audit had been repeated to assess the impact of action taken from the first audit findings. The first audit identified 52 patients who were prescribed a medicine used to treat reflux (reflux occurs when acid flows back from the stomach). National guidance indicated the medicine was not always effective for this condition. The GPs contacted all patients taking this

medicine and where appropriate stopped the medicine and agreed alternative treatment. The audit was repeated three months later when 11 patients were found to be taking the medicine. The audit report showed that there were relevant clinical reasons for the patient to continue with the medicine and it confirmed the reasons had been documented in the patient's records.

### Practice seeks and acts on feedback from its patients, the public and staff

When we visited the practice in October 2014 we found the practice was not operating effective communication systems for the growing number of Nepalese patients registered. The practice was located close to a military training establishment for the Ghurkha regiment. This resulted in a larger number of registered patients from the Nepalese community.

During the July 2015 visit we found the practice patient participation group had made contact with members of the Nepalese community and had held an open evening on the topic of healthy eating to which members of this community had been invited. The practice had obtained some pictorial health promotion information to assist in their communications with Nepalese patients. There was written evidence of building links with influential members of the local Nepalese community.