

Avisford Medical Group

Quality Report

Yew Tree Surgery
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Yapton
West Sussex
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Website: www.avisford.co.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 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 at Avisford Medical Group on 30 March 2016. At this inspection the overall rating for the practice was Good. The domains of Effective, Caring, Responsive and Well Led were rated as Good. The Safe domain was rated as Requires Improvement. The full comprehensive report for the inspection undertaken on the 30 March 2016 can be found by selecting the 'all reports' link for Avisford Medical Group on our website at www.cqc.org.uk.

This inspection was an announced focused follow up inspection carried out on 30 August 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 in March 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.

At the inspection in March 2016 we found there were areas of practice where the provider needed to make improvements. We said the provider must:

- Conduct regular checks to ensure equipment is safe to use and clinical equipment is working properly.
- Carry out regular fire evacuation drills.

At the inspection in March 2016 we said the provider should:

- Ensure the practice induction checklist is completed and held on file for all new employees.
- Introduce a central record of recruitment checks for staff.

At our latest inspection on 30 August 2017 we found that significant improvements had been made:

- The provider had introduced a new protocol which ensured that regular equipment checks had been made. Portable appliance testing had been carried out. All equipment including clinical equipment had been checked by nurses on a daily basis and by a professional contractor on an annual basis or more regularly if required.
- Three fire evacuation drills had been completed in the last 12 months. The provider had introduced a system of fire evacuation drills every six months.

Summary of findings

- The practice had introduced a new induction procedure which ensured that appropriate training, support and checks were completed for all new members of staff and monitored by their line manager.
- The provider had introduced a central record of recruitment checks for staff. This ensured that the necessary documents were obtained and checks were completed for all new members of staff.

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?

At our previous inspection in March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of equipment checks, fire drills, and staff recruitment and induction required improvement.

Following the inspection in March 2016, the provider sent us an action plan informing us how they intended to address these issues.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing safe services.

At this inspection on 30 August 2017 we found that:

- The provider had introduced a new protocol which ensured that regular equipment checks had been made. Portable appliance testing had been carried out. All equipment including clinical equipment had been checked.
- Three fire evacuation drills had been completed in the last 12 months. The provider had introduced a system of fire evacuation drills every six months.
- The practice had reviewed its induction procedure which ensured that appropriate training, support and checks had been undertaken for all new members of staff and signed off by their line manager.

The provider had introduced a central record of recruitment checks for staff. This ensured that the necessary documents were obtained and checks were completed for all new members of staff.

Good



Avisford Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

This focused follow up inspection was carried out by a CQC inspector.

Background to Avisford Medical Group

The practice provides services for approximately 10,600 patients living within the villages of Yapton, Middleton and surrounding areas in this part of West Sussex. The practice holds a general medical services (GMS) contract with NHS England for the provision of primary care services. General medical services (GMS) agreements are locally agreed contracts between NHS England and a GP practice.

The practice has a relatively large number of people aged 65 and older compared to the national average. Deprivation amongst children and older people is very low when compared to the population nationally. The practice has slightly more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

As well as a team of two GP partners, the practice has four salaried GPs and three long term locum GPs (six male and three female). The practice also employs three nurse practitioners, three practice nurses and three health care assistants as well as a paramedic practitioner. A practice manager is employed and there is a team of receptionists and administrative clerks.

The practice is a training practice for GP trainees and foundation level two doctors. The practice comprises two

locations; Yapton Surgery and Middleton Medical Centre. The practice is open at both Yapton Surgery and Middleton Medical Centre between 8am and 6.30pm on between Mondays and Fridays. Appointments are available on these days from 8.30am to 12pm and from 2.30pm to 6pm on weekdays.

Extended hours appointments are available to accommodate people who may not be able to attend during normal hours at Middleton Medical Centre on Tuesdays and Wednesdays from 7.30am to 8.30am and at Yew Tree Surgery on Thursdays from 6pm to 8.30pm. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person. Patients are provided with information on how to access the duty GP or the out of hours service by calling the practice or by referring to its website.

Avisford Medical Group incorporates two sites:

Yew Tree Surgery (Yapton Surgery)

North End Road

Yapton

West Sussex

BN18 0DU

and

Middleton Medical Centre

Elmer Road

Middleton-On-Sea

West Sussex

PO22 7SR

Detailed findings

During this focused follow up inspection we visited Yew Tree Surgery (Yapton Surgery). We did not visit Middleton Medical Centre.

Why we carried out this inspection

We undertook a comprehensive inspection of Avisford Medical Group on 30 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At this time the practice was rated as requires improvement. The full comprehensive report following the inspection on 30 March 2016 can be found by selecting the 'all reports' link for Avisford Medical Group on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Avisford Medical Group on 30 August 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

During our visit we:

- Spoke with the practice management team and administration staff.
- Reviewed systems, processes and policies.
- Reviewed four staff files.
- Looked at equipment checking logs, fire evacuation drill logs, induction checklists and the new central record for staff recruitment checks.

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 in March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of equipment checks, fire drills, and staff recruitment and induction were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 30 August 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the inspection in March 2016 we noted that although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice had not undertaken appropriate recruitment checks for all staff who acted as chaperones. However, these staff were never left alone with patients and the practice told us they had plans to undertake the relevant checks and review their chaperone policy.

At this inspection on 30 August 2017 we found that:

- The practice had reviewed their chaperone policy since our previous inspection. All staff responsible for chaperone duties had received appropriate disclosure barring service (DBS) checks.

At the inspection in March 2016 we noted that one member of staff did not have an induction checklist on file to show that the induction had been completed and what training topics had been covered.

At this inspection on 30 August 2017 we found that:

- The practice had reviewed its induction system since our previous inspection and introduced a new procedure which ensured that appropriate training, support and training tasks were recorded and signed off as being completed by the new member of staff and monitored by their line manager.

At the inspection in March 2016 we noted the practice had an up to date fire evacuation policy and conducted weekly fire alarm testing. However, they did not carry out regular fire drills.

At this inspection on 30 August 2017 we found that:

- Three fire evacuation drills had been held in the last 12 months. The provider had introduced a system of fire evacuation drills to be undertaken every six months.

At the inspection in March 2016 we found that regular checks to ensure equipment is safe to use and clinical equipment is working properly had not been performed.

At this inspection on 30 August 2017 we found that:

- The provider had introduced a new protocol which ensured that regular equipment checks had been made. Portable appliance testing had been carried out by an external contractor in May 2017 with a future planned date of May 2018. All equipment including clinical equipment had been checked. All of these checks had been recorded in writing.

At the inspection in March 2016 we noted that the practice should introduce a central record of recruitment checks for staff.

At the inspection in August 2017 we found that:

- The provider had introduced a central record of recruitment checks for staff. This ensured that the necessary documents were obtained and checks were completed for all new members of staff.

Following the inspection in March 2016, the provider confirmed that the recruitment policy would be reviewed and a new procedure to obtain references during the recruitment process would be introduced.

- The staff handbook and welcome pack had been refreshed and reviewed with up to date relevant information. This included a task checklist for completion, job description, contract of employment, training information, induction documentation, information on emergency procedures and contact numbers for the team and local safeguarding teams.

We looked at four staff files of new employees and found recruitment checks had been undertaken prior to employment. For example, evidence of conduct in previous employment, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service (DBS) or an appropriate risk assessment.