

Dr CR Dewing and Partners

Quality Report

The Surgery
Wish Valley
Hawkhurst
Kent

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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



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 Dr CR Dewing and Partners on 19 October 2016. The overall rating for the practice was requires improvement. The practice was rated as requires improvement for providing safe and well-led services and rated as good for providing effective, caring and responsive services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Dr CR Dewing and Partners on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 June 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 19 October 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 improved its systems and processes in order to ensure that, risks were assessed and implemented well enough to ensure

patients, staff and visitors were kept safe. Action had been taken to address the areas of concern identified in the infection control audit, as well as actions required from risk assessments relating to fire safety and legionella checks.

- Routine checks for the storage and expiry dates of medicines were suitably risk assessed, recorded and appropriately maintained. Repeat prescription medicines were dispensed in a safe manner.
- Recruitment arrangements had been improved in order to ensure they included all necessary pre-employment checks for all staff.
- Staff had received up to date training in safeguarding children.
- The structure of governance meetings had been enhanced to include all departments and staff within the practice, in order to further drive improvement.

The practice had also taken appropriate action to address areas where they should make improvements:

- The practice had developed the system that identified patients who are also carers to help ensure that all patients on the practice list are offered relevant support if required.

Summary of findings

- The system for responding to complaints had improved, in order to ensure it included acknowledgement of receipt of complaints and provides clarity to complainants as to contacting the ombudsmen.

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



- Since our inspection in 2016 the practice had improved its systems and processes in order to ensure that, risks to were assessed and implemented well enough to ensure patients, staff and visitors were kept safe. Action had been taken to address the areas of concern identified in the infection control audit, as well as actions required from risk assessments relating to fire safety and legionella checks.
- Routine checks for the storage and expiry dates of medicines were suitably risk assessed, recorded and appropriately maintained. Repeat prescription medicines were dispensed in a safe manner.
- Recruitment arrangements had been improved in order to ensure they included all necessary pre- employment checks for all staff.
- Staff had received up to date training in safeguarding children.

Are services well-led?

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

Good



- Since our inspection in 2016 the practice had improved the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had taken action to address issues in relation to fire safety, legionella and the need for safeguarding children training for administrative staff.
- The practice had improved the structure of governance meetings, to include all departments and staff within the practice, in order to further drive improvement.

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 safe and well-led identified at our inspection on 19 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older people reflected current evidence-based practice.
- Older people had comprehensive care plans where necessary.
- The leadership of the practice had a good understanding of the needs of older people, there was good engagement with this patient group and they were continually looking at ways to improve the service for them.
- Contingency planning had been implemented, to take into account the imminent increase in list size, with the opening of a 90 bed care home in the village of Hawkhurst next year.

Good



People with long term conditions

The provider had resolved the concerns for safe and well-led identified at our inspection on 19 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the local and national average. For example, 78% of patients with diabetes, on the register, in whom the last IFCHbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 80% and national average 78%).
- 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.

Good



Summary of findings

- 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.

Patients with long-term conditions had comprehensive care plans where necessary.

Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There were systems 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. Immunisation rates were relatively high for all standard childhood 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 practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 84% 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, health visitors and school nurses.
- The practice provided patients aged 24 and under with access to free condoms, under the Kent C - Card scheme and chlamydia screening for those under 25.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice offered a 'Commuter's Clinic' on Monday or Tuesday evenings from 6.30pm to 9pm for working patients who could not attend during normal opening hours.
- Telephone consultations were also available.

People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Administrative staff had now received Level 1 training in safeguarding children.
- The practice had developed the system that identified patients who are also carers to help ensure that all patients on the practice list were offered relevant support if required. The practice had introduced a carer's protocol, carer's notice board, poster and added information about identifying carers on their website and in the new Patient Participation Group (PPG) newsletter which was distributed to local shops.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 19 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Performance for mental health related indicators were comparable or above the local and national averages. For example, 81% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average. The

Good



Summary of findings

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, which was higher than the national average.

- 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 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.

Dr CR Dewing and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dr CR Dewing and Partners

Dr CR Dewing and Partners (also known as Wish Valley Surgery) is a GP practice based in rural Hawkhurst, Kent with a catchment area of approximately 4,615 patients.

The practice is similar across the board to the national averages for each population group. For example, 18% of patients are aged 0 -14 years of age compared to the CCG national average of 17%. Scores were similar for patients aged under 18 years of age and those aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent and has an almost exclusively white British population.

The practice holds a General Medical Service contract and consists of four partner GPs (three male and one female). The GPs are supported by two part-time GPs (both female), a practice manager, three practice nurses (female), two healthcare assistants (female), two dispensers, a dispensing assistant and an administrative team. A wide range of services and clinics are offered by the practice including minor surgery, asthma and diabetes.

The practice is arranged over three storeys, with all the patient accessible areas being located on the ground and basement floors. The practice is accessible to patients with mobility issues, as well as parents with children and babies.

Dr CR Dewing and Partners is open 8am to 6.30pm Monday to Friday. Extended hours are available on Monday or Tuesday evenings from 6.30pm to 9pm.

The practice is able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. This service is delivered by a dispensary team of two dispensers and a dispensing assistant.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from:

- Dr CR Dewing and Partners, The Surgery, Wish Valley, Hawkhurst, Kent, TN18 4NB

Why we carried out this inspection

We undertook a comprehensive inspection of Dr CR Dewing and Partners on 19 October 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 overall (rated as requires improvement for providing safe and well-led service and good for providing effective, caring and responsive services). The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr CR Dewing and Partners on 7 June 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.

Detailed findings

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 inspection had been addressed. During our visit we spoke with the practice manager and two dispensary staff as well as, reviewed information, documents and records kept at the practice.

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 19 October 2016, we rated the practice as requires improvement for providing safe services.

- Although risks to patients were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- The practice systems, processes and practices kept patients safeguarded from abuse. However, although a training need for administrative staff to receive safeguarding children had been identified, dates to complete this training had not been established.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- The practice had ensured that administrative staff had received training in Level 1 safeguarding children. Records and training certificates reviewed confirmed this.
- Systems and processes had been improved in order to ensure that fabric chairs in the practice had been replaced by wipe-able ones as part of the on going infection prevention and control processes. Cleaning schedules demonstrated that they were cleaned on a weekly basis or more frequently if required.
- We saw records that demonstrated that risks associated with fire safety and the control of legionella had been

conducted. Action plans and routine checks had also been implemented, where required, and had been completed. We saw records to confirm that monthly temperature testing of water had been undertaken. A fire safety drill had been completed in February 2017 with a further staff training day scheduled for August 2017. We saw that new and extra emergency lighting had also been installed and was checked on a weekly basis.

- Medicine management issues identified at our previous inspection had been addressed. We saw records that demonstrated that repeat medicines were now checked by two dispensing staff and the GP before being handed to patients. We saw a notice in reception informing patients that repeat medicines could not be dispensed without the signature of a GP. Stock records and audit checks kept of the medicines held in the dispensary had been improved, in order to ensure they clear. We found expiry dates of medicines were now checked regularly and there were no items of stock medicines that had expired within the practice. Dispensing errors and 'near misses' (dispensing errors that are identified before the medicines leave the dispensary) were now being routinely recorded. We saw from the controlled drug register that medicines of this nature were recorded in the register as having been dispensed and issued to the patient. There was evidence that balance checks were now being carried out on a regular two monthly basis.
- Since our previous inspection in October 2016 the practice had employed two new members of staff. Records showed that recruitment checks of newly appointed staff had been completed appropriately.

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 19 October 2016, we rated the practice as requires improvement for providing effective services.

- Governance meetings were held between the practice management team but these required extending to all departments and the wider staff team.
- There was an overarching governance framework which generally supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, with the exception of those relating to recruitment checks of newly appointed staff, medicines management and fire safety and legionella checks.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been improved, in order to ensure that action had been taken in relation to fire safety, legionella and the need for safeguarding children training for staff had been addressed.
- Governance meetings held between the practice management team had now been extended to all departments and the wider staff team. Records viewed and staff we spoke with confirmed this. We saw minutes of bi-monthly meetings held with dispensary staff, the administration team, practice nurses and phlebotomists. These minutes were distributed to all of the practice staff so there was a three way communication between the groups. Minutes of these staff meetings confirmed that any salient points relating to the GPs or the practice were emailed to all of the GPs.