

Langley House Surgery

Quality Report

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Chichester

West Sussex

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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 of this practice on 20 January 2016. Breaches of Regulatory requirements were found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the regulatory responsibilities in relation to the following:

- To ensure that Controlled Drugs awaiting destruction are destroyed in a timely manner.
- To ensure that medicines management systems are reviewed to protect patients against the risk of unsafe care and treatment particularly in regard to repeat prescriptions and blank prescription pad management.

We found the practice had made improvements since our last inspection on 20 January 2016. At our inspection on 21 October 2016, we found the practice was meeting the regulations that had previously been breached.

The practice had reviewed and implemented changes to their generation of repeat prescriptions, timely destruction of out of date controlled drugs and the tracking of handwritten prescription forms.

We have amended 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.

This report only covers our findings in relation to those requirements mentioned above. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Langley House Surgery on our website at www.cqc.org.uk.

This report should be read in conjunction with the last report published in March 2016

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 made significant efforts to improve safety of services. In October 2016, we saw they had addressed the issues surrounding the use of medicines that we judged a breach of regulation at our inspection on 20 January 2016. Records we reviewed and processes we observed confirmed this.
- The practice had reviewed and implemented changes to their monitoring of repeat prescriptions to ensure prescriptions were reviewed in a timely manner. Out of date controlled drugs were no longer allowed to accumulate and a schedule of destruction dates had been agreed. Handwritten prescription forms were now tracked in line with best practice guidance.

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 was rated as good for the care of older people on 20 January 2016. This rating remains unchanged.

- 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.
- Regular monthly multi-disciplinary meetings were held at the surgery with the practices Proactive Care Team colleagues (community nurses, physiotherapist, occupational therapist, social workers and pharmacist) to discuss the needs of patients. The proactive care team worked with patients with long term conditions and their carers to actively promote health and wellbeing in the community.
- All patients had an annual medicines review to ensure their treatment was optimised
- The practice offered continuity of care with a named GP.
- Patients were encouraged to have their flu vaccine to reduce the risk of related illnesses

Good



People with long term conditions

The practice was rated as good for the care of people with long-term conditions on 20 January 2016. This rating remains unchanged.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was proactive in identifying any patients who were carers and ensured they were signposted to other agencies for support.
- Data showed that the percentage of patients on the diabetes register, with a record of a foot examination and assessment of risk for 2014/15 was 95%, which was higher than the national average of 88%.
- Longer appointments and home visits were available when needed.
- All of the patients with long term conditions had a named GP and an annual review to check their health and medicines

Good



Summary of findings

needs were being met. 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.

- The practice had developed several in-house templates which they had incorporated within the patient electronic record system. This provided prompts about the checks that a patient might require. The templates had been shared with neighbouring practices to assist in better patient care.

Families, children and young people

The practice was rated as good for the care of families, children and young people on 20 January 2016. This rating remains unchanged.

- There were systems in place 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.
- Data showed that for 2014/15, 82% of patients with asthma had an asthma review in the preceding 12 months was better than the national average of 75%.
- 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.
- Data showed that for 2014/15 76% of women aged 25-64 had received a cervical screening test in the preceding five years compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Information for young people was prominent and accessible at the front door to avoid them having to come into the waiting room.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff
- Urgent appointments were available each day for children and young patients to be seen.
- The practice GPs undertook regular six week checks for new born babies as well as regular immunisation clinics with their nurses – reception staff actively contacted the new mothers to arrange these appointments as soon as notification of a birth from the hospital is received. Parents of children who did not attend after three invitations receive a phone call from the allocated GP.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice was rated as good for the care of working-age people (including those recently retired and students) on 20 January 2016. This rating remains unchanged.

- 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 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.
- Extended hours were available for working patients. Early morning appointments were available from 7 am to 8 am and late evening appointments after 6.30 pm on a Tuesday.
- The practice offers telephone advice for working patients who don't always need a face to face appointment.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect them from a pharmacy of their choice, which could be closer to their place of work if requested.

People whose circumstances may make them vulnerable

Good



The practice was rated as good for the care of people whose circumstances may make them vulnerable on 20 January 2016. This rating remains unchanged.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice used language line as a telephone interpreting service for where English was not their first language and a member of staff was able to use sign language for patients with hearing difficulties. There was also a hearing loop available for use within the practice.
- The practice had written care plans for their most vulnerable patients – they had targeted the 2% most vulnerable patients as advised by NHS England.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The practice was rated as good for the care of people experiencing poor mental health (including people with dementia) on 20 January 2016. This rating remains unchanged.

- Data showed that 82% of patients diagnosed with dementia had a face to face meeting in the last 12 months to review their care, which is comparable with the national average of 84%.
- Data showed that 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed comprehensive care plan in comparison to the national average of 89%.
- 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 in place 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.

Good



Langley House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Pharmacy specialist.

Background to Langley House Surgery

Langley House Surgery offers personal medical services to the population of Chichester from a grade 2 listed building. The practice is part of the NHS Coastal West Sussex clinical commissioning group (CCG). There are approximately 11,700 registered patients. The practice population shows a lower number of patients aged 0-24 years of age than the national and local CCG average. The population also has a higher number of patients aged 65-85+ years of age than the national and local CCG average.

There are a lower than average number of patients with a long standing health condition. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the averages for England and local CCG area.

Langley House Surgery is run by three male partner GPs. The practice is also supported by six salaried GPs, five female and one male, three practice nurses, two healthcare assistant, a team of administrative staff, an assistant practice manager and a practice manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from two locations: The main practice site is:

Langley House Surgery

22 West Street, Chichester, West Sussex, PO19 1RW

There is a branch surgery located at:

Unit 4, Broadbridge Business Centre, Bosham, Chichester, PO18 8NF. The branch surgery was not inspected during this inspection.

Opening hours are Monday to Friday 8am to 6.30pm.

Extended hours appointments were available each weekday morning between 7am and 8am and late evening appointments after 6.30pm on Tuesday.

During the times when the practice was closed 6.30pm until 8am, the practice had arrangements for patients to access care from an Out of Hours provider.

Why we carried out this inspection

We undertook an announced focused inspection of Langley House Surgery on 21 October 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 20 January 2016 had been made. We inspected the practice against one of the five questions we ask about services: is the service safe? This is because the service had not been meeting some legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 October 2016. During our visit we:

- We reviewed the system in place to monitor the tracking and use of prescription forms throughout the practice.
- We reviewed the procedure in place for issuing repeat medicines.
- We reviewed their procedure for timely and safe disposal of controlled drugs.

Are services safe?

Our findings

Overview of safety systems and processes

At our last inspection in January 2016 we were concerned that the practice could not provide assurance that medicines were effectively managed; particularly in relation to repeat prescriptions, blank prescription pad management and controlled drugs.

We received an action plan from the provider informing us of the actions they had taken to meet regulations.

At the inspection on 21 October 2016, practice staff explained and demonstrated the actions they had taken following our inspection. Temperature monitoring records completed by staff indicated the dispensary room temperatures remained within the recommended

temperature range. The need for hand written prescriptions had been reviewed and records had been introduced to track the use of these. Prescriptions that were no longer required had been shredded.

Staff showed us how they had changed the processes within the practice for the management of controlled drugs (CD). The accumulated out of date CDs had been appropriately destroyed and further dates for CD destruction had been scheduled. Incomplete requisition forms for CDs were no longer pre signed.

Staff explained that if the review date had passed for a repeat prescription they were referred to a GP for review. We reviewed the repeat prescriptions requests waiting to be processed within the dispensary. Those that we checked were within their review date.