

Sellindge Surgery

Quality Report

The Surgery
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Sellindge
Ashford
Kent
TN25 6JX

Tel: 01303 812180

Website: www.sellindgesurgery.nhs.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



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 Sellindge Surgery on 20 December 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Sellindge Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 22 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 on 20 December 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 risk assessments and management activities that included all risks to patients, staff and visitors, for example, fire safety evacuations.
- The practice had ensured that medicines management procedures for vaccines complied with

Public Health England (PHE) guidance. There was an effective process for managing safety alerts including those from the Medicines and Healthcare products Regulatory Agency (MHRA).

- All prescriptions, including those for schedule 2 and 3 controlled drugs were signed prior to medicines being dispensed and transferred to patients.
- There were appropriate recruitment checks for all members of staff, including locum GPs.
- There was a comprehensive staff induction program that included nursing staff.
- Training had been reviewed to help ensure that all staff received appropriate support.
- We saw that internal audits such as infection prevention and control, health and safety and legionella were implemented effectively.

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

- Emergency medicines had been reviewed to help ensure appropriate medicines were available.
- The practice monitored patients receiving anticoagulation therapy from another service provider.

Summary of findings

- The practice had reviewed its management of the Quality and Outcomes Framework (QOF) data to help ensure information was effectively recorded.

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



- The practice had risk assessments and management activities that included all risks to patients, staff and visitors, for example, fire safety evacuations.
- The practice had ensured that medicines management procedures for vaccines complied with Public Health England (PHE) guidance. There was an effective process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- All prescriptions, including those for schedule 2 and 3 controlled drugs were signed prior to dispensing and transfer to patients.
- There were appropriate recruitment checks for all members of staff, including locum GPs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- There was a comprehensive staff induction programs that included nursing staff. Training had been reviewed to help ensure that all staff receive appropriate support.

Are services well-led?

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

Good



- The practice had reviewed the governance arrangements, particularly for medicines management, vaccines storage, staff recruitment and training and these were now effectively implemented.

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, effective and well-led care identified at our inspection on 20 December 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 safe, effective and well-led care identified at our inspection on 20 December 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 safe, effective and well-led care identified at our inspection on 20 December 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 safe, effective and well-led care identified at our inspection on 20 December 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 safe, effective and well-led care identified at our inspection on 20 December 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 safe, effective and well-led care identified at our inspection on 20 December 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Sellindge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team comprised two CQC inspectors.

Background to Sellindge Surgery

Sellindge Surgery delivers services from purpose built premises in the village of Sellindge, Kent. Patients are able to use the public car park next to the practice and patient areas are accessible to patients with mobility issues, as well as parents with children and babies. There are approximately 4,700 patients on the practice list. The demographics of the patient population is similar to local and national averages. However, the practice has slightly more older patients.

The practice holds a General Medical Service contract and consists of two GP partners (one male and one female) as well as three salaried GPs (one male and two female).

Together the GPs provide 29 sessions. There is one practice nurse (female) and one healthcare assistant (female).

Sellindge Surgery is a training practice meaning, alongside their clinical roles, the GPs are able to provide training and mentorship for trainee GPs. One of the GP partners has undergone further training to become a GP with a special interest in ear, nose and throat conditions.

Sellindge Surgery 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. There are currently approximately 4,600 patients registered to use this service. This service is delivered by a dispensary manager and four dispensers. The GPs, nurses and

dispensers are supported by a practice manager and a team of administration and reception staff. There is a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

The practice is open from 8am to 6.30pm Monday to Friday. Morning appointments are from 8.30am to 10.40am and afternoon appointments times vary. There are daily emergency clinics from 8.30am to 10.15am. An out of hour's service is provided by Primecare outside of the practice's opening hours. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from;

The Surgery,
Main Road,
Sellindge,
Ashford,
Kent,
TN25 6JX.

Why we carried out this inspection

We undertook a comprehensive inspection of Sellindge Surgery on 20 December 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 Month Year can be found by selecting the 'all reports' link for Sellindge Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of Sellindge Surgery Centre on 22 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

We carried out a focused inspection of Sellindge Surgery on 22 August 2017.

During our visit we:

- Spoke with a range of staff including the practice manager and dispensary and nursing staff
- We reviewed systems for managing prescriptions and dispensing medicines
- We reviewed emergency medicines
- We examined records such as training records, risk assessments. Quality and Outcomes Framework (QOF) data and records of fire evacuations

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 20 December 2017, we rated the practice as requires improvement for providing safe services because:

- risk assessments and management activities did not include all risks to patients, staff and visitors. For example, fire safety evacuations.
- The system for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) was not effective.
- Medicines management procedures for example the monitoring of fridge temperatures and the arrangements for signing prescriptions before dispensing medicines were not always effective. The emergency medicines held by the practice did not comply with the best practice guidance.
- Appropriate recruitment checks had not been carried out for all members of staff, including locum GPs.

These arrangements had significantly improved when we undertook a follow up inspection on 22 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

- We reviewed the system for managing medicines and safety alerts including those from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received by the practice manager and distributed to the relevant staff. There was system for ensuring that any identified actions were completed. We looked at a recent alert, for an epilepsy treatment medicine, and saw it had been correctly actioned by the practice.

Overview of safety systems and process

The practice maintained appropriate standards of cleanliness and hygiene.

- We saw that the premises were clean and tidy. There were cleaning schedules and systems to monitor their effectiveness.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were

undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example an audit identified that a curtain in a clinical needed to be changed and this was done.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. This included the dispensing of controlled drugs.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. We checked the controlled drugs register and found it correct. There were also arrangements for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The last fire evacuation had been carried out in March and the next was planned for September. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that there regular checks on health and safety which had identified and dealt with hazards, for example a trip hazard.

Are services safe?

Arrangements to deal with emergencies and major incidents

- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely. The emergency medicines held by the practice complied with best practice guidance.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 December 2016, we rated the practice as requires improvement for providing effective services because:

- Induction programs had not included all nursing staff and staff training required review to help ensure that all staff received appropriate support.

We identified areas where the practice should make improvements namely:

- Review the system for monitoring patients receiving anticoagulation therapy from another service provider.
- Review the system for managing Quality and Outcomes Framework (QOF) data to help ensure information is being effectively recorded.

These arrangements had significantly improved when we undertook a follow up inspection on 22 August 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

- The practice had reviewed the data from the Quality and Outcomes framework, it had identified some areas where the coding, used to identify diseases and the monitoring of patients' treatment needed improvement. The practice had undertaken the improvements. It was not possible for Commission to identify how effective the improvements had been as no new set of data had been published since the last inspection.
- The system for monitoring patients receiving anticoagulation therapy from another service provider was effective.

Effective staffing

- The practice had an induction programme for all newly appointed staff, including nursing staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We examined records and saw that the induction programme was followed and supported staff to understand their roles and responsibilities.

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 20 December 2016, we rated the practice as requires improvement for providing well-led services as not all governance arrangements were effectively implemented namely:

- taking action for all medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

- legionella testing
- appropriate recruitment checks had been undertaken for all locum GPs.

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 22 August 2017. The practice is now rated as good for being well-led.