

Stifford Clays Medical Practice

Quality Report

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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 Stifford Clays Medical Practice on 17 December 2015. The overall rating for the practice was requires improvement. The full comprehensive report for this inspection can be found by selecting the 'all reports' link for Stifford Clays Medical Practice on our website at www.cqc.org.uk.

We then carried out a desk-based focused inspection on 6 October 2016 to confirm that the practice were now meeting the legal requirements in relation to the breaches of regulations that we identified in our previous inspection on 17 December 2015. 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:

- There was an effective governance system in place to identify and mitigate the risks to patients and staff in relation to risk assessments, infection control and Disclosure and Barring Service (DBS) checks for chaperones.

- Learning from significant events and complaints was cascaded to relevant staff.
- The majority of staff had received appropriate training, supervision and appraisal. Six out of 23 staff did not have their basic life support training status recorded and the practice manager had not received an appraisal.
- Cleaning checklists were being completed by staff responsible for cleaning at the practice.
- There was an improved flow of communication amongst staff.
- Patient Group Directions were signed by the authorising manager.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure that the practice manager receives a regular appraisal.
- Improve the record keeping in relation to training to evidence that staff have received it.

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?

This practice is rated as good for providing safe services.

Good



- Outcomes and learning from significant events was shared, as appropriate, with staff via team meetings.
- The practice had implemented a Disclosure and Barring Service checks (DBS) policy in relation to staff acting as chaperones. Only clinical staff would perform this role as they already had a DBS check.
- There was an infection control policy in place and staff had received training. An audit had also been completed with actions identified and taken as a result.
- Patient Group Directives were signed by the authorising manager.

Are services well-led?

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

Good



- The provider ensured that staff were kept up to date with relevant changes through staff meetings.
- The overarching governance framework had been reviewed and strengthened following our previous inspection in December 2015.
- The provider had systems in place to identify, assess, review and mitigate any risks to patients and staff. For example infection control procedures including policies, training and audit, had been reviewed and improved.
- The systems for ensuring that staff received adequate training and support were stronger. However record keeping needed improvement to evidence that required training had been undertaken.
- All staff except the practice manager had received an appraisal.

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 safety and well-led identified at our inspection on 17 December 2015 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 safety and well-led identified at our inspection on 17 December 2015 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 safety and well-led identified at our inspection on 17 December 2015 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 safety and well-led identified at our inspection on 17 December 2015 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 safety and well-led identified at our inspection on 17 December 2015 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 safety and well-led identified at our inspection on 17 December 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the practice manager receives a regular appraisal.
- Improve the record keeping in relation to training to evidence that staff have received it.

Stifford Clays Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based inspection was carried out by an inspector.

Background to Stifford Clays Medical Practice

Stifford Clays Medical Practice is situated in Grays, Essex and is accessible by public transport. There is limited parking available at the practice but patients are able to park in the roads nearby.

The practice has a General Medical Services (GMS) contract with the NHS and has approximately 9450 patients. It is a teaching practice that provides work placements for GP trainees and doctors undertaking a two year foundation training course towards qualification as a GP or specialist.

The practice patient population has a lower than national average of patients aged 20 to 39 and a slightly higher than average number of patients aged between 40 and over 85.

There are three partners at the practice, two of them are GPs and one is a nurse. They employ three salaried GPs and one of the GPs is female, the rest are male. They are supported by five nurses and a healthcare assistant working a variety of hours each week.

There is a practice manager, a finance manager, a medical secretary, three administrators and six members of reception staff.

The practice is open between 8.30am and 6.30pm on Monday to Friday and is closed for lunch for one hour each day. The GPs hold surgeries in the mornings between 9am and 11am and in the afternoons between 2pm and 6pm.

When the practice is closed patients are directed to the out of hour's service provided by IC24. Alternatively they can contact the non-emergency service by dialling 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Stifford Clays Medical Practice on 17 December 2015 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 17 December 2015 can be found by selecting the 'all reports' link for Stifford Clays Medical Practice on our website at www.cqc.org.uk.

We then undertook a desk-based focused inspection of Stifford Clays Medical Practice on 6 October 2016. 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 desk-based focused inspection of Stifford Clays Medical Practice on 6 October 2016. This involved reviewing evidence that:

Detailed findings

- Cleaning checklists were being completed.
- A risk assessment of which staff required a Disclosure and Barring Service (DBS) check had been completed.
- PGDs were signed by the authorising manager.
- Outcomes and learning from any significant events and complaints was shared with appropriate staff.
- Appropriate risk assessments had been completed.
- There were adequate systems in place for the monitoring and review of infection control.
- There was a flow of communication between partners and other staff.

- Relevant policies and procedures were in place and updated.
- Staff received appropriate training and appraisals and this information was kept in an accessible format.

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 17 December 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not sufficient, as well as some systems relating to assessing risks to staff and patients.

These arrangements had significantly improved when we undertook a desk-based inspection on 6 October 2016. The practice is now rated as good for providing safe services.

Safe track record and learning

We reviewed the minutes from three staff meetings and found that the outcome and learning from significant events and complaints were shared as appropriate with staff.

Overview of safety systems and process

We saw a policy around the use of staff with Disclosure and Barring Service checks (DBS) as chaperones which stated that only clinical staff would be used as chaperones as they had already received a DBS check as part of their employment checks.

We viewed evidence of an updated infection control policy and the latest audit with an action plan in place where

areas for improvement had been identified and actioned. Actions taken included infection control update training for all staff and provision of a new fridge to store specimens only. We saw evidence to show that the cleaning checklists provided for cleaning staff to use had been completed regularly. There was a risk assessment in place for checking of staff Hepatitis B status, the provider had written confirmation of staff Hepatitis B status. Where staff were unable to provide this they were encouraged to have an additional test to check their status.

We found that where Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, these had been signed by the authorising manager.

Monitoring risks to patients

Health and safety risk assessments had been completed. For example, risk assessments had been completed for furnishing and fittings and medical equipment.

Arrangements to deal with emergencies and major incidents

The majority of staff had received training in basic life support.

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 17 December 2015, we rated the practice as requires improvement for providing well-led services as the overarching governance structure was not always effective and required strengthening.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a desk-based inspection on 6 October 2016. The practice is now rated as good for being well-led.

Vision and strategy

The minutes of staff meetings showed that staff were kept up to date with changes affecting their staff group or the organisation as a whole.

Governance arrangements

The provider had reviewed and strengthened the systems they had in place:

- There were systems in place to identify, assess and mitigate risk. These included those related to infection control and record keeping.
- There was now a structure in place to ensure that staff received appropriate training and an appraisal to identify those training needs. We found that six out of 23 staff did not have their basic life support training status recorded on this system, so it was unclear if they had received this training or not. The practice manager had not received an appraisal.
- Improvements to the infection control structure included an audit of the practice and plans for a quarterly hand hygiene audit.