The Shrubbery Surgery

Quality Report

65a Perry Street
Northfleet
Gravesend
Kent. DA11 8RD
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at The Shrubbery Surgery on the 13 May 2015. The provider operated another branch practice within the same area that was not part of this inspection. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe and well-led services.

Our key findings across all the areas we inspected were as follows:

- Risks to patients were identified, assessed and monitored, including those associated with legionella.
- A risk management system had been implemented to help monitor safety within the practice.
- Recruitment checks for staff joining the practice were undertaken and the appropriate information was kept on staff files.
- Clinical audits had been undertaken and the findings shared with staff, and a system of planned audits and re-audits had been implemented to help improve outcomes for patients.

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?

Good

At our previous comprehensive inspection on the 7 October 2014 the practice had been rated as requires improvement for providing safe services. The practice had been unable to demonstrate that they met the requirements in relation to risk assessment, including the risks associated with legionella. The practice was unable to demonstrate that sufficient checks were undertaken when recruiting staff, as insufficient documented evidence was kept on staff files.

At our follow-up inspection on the 13 May 2015 the practice provided records and information that demonstrated that the requirements had been met. This included a process of risk assessment for the management of legionella and other identified risks. Documents were kept that demonstrated the checks undertaken and the recruitment procedures used when staff were employed at the practice.

Are services well-led?

Good

At our previous comprehensive inspection on the 7 October 2014 the practice had been rated as requires improvement for providing well-led services. The practice had been unable to demonstrate that they met the requirements in relation to having management systems that monitored the quality of the services provided. The practice did not have a risk management process and was unable to demonstrate that clinical audits had been undertaken to continually assess, monitor and improve outcomes for patients.

At our follow-up inspection on the 13 May 2015 the practice provided records and information that demonstrated the requirements had been met. This included systems and processes to monitor the quality of the services, including a risk management process and a system of clinical audit to continually monitor and help improve outcomes for patients.

Summary of findings

The Shrubbery Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to The Shrubbery Surgery

The Shrubbery Surgery provides medical care Monday to Friday from 8.30am to 7pm, with extended opening hours on Monday and Tuesday evenings until 8pm, for patients in the Northfleet area of Gravesend in Kent. The practice provides a service for approximately 7,500 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups supported by the practice, although older patients over the age of 65 represent a higher percentage of the patient population when compared to the local and national averages for this age group.

The practice has four male and one female GP partners, and one female salaried GP. There are two full-time practice nurses, as well as a part-time practice nurse and a health care assistant (HCA). The HCA undertakes blood tests, blood pressure checks, ECGs, new patient checks and NHS health checks. The practice has a number of administration / reception and secretarial staff as well as a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (the 111 service) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

The Shrubbery Surgery

65a Perry Street

Northfleet

Gravesend

Kent DA11 8RD.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 7 October 2014, as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of the legal requirements were found.

As a result we undertook a focused inspection on 13 May 2015 to follow up on whether action had been taken to deal with the breaches.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the provider that told us how they had addressed the breaches

Detailed findings

identified during the comprehensive inspection. We carried out an announced visit on 13 May 2015. During our visit we spoke with two of the GP partners, the practice manager, the business manager, and two practice nurses. We reviewed information, documents and records kept at the practice.

Good

Are services safe?

Our findings

Cleanliness and infection control

The practice had undertaken a risk assessment in relation to legionella (a bacterium that can grow in contaminated water and can be potentially fatal). Records showed that the practice had developed an action plan to monitor and manage areas of identified risk. Regular checks and tests were carried out in line with the findings of the risk assessment to reduce the risk of infection to staff and patients.

Staffing and recruitment

Staff files contained documented information to demonstrate that appropriate recruitment checks had been undertaken prior to the employment of staff. For example, proof of identification, references, qualifications, and registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting all staff and a standardised list had been developed to help ensure that all relevant checks and information was obtained during the recruitment process.

Monitoring safety and responding to risk

The practice had developed a system for managing identified risks and these were included on a risk log. Each risk was assessed and rated to determine the required actions that needed to be taken to minimise and manage the risk. Staff had received training to raise awareness of the risk assessment process and standardised forms had been introduced for staff to record incidents and safety issues that required inclusion on the risk log. Risks were shared with all staff and discussed at practice meetings, for example, a risk assessment had been discussed in relation to a hazard identified by staff and the actions agreed to minimise the risk.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

The practice had policies and procedures for identifying, recording and managing risks. A risk log had been developed which addressed a wide range of potential issues, for example, potential trip hazards and issues relating to the management of emergency medicines. A system had been implemented to enable all staff to report and record risks and incidents. These were accessible on the computer system and were monitored and reviewed by a designated member of staff, who was responsible for their inclusion on the risk log and tracking the progress of agreed action plans. For example, an action plan had been developed to introduce an emergency alert onto the computer screens in each consultation / treatment room. Risks were routinely discussed and considered at all practice meetings and actions agreed within set timeframes according to the level and severity of the risk. Records confirmed that high risk issues were dealt with immediately.

The practice had an on-going programme of clinical audits which it used to monitor quality and there were systems to identify where action should be taken. Recent audits had been undertaken as a result of significant events, performance data from the Quality Outcomes Framework (QOF), or as a result of medicines management data. For example, an audit had been undertaken for patients on a specific medicine, to check that they had received a recent blood test, to ensure it was safe to continue prescribing the medicine. As a result, changes were made to the patient records system to provide an alert for GPs when prescribing, to help ensure blood tests were routinely undertaken. A second audit had been undertaken to review the impact of the changes made, which indicated a high rate of achievement on an on-going basis. Other clinical audits had also been undertaken, including medicines prescribed for patients with hypertension, heart disease and asthma, as well as diagnosis of diabetes in children, which was undertaken following a significant event.

The practice held monthly governance / practice meetings and the minutes confirmed that performance, quality and risks were discussed.