Bridge Practice

Quality Report

Bridge Practice
Chertsey Family Health Centre
Stepgates
Chertsey
Surrey
KT16 8HZ
Tel: 01932 561199
Website: www.bridgepracticechertsey.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 effective?	**Requires improvement**

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 Bridge Practice on 17 November 2015. The overall rating was good. During the inspection we found breaches of legal requirements and the provider was rated as requires improvement under the effective key question. Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that training for staff is completed as appropriate and training records kept up to date.

The full comprehensive report on the 17 November 2015 inspection outcome can be found by selecting the 'all reports' link for Bridge Practice on our website at www.cqc.org.uk.

An announced focused inspection was carried out on 28 February 2017. This inspection was to verify if the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we had identified in our previous inspection on 17 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection on 17 November 2015, we rated the practice as requires improvement for providing effective services as not all GP partners and staff had completed training appropriate to their job role. At this inspection we found that the practice had not completed their action plan and not all GP partners and staff had completed training appropriate to their job role. Consequently, the practice is still rated as requires improvement for providing effective services.

Our key findings at this inspection, 28 February 2017 were as follows:

- All non-clinical staff had completed training at a level appropriate to their job role. However not all clinical staff had completed training appropriate to their job role in accordance with the practice training schedule.
- The practice had implemented a central record of staff training. However this was not being used effectively to ensure that all training was up to date.
- At our previous inspection on 17 November 2015, we also found that not all staff were receiving annual appraisals.
- During our inspection 28 February 2017 we saw;
- The practice had implemented a schedule of appraisals and all staff had received an appraisal within the last year.

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

Importantly, the provider must:

Summary of findings

- Ensure that all GP partners, clinical and non-clinical staff complete training appropriate to their job role and in accordance with practice training schedule and ensure that training is monitored by the practice.

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 effective?

Requires improvement

The practice remains rated as requires improvement for providing effective services.

During our inspection on 17 November 2015 we identified concerns with staff training and appraisals.

At this inspection on 28 February 2017, we found:

- All non-clinical staff had completed training appropriate to their job role, however, not all GP partners and clinical staff had completed training appropriate to their job role or in accordance with the practice training schedule.
- The practice had implemented a central training recording system. However this was not being used effectively to ensure that all training was up to date. There was an effective system in place for ensuring that all staff received annual appraisals.

Bridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector.

Background to Bridge Practice

The Bridge Practice is situated in the Stepgates area of Chertsey. The practice is located in the Chertsey Family Health Centre which is a purpose built property. The building is owned by NHS Estates and there are three providers sharing the property. This practice is not the major tenant. At the time of our inspection there were approximately 7,900 patients on the practice list.

Since our last visit the practice had undergone a period of change following the retirement of two long standing partners.

The practice has three GP partners and two salaried GPs (two male and three female), three nurses, a practice manager, a deputy practice manager, reception and administration staff. The practice is a training practice, training practices have GP trainees and Foundation Year Two junior doctors and at the time of our inspection had one GP registrar.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are offered 7.30am to 8am Tuesday and Thursday mornings and 6:30pm to 7.30pm Tuesday, Wednesday and Thursday evenings. Patients requiring a GP outside of normal hours are advised to call NHS 111 where they will be directed to the most appropriate out of hours service. The practice has a Personal Medical Services (PMS) contract and offers enhanced services for example; various immunisation and learning disabilities health check schemes.

The service is provided at the following location:-

The Bridge Practice

Chertsey Family Health Centre

Stepgates

Chertsey

Surrey

KT16 8HZ

The practice has a below average number of patients aged 0-29, and an above average number of patients aged 40-54 and male patients aged 65-69. There are a slightly higher than average percentage of patients with long standing health conditions. The practice has a lower number of children and older people affected by deprivation than the national average although it is slightly higher than the clinical commissioning group average.

Why we carried out this inspection

We undertook a comprehensive inspection of Bridge Practice on 17 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the November 2015 inspection can be found by selecting the 'all reports' link for Bridge Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Bridge Practice on 28 February 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

We carried out a focused inspection of Bridge Practice on 28 February 2017. This involved reviewing evidence that:

- GP partners and staff had completed training appropriate to their job role.
- The system the practice was using to record staff training and maintain an overview.
- Appraisals were being carried out annually.

During our visit we:

- Spoke with staff including the practice manager and deputy practice manager.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 17 November 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training

At this inspection we found that some training had still not been completed. Consequently, the practice is still rated as requires improvement for providing effective services.

Effective staffing

During our inspection in November 2015 we found that not all staff had completed training appropriate to their role, including safeguarding, basic life support and information governance and the practice was not maintaining an up to date overview of staff training. We also noted that not all staff had received an appraisal in the previous year.

At our inspection in February 2017 we found that the system for recording staff training had been reviewed and improved, although still required more active monitoring. We saw that the practice was recording staff training and non-clinical staff had completed training appropriate to their role including information governance and basic life support. We noted that not all GP partners or clinical staff had completed training appropriate to their job role or in accordance with the practice training schedule. For example; not all GPs or nurses had completed infection control, information governance or fire safety within the last twelve months and one GP did not have current basic life support training including anaphylaxis or level three safeguarding children. We also noted that a nurse had not completed a cervical cytology update course within the required three year period although the practice told us the nurse was still conducting cervical smears. We also noted that none of the nursing staff had completed training regarding the Mental Capacity Act 2005.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **We found the practice could not demonstrate that all GP partners and clinical staff had received training appropriate to their job role.** **This was in breach of Regulation 18 (1)(2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014**