Hanscombe House Surgery

Quality Report

52A St Andrew Street, Hertford
Hertfordshire, SG14 1JA
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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 focused inspection at Hanscombe House Surgery on 12 July 2016. This was to check that improvements had been made following the breach of legal requirements we identified from our comprehensive inspection carried out on 15 December 2015.

This report only covers our findings in relation to the areas requiring improvement as identified on inspection in December 2015. You can read the report from this comprehensive inspection, by selecting the 'all reports' link for Hanscombe House Surgery on our website at www.cqc.org.uk. The areas identified as requiring improvement during our inspection in December 2015 are as follows:

- Risk assess a member of the non-clinical practice team and determine whether or not a Disclosure and Barring check is required.
- Develop an effective system to assess and manage risks to patients receiving high risk medicines.

Our key findings on this focused inspection were that the practice had made improvements since our previous inspection and was now meeting regulations that had previously been breached. Specifically:

- A robust system was in place for the effective management of patients receiving higher risk medicines.
- The practice had risk assessed the role of a member of the non-clinical practice team and a Disclosure and Barring Service check had been completed.

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 comprehensive inspection on 15 December 2015, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services. The areas found to be requiring improvement were:

The practice had not risk assessed a member of the non-clinical practice team to determine whether or not a Disclosure and Barring check was required.

The practice did not have an effective system to assess and manage risks to patients receiving high risk medicines.

During our focused inspection on 12 July 2016 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

- The practice had a robust system in place to assess and manage risks to patients on medicines which require regular monitoring.
- The practice had risk assessed the role of a member of the non-clinical practice team and a Disclosure and Barring Service check had been completed.

Hanscombe House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC lead inspector and a GP specialist advisor.

Background to Hanscombe House Surgery

Hanscombe House Surgery provides a range of primary medical services, including surgical procedures, from premises at 52A St Andrews Street, Hertford, Hertfordshire, SG14 1JA. The practice has approximately 9,727 patients and provides services under a General Medical Services contract (a nationally agreed contract).

The clinical team consists of five GP partners; three of which are male and two are female. There are four practice nurses and one health care assistant. The non-clinical team consists of a practice manager, assistant practice manager, a reception manager and a team of administration and reception team members.

The practice serves a below average population of those aged from 15 to 34 years. There is a higher than average population of those aged from 35 to 59 years. The population is just over 96% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice is open to patients between 8.30am and 6pm Monday to Friday. Appointments with a GP are available from 8.30am to 11.30am and from 2pm to 6pm Monday to Friday. Weekend appointments are offered from 8am to 11.30am on two Saturdays a month. Emergency appointments are available daily with the duty doctor or nurse practitioner. A telephone consultation service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.

The out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service.

Why we carried out this inspection

We undertook an announced focused inspection of Hanscombe House Surgery on 12 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 15 December 2015 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 was not meeting some legal requirements.

How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This information told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 15 December 2015. We carried out an announced focused inspection on 12 July 2016.

During our inspection we spoke with two GP partners and the practice manager.

Good

Are services safe?

Our findings

Overview of safety systems and processes

At our inspection on 15 December 2015, we reviewed five personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However a member of the non-clinical practice team did not have a DBS check and a risk assessment of their role had not been completed.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements.

During our inspection on 12 July 2016 we found that the practice had risk assessed the roles of non-clinical staff members to determine if a Disclosure and Barring Service check was required and a Disclosure and Barring Service check had been completed where appropriate.

Monitoring risks to patients

At our inspection on 15 December 2015, we found the practice did not have an effective system in place to manage patients on certain medicines which require regular monitoring. For example, we found that some patients taking a certain type of medication for high blood pressure had not been offered the required checks in the preceding 13 months. We found some patients receiving an anticoagulant medicine to reduce the risk of blood clots forming (warfarin) had not received a regular blood test called an international normalised ratio (INR) in the preceding 12 weeks. INR measures the time it takes for blood to clot.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements.

During our inspection on 12 July 2016 we found that the practice had established an effective system to assess and manage risks to patients on medicines which require regular monitoring. The practice undertook regular searches to access and record INR results for patients receiving warfarin and also contacted patients directly for their results. The practice had a shared care agreement in place with secondary care for patients receiving warfarin. There was a robust system in place to follow up patients who had abnormal results or who had not attended the clinic for a blood test.

The practice had updated their drug monitoring policy and had established a robust approach to monitor all patients receiving medicines which required regular monitoring. The practice used their medication re-authorisation system to recall patients and had a coding and alert system linked to patient records for all patients on medicines requiring regular monitoring.