

Highfield Surgery

Quality Report

Highfield Surgery
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Date of inspection visit: We have not revisited Highfield Surgery as part of this review because the practice was able to demonstrate that they were meeting the regulations associated with the Health and Social Care Act 2008 without the need for a visit.
Date of publication: 09/11/2016

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



Summary of findings

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Summary of this inspection

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Overall summary

Letter from the Chief Inspector of General Practice

In July 2016 during a comprehensive inspection of Highfield Surgery in Hazlemere, Buckinghamshire, we found concerns related to systems and processes which managed the safe and effective delivery of services. Following the inspection the provider sent us an action plan detailing how they would improve the areas of concern. The previous inspection in July 2016 had found two breaches of the regulations relating to the safe and effective delivery of services.

Using information provided by the practice we carried out a desktop review of Highfield Surgery on 2 November 2016 to ensure these changes had been implemented and that the service was meeting regulations.

The ratings for the practice have been updated to reflect our findings following the improvements made since our last inspection in July 2016; the practice was now meeting the regulations that had previously been breached.

Specifically the practice was:

- Operating safe systems in relation to health and safety. The practice had established and was now operating an effective system to assess, manage and mitigate the risks identified relating to legionella and the storage of liquid nitrogen.
- Training arrangements were consistent; there was a system to identify when staff had training and when it would need to be refreshed. Appropriate appraisal arrangements were now in place, appraisals had been completed and there was evidence of performance monitoring and identification of personal and professional development.

Highfield Surgery had taken full heed of the findings of the inspection undertaken in July 2016 and is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

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 now rated as good for providing safe services.

Our last inspection in July 2016 identified concerns relating to health and safety, specifically several risks to patients, staff and visitors had not been assessed or managed.

Information provided by the practice in November 2016, confirmed these concerns had been addressed:

- Highfield Surgery had reviewed the practices use of liquid nitrogen and a decision was made to cease cryotherapy services (treatment using low temperatures using liquid nitrogen) and had arranged for the safe collection of the practices supply of liquid nitrogen to be removed by an independent specialist.
- Further risks to patients had been assessed and were now well managed, this included an up to date legionella risk assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings) completed in August 2016.

Good



Are services effective?

The practice is now rated as good for providing effective services.

Our last inspection in July 2016 identified concerns relating to how staff received appropriate support, training, professional development and appraisal. The practice could not demonstrate that staff had all the skills, knowledge and experience to deliver effective care and treatment.

Information provided by the practice in November 2016, confirmed these concerns had been addressed:

- Training arrangements were consistent; there was now a system to identify when staff had training and when it would need to be refreshed.
- We saw the practice had implemented a programme of appraisals for all members of staff. We reviewed anonymised completed appraisals and we saw evidence of identification of personal or professional development.

Good



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

Highfield Surgery had taken full heed of the findings of the inspection undertaken in July 2016 and is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Highfield Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- The majority of nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with local and national averages. However, Highfield Surgery performance for stroke and transient ischaemic attack (mini strokes) indicators was lower than both the local and national averages. For example, the practice had achieved 80% of targets which was lower when compared to the CCG average (98%) and the national average (97%).

Good



People with long term conditions

Highfield Surgery had taken full heed of the findings of the inspection undertaken in July 2016 and is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 87% of targets which was lower when compared to the CCG average (93%) and similar when compared to the national average (89%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic

Good



Summary of findings

bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).

- Longer appointments and home visits were available when needed.
- In June 2016, Highfield Surgery implemented a care planning approach for patients with diabetes. The aim was to empower and support patients to make decisions about their health.

Families, children and young people

Highfield Surgery had taken full heed of the findings of the inspection undertaken in July 2016 and is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations. For example, 100% of children under 24 months had the full programme of childhood immunisations. The CCG averages ranged between 95% to 97% for the same age group.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was similar when compared to the CCG average (84%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



Highfield Surgery had taken full heed of the findings of the inspection undertaken in July 2016 and is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice had core opening hours between 8.30am and 6.30pm Monday to Friday with appointments available from 8.30am to 5.50pm daily. The practice did not offer any extended hours opening in the evenings, early mornings or weekends.
- Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

People whose circumstances may make them vulnerable

Good



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- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Highfield Surgery had carried out annual health checks for 63% of people with a learning disability and there was evidence that these had been followed up.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



Highfield Surgery had taken full heed of the findings of the inspection undertaken in July 2016 and is now rated good for the provision of safe, effective, caring, responsive and well led services. All six population groups have also been re-rated following these improvements and are also rated as good.

- 92% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better when compared to the CCG average (89%) and national average (88%).
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar when compared to the local CCG average (86%) and higher than the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Highfield Surgery had recently submitted an action plan to the local CCG with a view to become a dementia friendly practice. The action plan had five key principles to become a dementia friendly practice. One of the completed actions was the nomination and implementation of a dementia lead and a dementia champion. Extra hours had been created to enable this additional work to ensure there was a strong focus on improving the diagnosis, treatment and support for people with dementia.

Highfield Surgery

Detailed findings

Why we carried out this inspection

We inspected this service as a focused inspection to follow up on concerns identified at the comprehensive inspection undertaken in July 2016. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting.

The focused inspection of this service was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection is planned to check whether the provider has made the necessary improvements and is meeting the legal requirements in relation to the regulations associated with the Health and Social Care Act 2008.

We have followed up to make sure the necessary changes have been made and found the provider is now meeting the regulations associated with the Health and Social Care Act 2008 included within this report.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We have not revisited Highfield Surgery as part of this review because the practice was able to demonstrate they were meeting the regulations associated with the Health and Social Care Act 2008 without the need for an inspection.

We reviewed information provided by the practice, including evidence of the removal of the liquid nitrogen, an up to date legionella risk assessment, records of staff training and evidence of an appraisal programme and examples of completed and anonymised appraisals.

All were relevant to demonstrate the practice had addressed the two breaches of regulation identified at the inspection of July 2016.

Are services safe?

Our findings

When we inspected Highfield Surgery in July 2016 we identified concerns relating to how the practice managed health and safety related risks. Information submitted in November 2016 has been reviewed and we found the practice had made significant improvements to address the concerns previously identified.

Monitoring risks to patients

All risks to patients were now assessed, well managed and there were procedures in place for monitoring and managing risks to patients, staff and visitors to Highfield Surgery.

At the July 2016 inspection, we saw several risks had not been assessed, for example:

- The legionella risk assessment was last completed in May 2014 (legionella is a term for a particular bacterium which can contaminate water systems in buildings). This risk assessment was completed by an independent water specialist and had reported 16 high risk recommendations which required a follow up within 12 months. One of the high risk recommendations detailed the requirement for the practice to keep records of monitoring and test results to demonstrate effective control. The practice had acted upon one of the 16 recommendations and there was no follow up arranged.
- Following the inspection in July 2016, there was an immediate response by the practice manager. This

response included a new legionella risk assessment completed immediately after the inspection. We saw the new risk assessment highlighted the risk of multiplication and dissemination of legionella at Highfield Surgery was considered to be remote. We also saw legionella had been added to the practices health and safety and premises check schedule to ensure any potential risks would be regularly monitored.

- During the July 2016 inspection we saw the practice held liquid nitrogen on site; this was used for cryotherapy (treatment using low temperatures). There are two serious risks involved in working with liquid nitrogen: asphyxiation (asphyxiation is a condition of severely deficient supply of oxygen to the body) and cold burns. There was no risk assessment and we found the liquid nitrogen was stored in an unsecure room without adequate ventilation.
- Following the inspection the practice sent us evidence that a decision had been made to cease the cryotherapy service and we saw that the practice had arranged for the safe removal of the liquid nitrogen tank by an independent specialist.

These actions had ensured that the practice now had appropriate arrangements in place to assess, monitor, manage and mitigate risks to the health and safety of patients, staff and visitors and was now ensuring that regulations relating to this aspect of the safe delivery of services were being met.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected Highfield Surgery in July 2016 we observed inconsistent training arrangements and there was no system to identify when staff had training and when it would need to be refreshed. This also led to a lack of a programme of staff appraisals, with no evidence of performance monitoring and identification of personal or professional development.

Effective staffing

At the July 2016 inspection we reviewed staff files and saw that there were records of some training in areas such as hand hygiene and infection control, medical emergencies, and safeguarding adults and children.

- However, there was no training log to identify whether staff had training or when they would require it again. Staff were not sure when they had last undertaken some training such as safeguarding or hygiene and infection control. Staff were unsure what training they had undertaken due to a lack a system to monitor training.
- Training certificates in staff files were inconsistent, as some staff had records of completing certain training courses while others performing the same role did not.

- In November 2016, the practice provided comprehensive evidence including a revised system the Highfield Surgery used to log training needs. This new system was a training matrix; it was clear and effectively highlighted future learning for all members of staff. This system and staff files including certificates indicated all staff were up to date with their mandatory training.
- During the July 2016 inspection we saw the newly appointed practice manager had contacted every member of staff to arrange an appraisal to be completed within seven weeks of the inspection. In November 2016, we reviewed anonymised completed appraisals; saw the practice had fulfilled the arrangement to complete the appraisal programme. We reviewed anonymised completed appraisals and we saw evidence of identification of personal and professional development. The practice had implemented a programme of yearly appraisals for all practice staff.

These actions had ensured that the practice had appropriate arrangements in place for effective management of patients care and treatment. These actions were now ensuring that requirements relating to safe care and treatment were now being met.