

# Abbey Practice

## Quality Report

Chertsey Health Centre  
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Chertsey  
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KT16 8HZ

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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

Following an announced comprehensive inspection of Abbey Practice in November 2015, the practice was given an overall rating of good with requires improvement for providing safe services.

At our previous inspection we identified concerns relating to recruitment checks and the use of patient specific direction (PSD). A Patient Specific Direction is the written instruction, signed by a doctor, for medicines to be administered to a named patient after the patient has been assessed on an individual basis.

After the comprehensive inspection, the practice wrote and provided an action plan to tell us what they would do in respect of our inspection report findings and to meet legal requirements. We undertook this focused inspection on 12 July 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. Overall the practice is rated as good following this inspection.

Our previous inspection in November 2015 found the following areas where the practice must improve:

- Ensure recruitment arrangements include all necessary employment checks for all staff, and that Disclosure and Barring Service (DBS) Checks have been completed for those staff who undertake chaperone duties
- Ensure Person Specific Directions (PSD) are in place for the health care assistant.

We also identified some areas in which the practice should improve:

- Ensure the annual appraisal process is robust so that all staff have annual appraisals. At this inspection we saw evidence that all staff had received an appraisal within the last twelve months and that there was a planned schedule for future appraisals.
- Ensure that lessons learnt from significant events are communicated to the appropriate staff to support improvement. At this inspection we saw evidence that there was a clear system in place for recording and investigating significant events and that this learning was shared widely enough to support improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Our key findings across the areas we inspected for this focused inspection were as follows:

- Risks to patients were assessed and well managed including recruitment checks.

# Summary of findings

- The practice had a robust system in place for the use of PSDs.
- There was a system in place for staff appraisals.
- The practice had a clear process for the recording and investigation of significant events and this learning was shared widely enough to support improvement.

**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 good for delivering safe services, as the practice had made significant improvements since our previous inspection in November 2015.

The practice is rated as requires improvement for providing good services.

- Risks to patients were assessed and well managed including recruitment checks.
- The practice had reviewed how patient specific directions (PSDs) were produced and used.

**Good**



# Abbey Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

## Background to Abbey Practice

Abbey 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 11,380 patients on the practice list.

The practice has four GP partners and five salaried GPs (three male and six female), four nurses, a healthcare assistant, a practice manager, reception and administration staff. The practice is a training practice, and at the time of our inspection had two GP registrars. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are offered 6.30pm to 7pm Tuesday, Wednesday and Thursday evenings and 8.30am to 12pm every Saturday. Patients requiring a GP outside of normal hours are advised to call the surgery where they are redirected to an external 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 practice population has a higher number than average of younger patients birth to four years and patients 85 years

or older. It also has a slightly higher than average percentage of patients with long standing health conditions and slightly higher than average number of patients with caring responsibilities.

The service is provided at the following location:-

The Abbey Practice

Chertsey Family Health Centre

Stepgates

Chertsey

Surrey

KT16 8HZ

## 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 3 November 2015 as part of our regulatory functions. This focussed, follow up inspection was undertaken 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.

A breach of legal requirements was found at the inspection conducted on 3 November 2015, and as a result we undertook this focused inspection on 12 July 2016 to follow up on whether action had been taken to address the breach.

# Are services safe?

## Our findings

The practice is now rated good for delivering safe services.

At our last inspection, we found that recruitment checks were not complete and there was not a robust system in place for the use of patient specific directions (PSDs). The practice wrote to us with an action plan on 27 January 2016, which showed that the actions required to remedy these concerns had been completed.

At this inspection, we found that the provider had taken steps to address the concerns found by us at their previous inspection. In line with the information given to us within the provider's action plan we found that all appropriate recruitment checks had been carried out and a robust system for the use of PSDs was in place.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Since our last inspection the practice had reviewed and updated their recruitment policy. We reviewed one personnel file for a recent employee and found that all appropriate recruitment checks had been undertaken prior to employment. We also reviewed two personnel files for existing staff and found that all appropriate recruitment checks were now in place.
- At our inspection in November 2015 we found that all staff who acted as chaperones were trained for the role but not all had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). At this inspection we saw evidence that only staff who had been trained and received a DBS check acted as chaperones.
- At our inspection in November 2015 we found that the arrangements for managing medicines, including

emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security), except that the practice had not produced Patient Specific Directions which would authorise the healthcare assistant to administer vaccines to specific patients. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. At this inspection we found that the practice had acted immediately to remove any risk to patient safety. The practice reviewed their PSD protocol and investigated why the process for the use of PSDs had not been working robustly. As a result the PSD protocol was updated and training given to all staff involved in the process. Contingency had been built into the protocol to ensure that if a member of staff was not available the process continued to work effectively. Since our last inspection the practice has also reviewed the way that it provides clinical supervision to staff and we saw evidence that this support was in place.

### Safe track record and learning

At our inspection in November 2015 we found that learning from significant events was not always shared widely enough with staff to support improvement. At this inspection we saw evidence that learning was being shared with appropriate staff to facilitate learning and support continued improvement. There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and minutes of meetings where these were discussed. We also saw evidence of planned future meetings where significant events were a standing agenda item. Lessons were shared to make sure action was taken to improve safety in the practice.