

The Lime Tree Surgery

Quality Report

Lime Tree Avenue

Worthing

West Sussex

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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?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 4 February 2016. Breaches of legal requirements were found in relation to safety and for being well-led. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements. We undertook this focused inspection on 11 October 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. The full comprehensive report on the 4 February 2016 inspection can be found by selecting the 'all reports' link for The Lime Tree Surgery on our website at www.cqc.org.uk.

Our previous report highlighted the following areas where the practice must improve:

- Continue to improve records of training, including that nurses are trained to level two for child safeguarding.
- Continue to improve records of staff appraisals to ensure they are completed annually for all staff.
- Ensure that all Patient Specific Directions are recorded and completed correctly, in line with legislation.

- Ensure fire extinguishers and oxygen tanks are fit for use and appropriately serviced.
- Display appropriate warning signage on treatment room doors where oxygen is stored.
- Ensure there are arrangements for all staff to attend formal meetings, including discussion of significant events in a timely manner, and improve communication at all levels.

This inspection was an announced focused inspection carried out on 11 October 2016 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 4 February 2016. We found that not all of the requirements had been met.

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

- The practice had implemented a system to monitor and maintain an overview of all training and staff appraisals. However we noted that not all staff had completed safeguarding and Mental Capacity Act 2005 training to a level appropriate to their role.

Summary of findings

- We saw evidence that Patient Specific Directions were recorded and completed correctly, in line with legislation.
- We saw that fire extinguishers and oxygen tanks had been appropriately serviced.
- There were appropriate warning signs in areas where oxygen was stored.
- We saw evidence that staff attended formal meetings, which included discussion of significant events.

There was still an area of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that all clinical staff undertake appropriate training to the required level for safeguarding vulnerable adults and children. As well as undertake training for the Mental Capacity Act 2005

At our previous inspection on 4 February 2016, we rated the practice as requires improvement for providing safe services as not all clinical staff had received training for safeguarding children or vulnerable adults. At this inspection, we found that some training for staff was still missing. Consequently, the practice is still rated as requires improvement for providing safe services.

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 still rated as requires improvement for providing safe services.

At our previous inspection in February 2016, we rated the practice as requires improvement for providing safe services as the arrangements were not sufficient in respect of sharing learning from significant events which were not always timely or shared widely enough to support improvement, staff training, patient specific directions (PSDs) to allow health care assistants to administer medicines, fire extinguishers and the monitoring and storage of oxygen.

On this occasion we found that:

- The practice could not provide evidence that all staff had completed safeguarding and mental capacity act training to a level appropriate to their role.
- There was evidence that significant events were discussed in a timely manner and shared appropriately to support improvement.
- The practice had reviewed and implemented a new system for the use of PSDs.
- All fire extinguishers had been serviced and were within their expiry dates.
- Oxygen cylinders were within their expiry dates and the areas where they were stored were clearly signed.

Requires improvement



Are services well-led?

The practice is now rated as good for being well-led.

At our previous inspection in February 2016 we found that; the practice did not have a system for monitoring staff training or implementing annual staff appraisals, communication within the practice could be improved including sharing learning and keeping staff up to date about changes.

On this occasion we found that:

- The practice had implemented a system for monitoring staff training.
- Staff told us that communication had improved since our last inspection and they felt more involved in the practice. This included opportunities for all staff to attend meetings.
- We saw evidence that all staff had received appraisals within the last twelve months.

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

The practice is rated good for the care of older people.

At our inspection on 4 February 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as requires improvement for safety and for being well-led; therefore this population group is now also rated as good.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

At our inspection on 4 February 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as requires improvement for safety and good for being well-led; this population group is now rated as good.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

At our inspection on 4 February 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as requires improvement for safety and good for being well-led; this population group is now rated as good.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

At our inspection on 4 February 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as requires improvement for safety and good for being well-led; this population group is now rated as good.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

At our inspection on 4 February 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as requires improvement for safety and good for being well-led; this population group is now rated as good.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

At our inspection on 4 February 2016 the provider was rated as requires improvement for safety and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. At this inspection, the practice is rated as requires improvement for safety and good for being well-led; this population group is now rated as good.

Good



The Lime Tree Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was completed by a CQC Inspector and a second CQC Inspector.

Background to The Lime Tree Surgery

The Lime Tree Surgery is located in a residential area of Worthing and provides primary medical services to approximately 13,600 patients. The practice also provides care and treatment for the residents of four nearby care homes, which serve individuals with dementia or nursing needs.

There are five GP partners and eight salaried GP (six male, seven female). The practice also has one female locum. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are six female members of the nursing team; one nurse practitioner, three practice nurses and two health care assistants. GPs and nurses are supported by the practice manager, a patient services manager, and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 65 years or older when compared to the national average. The number of patients aged 0 to 18 years is slightly below average. The number of registered patients suffering income deprivation is below the national average.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, dermatology, and holiday vaccines and advice.

Services are provided at the location of The Lime Tree Surgery, Lime Tree Avenue, Worthing, West Sussex, BN14 0DL.

The practice is open from Monday to Friday between 8am and 6:30pm. Extended hours appointments are offered every Monday from 6:30pm to 7:30pm, and Monday to Friday from 7:30am to 8am.

Since our last inspection, the practice has updated their registration and is now also providing services from a branch location at Durrington Health Centre, Durrington Lane, Worthing, BN13 2RX. We did not visit the branch surgery during this inspection.

Appointments can be booked over the telephone, online or in person at the surgery.

Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website

The practice has a Personal Medical Services (PMS) contract with NHS England. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Coastal West Sussex Clinical Commissioning Group.

Why we carried out this inspection

We carried out a comprehensive inspection of The Lime Tree Surgery under Section 60 of the Health and Social Care Act 2008 on 4 February 2016 as part of our regulatory

Detailed findings

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 legal requirements were found at this inspection, and as a result we undertook a focused inspection on 11 October 2016 to follow up on whether action had been taken to address the breaches.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We carried out this announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including; two GP partners, the practice manager, lead practice nurse and receptionist/administrator.
- Reviewed documentation relating to the practice including policies and procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 4 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements were not sufficient in respect of sharing learning from significant events in a timely manner or being shared widely enough to support improvement, staff training, patient specific directions (PSDs) to allow health care assistants to administer medicines, fire extinguishers and the monitoring and storage of oxygen.

These arrangements had significantly improved when we undertook a follow up inspection on 11 October 2016, with the exception of staff training in safeguarding and the Mental Capacity Act 2005 and therefore the practice is still rated as requires improvement for providing safe services.

Safe track record and learning

At our inspection in February 2016 we found that not all significant events were recorded and learning from significant event investigations was not shared widely enough to support improvement.

During our inspection in October 2016 we found there was an effective system in place for reporting and recording significant events.

- Staff we spoke with knew how to report significant events or incidents and they told us they felt confident to do so. We saw there was a recording form available on the practice's intranet which was easily accessible to all staff.
- The practice had developed a central tracking system for significant events which all staff could access.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and the learning was shared appropriately with staff and other stakeholders to support improvement. We saw evidence that significant events meetings were held and significant events were a standing agenda item on all team meeting agendas. Staff we spoke with told us they felt more included in the analysis and learning from significant events.

Overview of safety systems and process

At our inspection in February 2016 we found that not all systems, processes and practices were in place to keep patients safe, including staff training.

During our inspection in October 2016 we found that the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- All GPs were trained in Adult Safeguarding and to Children's Safeguarding Level three. When asked the practice could not provide evidence that one of the four nursing staff had received training in Children's Safeguarding or that one of the two health care assistants had received training in Adult or Children's Safeguarding.
- We also noted that only one of the nursing staff had received training in the Mental Capacity Act 2005.
- Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber and we saw evidence that PSDs were in place prior to the medicine or vaccine being administered.

Monitoring risks to patients

At our inspection in February 2016 we found that risks to patients were assessed and well managed with the exception of fire extinguishers.

During our inspection in October 2016 we found that risks to patients were assessed and well managed.

- We saw evidence that all fire extinguishers had been tested and were in date.

Arrangements to deal with emergencies and major incidents

At our inspection in February 2016 we found that the expiry dates of oxygen cylinders were not being checked and the areas where oxygen was stored were not appropriately labelled.

During our inspection in October 2016 we found that risks to patients were assessed and well managed.

- We saw that oxygen cylinders were in date and the areas in which they were stored were clearly signed.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 04 February 2016, we rated the practice as requires improvement for providing well-led services as the practice did not have a system for monitoring staff training or implementing annual staff appraisals, communication within the practice could be improved including sharing learning and keeping staff up to date about changes.

These arrangements had significantly improved when we undertook a follow up inspection on 11 October 2016, and the practice is now rated as good for providing well led services.

Governance arrangements

At our inspection in February 2016 we found that most staff had received appropriate training, however there were gaps and the practice told us they did not have a central overview of training.

During our inspection in October 2016 we found;

- The practice had implemented a system to maintain an overview of training by recording all training centrally. However we noted that there were still some gaps in

training, for example, the practice could not provide evidence that all staff had completed safeguarding and mental capacity act training to a level appropriate to their role.

- We saw evidence that all staff had received appraisals within the last twelve months.

Leadership and culture

At our inspection in February 2016 we found that communication within the practice including sharing learning and keeping staff up to date with changes in the practice could be improved.

During our inspection in October 2016 we found;

- Staff told us the practice held regular team meetings. This included all staff meetings, clinical meetings and nurse meetings. The practice had made sure that minutes from meetings were made available to staff not able to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us that communication had improved since our last inspection and they felt more involved in the practice, although we noted that the nursing staff were still slightly isolated.

This section is primarily information for the provider

Requirement notices

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Family planning services	How the regulation was not being met:
Maternity and midwifery services	We found that the registered provider had not ensured all clinical staff had received training for safeguarding vulnerable adults and children or in the Mental Capacity Act 2005.
Surgical procedures	This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	