

The Ship Street Surgery

Quality Report

Ship Street
East Grinstead
West Sussex
RH19 4EE
Tel: 01342 325959
Website: www.shipstreet-surgery.co.uk

Date of inspection visit: We have not revisited The Ship Street Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.
Date of publication: 04/08/2017

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

Detailed findings from this inspection

Our inspection team	6
Background to The Ship Street Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Ship Street Surgery on 9 December 2016. The practice was rated as requires improvement for providing well led services. The overall rating for the practice was good. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for The Ship Street Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 20 July 2017 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 9 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of well led services. Overall the practice remains rated as good.

Our key findings were as follows:

- The practice had reviewed their governance arrangements to reduce risk and improve outcomes for patients.

- The practice had reviewed the monitoring and tracking of blank prescription forms through the practice. A new process was commenced on the day of the previous inspection and logs recording the issue and use of prescriptions were maintained.
- The practice had requested an external contractor to undertake a fire risk assessment. No high risk actions were identified and many medium and low risks were completed or timetabled for implementation.
- The practice had reviewed their systems for receiving and disseminating safety alerts received from the Medical and Healthcare Products Regulatory Agency. A dedicated email address for the alerts had been allocated to designated administration staff and was reviewed daily.
- Recruitment checks were undertaken and documented in line with practice policy.
- Practice data for 2016/17 showed improvement in patient outcomes for long term conditions and childhood vaccines. However, child vaccines were still below the national average and exception reporting for cancer related indicators had risen slightly.

However, there were areas where the practice should make improvements:

Summary of findings

- Continue to monitor and improve rates for childhood vaccines and reduce exception reporting for cancer related indicators.

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 well-led?

During our inspection in December 2016 the practice was rated as requires improvement for providing well led services. The practice had taken appropriate action and is now rated as good for the provision of well led services.

Good



- The practice had reviewed their governance arrangements to reduce risk and improve outcomes for patients.
- The practice had reviewed the monitoring and tracking of blank prescription forms through the practice. A new process was commenced on the day of the previous inspection and logs recording the issue and use of prescriptions were maintained.
- The practice had requested an external contractor to undertake a fire risk assessment. No high risk actions were identified and many medium and low risks were already actioned or had commenced implementation.
- The practice had reviewed their systems for receiving and disseminating safety alerts received from the Medical and Healthcare Products Regulatory Agency. A dedicated email address for the alerts had been allocated to designated administration staff and was reviewed daily.
- Recruitment checks were undertaken and documented in line with practice policy.
- Practice data for 2016/17 showed improvement in patient outcomes for long term conditions and childhood vaccines. However, some areas remained below local or national averages.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor and improve rates for childhood vaccines and reduce exception reporting for cancer related indicators.

The Ship Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop review was undertaken by a CQC inspector.

Background to The Ship Street Surgery

The Ship Street Surgery is located in East Grinstead, West Sussex. The practice provides services via a General Medical Services (GMS) contract (GMS contracts are a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is based in a purpose built premises on two floors. There are nine consulting rooms and three treatment rooms located on the ground floor. The practice is part of NHS Horsham and Mid Sussex Clinical Commissioning Group.

The practice has approximately 11,300 registered patients. The practice has patients from all age groups with a slightly higher proportion of patients aged over 40 compared to other age ranges. The area in which the practice is located is placed in the tenth least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics and information provided by the practice, the practice catchment area has a high proportion of people from a white British background who have English as their main language.

There are five GP partners, three salaried GPs, and one GP trainee. There are three male and six female GPs. GPs provide approximately 62 sessions per week in total which equates to 7.75 whole time GPs. The practice employs two nurses, two health care assistants, and one phlebotomist.

The practice manager is supported by a deputy practice manager and team of administrative and reception staff. The practice provides training to medical students and teaching for qualified doctors training to become GPs.

The practice is open and appointments are available between 8am to 8pm on Mondays, 8am to 6.30pm Tuesdays to Thursdays, and 7am to 6.30pm on Fridays. Telephone lines are open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that can be booked up to eight weeks in advance, urgent appointments are also available for patients that needed them. When the practice is closed patients are referred to the Out of Hours Service via NHS 111 service or emergency services via NHS 999.

Services are provided from the following location

Ship Street Surgery

Ship Street

East Grinstead

West Sussex

RH19 4EE

Why we carried out this inspection

We undertook a comprehensive inspection of The Ship Street Surgery on 9 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing well led services. The full comprehensive report following the inspection on December 2016 can be found by selecting the 'all reports' link for The Ship Street Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a desk-based inspection of The Ship Street Surgery on 20 July 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.

How we carried out this inspection

We carried out a desk-based focused inspection of The Ship Street Surgery on 20 July 2017. This involved reviewing:

- Blank prescription tracking logs.

- Fire safety risk assessment.
- Practice governance records, including meeting minutes.
- The practice provided evidence of their 2016/17 submitted Quality Outcomes Framework data. We reviewed and compared these figures with their previous achievement and local and national averages.

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

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 9 December 2016 we rated the practice as requires improvement for providing well-led services as the arrangements for ensuring blank prescriptions were monitored, fire risk assessments were carried out and safety alerts were disseminated and acted upon, were insufficient. In addition, there were concerns over record keeping for staff recruitment files and data showed below local and national average achievement for some long term conditions management and childhood vaccines.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 20 July 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had reviewed their governance arrangements to reduce risk and improve outcomes for patients:

- The practice had reviewed the arrangements for monitoring and tracking blank prescription forms. We saw documentation recording receipt of blank prescription forms into the practice and tracking logs for prescriptions used by individual GPs.
- The practice had contracted an external company to undertake a fire risk assessment. No high risk actions were identified and a number of medium risk actions had already been completed. For example, the practice had implemented a lone worker and a “hot works” policy to ensure safety and mitigate fire risk.
- The practice had reviewed the arrangements for ensuring there was a responsible person to check all alerts received from the Medicines and Healthcare Products Regulatory Agency when the practice manager was unavailable or on leave. The practice had changed the email address where the alerts were received into a generic practice email address. This allowed additional designated staff to view the alerts and arrange for them to be disseminated appropriately on a daily basis.

- The practice had reviewed their staff files to ensure recruitment checks had been undertaken and documented in line with practice policy. We saw evidence that two references had been requested and received for a member of staff previously identified as only having one reference. Members of staff with recruitment responsibility had been reminded of the recruitment and safeguarding policies.

The practice showed us data relating to childhood immunisation rates. Whilst improvements had been made, vaccine rates were below local and national standards (national target 90%). The practice had reviewed their governance arrangements in respect of actively following up with parents of children who had not received their vaccines and offered a variety of communication methods to ensure working parents were aware of appointments and reminders were issued.

The practice had undertaken a review of their Quality and Outcomes Framework (QOF) achievement for diabetes and cancer related indicators and exception reporting figures (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Improvements had been made to outcomes for diabetes and cancer care and exception reporting had reduced for dementia, heart failure and mental health indicators.

The practice had designated leads for cancer and diabetes care and had proactively followed up patients who had not attended for screening or review appointments. Diabetes audits had been undertaken to monitor blood glucose targets and improve patient outcomes. The practice continued to review its communication with patients, to remind them about their health checks, through a variety of sources, including text messages, letters and GP initiated telephone calls to reduce exception reporting through non-attendance.

These actions and improvements were now ensuring that requirements relating to provision of well led services were being met.