The Chapel Street Surgery

Quality Report

Chapel Street, Newhaven, East 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?	Good
Are services effective?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 4 February 2015. Breaches of legal requirements were found during that inspection within the safe, effective and well-led domains. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensure that all staff are trained in the safeguarding of children and vulnerable adults.
- Ensure all staff are supported by means of receiving appraisals
- Ensure a programme of infection control processes is in place in order to ensure that policies and processes are effectively implemented.
- Ensure that risk assessment and monitoring processes effectively identify, assess and manage risks relating to health, safety and welfare of patients and staff

  Our previous report also highlighted areas where the practice should improve:-
- Establish a process to ensure more formal sharing of information and learning from incidents for all staff

We undertook this focused inspection on 24 November 2015 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

This report should be read in conjunction with the last report from February 2015. Our key findings across the areas we inspected were as follows:-

- All staff had completed vulnerable adult and child safeguarding training to the appropriate level for their role and responsibilities.
- All staff had had a documented appraisal and were aware when the next was due.Training needs and opportunities were identified and acted upon.
- An infection control audit had been carried out and acted upon. The due date for the annual review of the audit was entered into the practice manager and infection control lead's calendars and would trigger an alert.
- A risk assessment had been carried out in relation to fire safety
- A new system for recording significant events that identified a wider range of risk had been devised and was available on the computer hard drive.

Summary of findings

- Significant events meetings were held every four to six weeks, decisions and learning were minuted, documented and disseminated to appropriate staff via their leads and via staff meetings.

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

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

At the inspection in February 2015 we found that not all staff had been trained in safeguarding children and vulnerable adults.

At this inspection in November 2015 we found that all staff had been trained in safeguarding children and vulnerable adults to a level appropriate with their role and responsibilities within the practice.

At our inspection in February 2015 we found that the practice had not carried out an audit or risk assessment of their infection control processes.

At this inspection in November 2015 we found that an audit had been carried out of their infection control processes. In addition we saw evidence that there were no outstanding issues arising from the audit. The audit was accessible on the computer system and we saw that there was a system in place to alert the practice manager and the clinical lead for infection control as to when the next audit was due.

Are services effective?

Good

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

In February 2015 we found that the practice had not ensured that all staff were supported by means of receiving appraisals. In November 2015 we found that all staff had received appraisals and were aware when their next appraisals were due. We looked at a sample of four staff files and in each case all of the appropriate sections had been completed and signed. Staff had had input into their appraisals and training needs had been identified.

Are services well-led?

Good

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

At the inspection in February 2015 we found that the practice had not always ensured that risk assessment and monitoring processes effectively identify, assess and manage risks relating to health, safety and welfare of patients and staff. Specifically we found that there had not been an audit or risk assessment of their infection control processes or an assessment of the risks related to fire safety and evacuation procedures.

At the inspection in November 2015 we found that an infection control audit had been carried out and acted upon. We also saw evidence of a fire risk assessment that had been carried out and that action points raised in the assessment had all been addressed.

Summary of findings

We also noted that significant event recording, analysis, learning and dissemination of learning points had been updated. Discussions and learning points were recorded in the minutes and also on to a central spreadsheet that contained all significant events.

Learning was disseminated from the significant events meetings to reception staff where appropriate, by the reception manager using a messaging and alert system to the reception computers and a 'task' alert specific to each administration staff member was also actioned. The lead nurse added learning points to the agenda for nursing clinical meetings.

We saw minutes of recent reception staff meetings and also of nursing staff meetings. Nursing staff minutes were retained in the lead nurse's room for nursing staff to read.

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

Good

The practice is rated good for the care of older people. At our inspection in February 2015 the provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety, effectiveness and being well-led, this population group is now also rated as good.

People with long term conditions

Good

The practice is rated good for the care of people with long term conditions. At our inspection in February 2015 the provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety, effectiveness and being well-led, this population group is now also rated as good.

Families, children and young people

Good

The practice is rated good for the care families, children and young people. At our inspection in February 2015 the provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety, effectiveness and being well-led this population group is now also rated as good.

Working age people (including those recently retired and students)

Good

The practice is rated good for the care of working age people (including those recently retired and students). At our inspection in February 2015 the provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety, effectiveness and being well-led, this population group is now also rated as good.

People whose circumstances may make them vulnerable

Good

The practice is rated good for the care of people whose circumstances make them vulnerable. At our inspection in February

Summary of findings

2015 the provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety, effectiveness and being well-led, this population group is now also rated as good.	
People experiencing poor mental health (including people with dementia) The practice is rated good for the care of people experiencing poor mental health (including people with dementia). At our inspection in February 2015 the provider was rated as requires improvement for safety, effectiveness and for being well-led. The concerns which led to these ratings applied to everyone using the practice, including this population group. As following this inspection, the practice is now rated as good for safety, effectiveness and being well-led, this population group is now also rated as good.	Good

The Chapel Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a second CQC inspector, and a practice manager specialist advisor.

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 04 February 2015 as part of our regulatory 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. As a result, we undertook a focused inspection on 24 November 2015 to follow up on whether action had been taken to deal with the breaches.

Good

Are services safe?

Our findings

Learning and improvement from safety incidents

At the inspection in February 2015 the safe domain was rated as requires improvement. We saw that The practice had systems in place for reporting, recording and monitoring significant events, incidents and accidents. There was some evidence of learning from incidents, as learning points had been recorded on the incident forms used but it was unclear how this learning was shared with the whole practice team.

At the inspection in November 2015 the safe domain was rated as good. We were shown evidence in the form of a centrally stored spreadsheet that the significant event recording, analysis, learning and dissemination of learning points had been updated. The practice's classification of significant events had expanded from specific clinical events to include any event that was a perceived risk to patients or staff and all staff were encouraged to report such events. The events were discussed at monthly meetings of senior staff and the learning disseminated to staff by their leads verbally, via email and through minuted staff meetings.

Cleanliness and infection control

At our last inspection in February 2015 we found that the practice had not carried out an audit or risk assessment of their infection control processes.

At this inspection in November 2015 we found that an audit had been carried out of their infection control processes. In addition we saw evidence that there were no outstanding issues arising from the audit. The audit was accessible on the computer system and we saw that there was a system in place to alert the practice manager and the clinical lead for infection control as to when the next audit was due.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At the last inspection in February 2015 the effective domain was rated as requires improvement We found that not all staff had received training in safeguarding children and vulnerable adults.

At the inspection in November 2015 the effective domain was rated as good. We found that all staff had been trained in the safeguarding of children and vulnerable adults to a level appropriate to their roles and saw certificates to support this.

Previously in February 2015 we found that the practice had not ensured that all staff were supported by means of receiving appraisals. Some staff we spoke with told us they had not received regular appraisals which would have given them the opportunity to discuss their performance and to identify future training needs.

On this occasion in November 2015 we found that all staff had received appraisals and were aware when their next appraisals were due. We looked at a sample of four staff files and in each case all of the appropriate sections had been completed and signed. Staff had had input in to their appraisals and training needs had been identified. We also saw that the practice was in the process of introducing a new 'passport' scheme for training to encourage joint responsibility for training between management and staff. In this scheme, in addition to the current centrally retained training record, each member of staff would carry a customised record of their training requirements and needs. Dates that training had taken place and renewal dates would be recorded in the document. We saw examples of the documents for clinical and non-clinical staff and all of the staff that we talked to were aware of the scheme and that its introduction was imminent.

Are services well-led?

Good

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

Our findings

Governance arrangements

At the inspection in February 2015 the well-led domain was rated as requires improvement. We saw that the practice held regular meetings, including GP partner meetings and weekly clinical review meetings. The GP partner meetings facilitated communication between the GPs and the practice manager. The practice told us that significant events were discussed at those meetings. We saw records of partners meetings held in January and May 2014 but there was no evidence that incidents had been discussed at those meetings. There was some evidence of learning from incidents, as learning points had been recorded on the incident forms used but it was unclear how this learning was shared with the whole practice team.

At the inspection in November 2015 the well-led domain was rated as good. We saw that significant event recording, analysis, learning and dissemination of learning points had been updated. One of the GP partners who was the significant events lead showed us that the practice's classification of significant events had expanded from specific clinical events to include any event that was a perceived risk to patients or staff. All staff were encouraged to report any such event to the practice manager. We saw how the event was recorded on to a centrally retained spreadsheet for discussion at the next significant event meeting. Regular significant events meetings were held at approximately monthly intervals and senior members of each team attended the meetings as appropriate depending on the events discussed. The originator of an alert would also be invited to discuss their alert. Discussions and learning points were recorded onto minutes and also onto a central spreadsheet that contained all significant events. The spreadsheet was used to identify trends and we were shown a situation where it was noted that patients on certain blood pressure medications were not always attending for yearly blood tests. This was audited and led to an improved system of alerts and reminders being built in to the computerised patient records system.

Learning was disseminated from the significant events meetings to reception staff where appropriate by the reception manager using a messaging and alert system to the reception computers. A 'task' alert specific to each reception or administration staff member was also actioned and any relevant issues would be talked about in meetings and minuted. The lead nurse added learning points to the agenda for nursing clinical meetings which were minuted and we saw minutes of these meetings.

At the previous inspection in February 2015 we saw that the practice had considered some of the risks of delivering services to patients and staff and had implemented some systems to reduce risks. The practice manager also told us that a daily visual inspection of the practice identified immediate risks.

However, the practice had not assessed the risks associated with fire safety and evacuation procedures. The practice had not undertaken an audit or risk assessment relating to infection control processes within the practice and we were unable to see any further evidence of risk assessment relating to the environment or activities undertaken within the practice.

At this inspection in November 2015 we found that an infection control audit had been carried out and acted upon. We also saw evidence of a fire risk assessment that had been carried out and that action points raised in the assessment had all been addressed. There was a record of a fire drill that had taken place in the last year, fire alarms were tested weekly and staff that we interviewed were all aware of the procedure in case of a fire alert. We also saw evidence of ongoing risk assessments related to safety in clinical rooms.