

Dr Hutchings and Partners

Quality Report

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Date of inspection visit: We have not revisited Dr Hutchings and Partners as part of this review because it was able to demonstrate that it was meeting the standards without the need for a visit.
Date of publication: 01/02/2017

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 safe?	Good	
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 a comprehensive inspection of Dr Hutchings and Partners on 27 April 2016. The practice was rated as requires improvement for providing safe care and well led services and good for being effective, caring and responsive. The practice was rated as requires improvement overall. This was because we found that there was not always clear documentation of significant events or of the meetings where these were discussed; the practice's significant events policy was not followed and not all staff attended the meetings. The practice did not carry out annual reviews of significant events to identify trends. In addition, there was not always adequate monitoring and mitigation of risks relating to fire, gas and electrical appliance safety. It was also found that the monitoring of training was weak, and not all staff had completed up to date training relevant to their roles, such as safeguarding children and adults, health and safety and infection control.

Following the inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time in relation to significant events, premises safety and staff training.

In addition to the regulation breach, during the inspection in April 2016, we made recommendations of

best practice to address some minor areas of concern. Whilst the practice was rated as good for providing effective and responsive services, we recommended that the practice reviewed its decision making process for exception reporting of some patients with long-term conditions. (Exception reporting is the removal of patients from Quality and Outcomes Framework calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We also recommended that they took steps to enable patients with disabilities, hearing difficulties and those whose first language is not English, to access the surgery services more easily.

We carried out a desktop inspection of Dr Hutchings and Partners in December 2016 to assess whether the practice had made the recommended improvements. We found the practice was able to demonstrate that they were meeting the standards for safe care and well led services. In particular;

- There were systems in place to ensure that learning from significant events was clearly documented and disseminated throughout the practice to all relevant staff.
- Risks relating to fire, gas and portable electrical appliance safety had been assessed and mitigated.

Summary of findings

- All team members were up to date on statutory training to ensure the safety and wellbeing of patients and staff.
- The practice provided evidence that they had improved the governance arrangements for recruitment and had requested suitable references for new personnel.

The practice was also able to demonstrate they were working towards improving their exception reporting figures through increased communication with their patients. They had initiated a text reminder service in November 2016 to call patients in for annual review and commenced a personalised telephone reminder service for some patient groups. These systems were reported to be working well, although the initiatives had occurred too

recently to offer any comparable data. They had also reviewed the patient equality and accessibility issues and had undertaken repair work to the automatic entrance doors to make access easier for less able bodied patients. They had access to a telephone based interpretation service and all staff were aware how to access it for their patients. Although a hearing loop was not yet available, the GP partners had agreed it was necessary and the practice manager was looking at availability and pricing.

We have updated our ratings to reflect these changes. This report should be read in conjunction with the full inspection report.

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.

Since our last inspection in April 2016, the practice was found to have undertaken work to address matters of concern around significant events, fire, gas and electrical appliance safety, and staff training and references:

- The practice ensured that the discussion of significant events was added to the agenda for all general staff and monthly clinical meetings. These were minuted, and records saved electronically and on a hard copy accessible to all staff.
- The practice had the fire safety systems reviewed, including testing of the fire alarms and emergency lighting, servicing of fire extinguishers, introducing weekly checks for fire alarms and emergency lighting, and recording fire drills.
- The practice had a new gas boiler fitted in October 2016, for which a Buildings Regulations Compliance Certificate had been received.
- They had arranged for Portable Appliance Testing (PAT) to be undertaken on all relevant electrical equipment in May 2016, and setting up a contract to ensure that this is repeated on an annual basis.
- The practice showed us evidence that governance arrangements were being followed regarding recruitment. We saw that suitable references were being sourced and retained.

Good



Are services well-led?

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

Since our last inspection in April 2016, the practice was found to have undertaken work to address matters of concern around leadership and governance by:

- Putting in place the additional processes required to fully ensure that risks relating to patient safety were mitigated and that the service was responsive to all patients' needs.
- There was now clear documentation of significant events, which were discussed regularly at meetings which could be attended by all staff, and minuted for those who had been unable to attend.
- Risks relating to the operation of the premises, including fire, gas and portable electrical appliances were assessed and mitigated.

Good



Summary of findings

- They ensured that all staff were fully up to date on statutory training, including safeguarding, health and safety and infection control, with certificates kept in their personnel files.

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 provider had resolved the concerns for safety and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 27 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Hutchings and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This desktop review was undertaken by a CQC Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 27 April 2016 and published a report setting out our judgements. We asked the provider to send an action plan of the changes they would make to comply with the regulation they were not meeting at that time.

We undertook a focussed follow up inspection in December 2016 to ensure that the necessary changes had been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited Dr Hutchings and Partners as part of this review because the practice was able to demonstrate compliance without the need for an inspection visit.

How we carried out this inspection

We reviewed information provided to us by the practice, including the action plan provided to us following the issue of a Requirement Notice, meeting minutes, significant event records, training records, and documents related to fire, gas and electrical appliance safety.

Are services safe?

Our findings

Safe track record and learning

During the inspection in April 2016, it was found that there was not an effective system in place for reporting and recording significant events. They were recorded on a form, but in some cases there was little information about action plans and learning points arising, or review dates

However we did see evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and an apology. Where appropriate, they were told about any actions to improve processes to prevent the same thing happening again. We also saw evidence that action was taken to improve safety in the practice.

We were told that the practice manager shared learning relating to some significant events with nurses and non-clinical staff verbally and by email. Learning relating to clinical incidents was shared between GPs in significant event meetings, but the practice manager and nurses did not attend these meetings, and the minutes from them were found to be brief and lacking in detail of the events, action plans or review processes. The practice policy stated that significant event meetings should be multidisciplinary, and that relevant information from the meeting should be distributed to all necessary staff to ensure learning, but this was not being followed. It was also found in April 2016 that no annual analysis of significant events took place, to analyse trends and identify wider learning.

In December 2016, the practice provided evidence that significant events were now discussed at all bi-monthly clinical and whole team meetings, and minuted clearly for distribution to any staff unable to attend, or for future reference. Learning points were noted, along with any relevant review dates to ensure that actions arising were undertaken. A review of significant events had been undertaken to identify trends, and this had been discussed at a whole team meeting in May 2016.

Overview of safety systems and processes

During the inspection in April 2016, staff demonstrated that they understood their responsibilities, and had all received training around safeguarding children and vulnerable

adults relevant to their role. However, five members of non-clinical staff were out of date on their adult safeguarding training, and three for child safeguarding training

In April 2016 the practice was found to maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses was the infection control clinical lead, and kept up to date with best practice. There was an infection control protocol in place, and annual infection control audits were undertaken. However, one member of clinical staff had not received up to date infection control training.

In December 2016, the practice provided evidence that all staff members were up to date on statutory training, including adult and child safeguarding, and infection control. They also showed us evidence that governance arrangements were being followed regarding recruitment. We saw that suitable references were being sourced and retained.

Monitoring risks to patients

At the time of the April 2016 inspection, it was found that one member of clinical staff and one non-clinical team member had not completed up-to-date health and safety training. However, the non-clinical team member had only started at the practice a short time previously

In December 2016, the practice provided evidence that all staff members were up to date on statutory training, including health and safety.

On inspection in April 2016, it was found that risks to patients were not always assessed and well managed. The practice had a fire risks assessment dated February 2015, and carried out fire drills every six months, but there were no records of who had attended so there was not a system for ensuring all staff were practised in what to do in the event of fire. Fire extinguishers had not been serviced since February 2014, and fire alarms were six months overdue for twice-yearly servicing. There was no evidence of tests of fire alarms. The practice manager had attempted to arrange for servicing work to be done on a number of occasions, but had not received a response.

Are services safe?

The boiler had been serviced in February 2016, and the report had stated that it had insufficient ventilation. This had not been rectified at the time of the inspection. There were carbon monoxide alarms located outside the boiler room.

Portable electrical equipment was not checked to ensure that it was safe to use. However, clinical equipment was tested as required to ensure it was working properly.

In December 2016, the practice provided evidence that it had addressed the issues of concern. It had appointed a new fire safety company which had reviewed the fire safety systems and confirmed that they were in good working order. The fire alarms will now be tested by this company

on a six monthly basis, and weekly checks are being undertaken and recorded by the practice. A battery test was undertaken on the emergency lighting in June 2016, and it is also being checked weekly by the practice. Fire drills are also being recorded; the most recent was an unannounced evacuation on November 17, 2016. The fire extinguishers were serviced in July 2016.

A new gas boiler was fitted in October 2016, and this received a Building Regulations Compliance Certificate. Portable Appliance Testing (PAT) was undertaken on all relevant electrical equipment in May 2016, and a contract set up for this to be repeated on an annual basis.

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

During our inspection in April 2016, we found that the practice had a governance framework which supported the delivery of strategy and care. However, improvements were required. Practice specific policies were available to all staff, but policy was not always followed to ensure that learning was shared with the whole team, for example in relation to significant events.

It was also found that arrangements for identifying, recording and managing risks and issues and implementing mitigating actions were inconsistent. For example, there was not always clear documentation of significant events and the meetings where these were discussed. Risks relating to the operation of the premises were not always assessed and mitigated, for example those associated with fire, gas and portable electrical equipment safety. In addition, not all staff mandatory training had been reviewed and documentation was not always complete. This meant some staff were not up to date with training such as safeguarding children and adults, infection control and health and safety.

In December 2016, the practice provided evidence that :

- Significant events were clearly documented and meetings relating to them were minuted.
- The practice had undertaken actions to address fire, gas and portable electrical equipment risks, with a clear structure for the future assessment and monitoring of these issues.
- Mandatory staff training was up to date, the training matrix was checked on a monthly basis and staff were informed if training was due. Training was also discussed at staff meetings.

Leadership and culture

In April 2016 we found that the practice had systems in place to ensure that when things went wrong with care and treatment, it gave affected people reasonable support, truthful information and a verbal and written apology, but did not always keep detailed records. Staff had told us that the practice held regular meetings, but not all relevant staff attended appropriate meetings and they were not always thoroughly minuted to ensure that learning could be shared with those unable to attend.

In December 2016, the practice evidenced that this had been rectified through improved record keeping regarding significant events which had affected patients. In addition, the practice now keeps more thoroughly minuted meeting records, which are accessible and distributed to all staff.