

Ward Practice

Quality Report

Honiton Surgery
Marlpits Road
Honiton
Devon
EX14 2NY
Tel: 01404 548544
Website: www.honitonsurgery.nhs.uk/

Date of inspection visit: 16 May 2018
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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 caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to Ward Practice

3

Detailed findings

4

Letter from the Chief Inspector of General Practice

This service is rated as Good overall.

We undertook a comprehensive inspection of Ward Practice in August 2017 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.

We undertook a follow up inspection on Wednesday 16 May 2018 to check that action had been taken to comply with legal requirements. The full comprehensive report on the August 2017 inspection can be found by selecting the 'all reports' link for Ward Practice on our website at www.cqc.org.uk.

At this inspection the key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – **Good**

At this inspection we found:

- An overall improvement in the systems and processes used to ensure good governance in accordance with the fundamental standards of care, particularly in regard of record keeping, recruitment, staff training, risk management and staff development.
- Continued reporting and management of significant events with a more detailed recording system to further evidence learning and actions taken.
- A more comprehensive system for the identification of patients who were also carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Ward Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector.

Background to Ward Practice

Ward Practice, also known as Honiton Surgery, is a GP practice which provides its services to approximately 17,000 patients.

The practice is situated in the Devon town of Honiton and is made up of two separate practices which merged in 2016.

The practice is open Monday to Friday between 8.30am and 6.30pm. Outside of these hours patients are directed to the local NHS 111 out of hours provider as part of a local agreement. Out of hours information is displayed outside of the practice, within our newsletter, website and within the patient information leaflet. Extended hours are offered but not freely advertised on the website or in the patient newsletter. Patients were advised to speak with a receptionist about these. We were told these were between 7.30am and 8am on Monday, Wednesday and Thursdays and from 6.30pm until 8pm and sometimes 8.30pm on Tuesdays and Wednesdays.

Routine appointments can be made for nurses up to six months in advance and for GPs up to two months in advance. Urgent appointments are available on the same day and can be booked by receptionists, however there is a trigger point where the practice move to a total telephone triage system where patients speak with a GP first. There is a system to ensure patients falling within certain criteria would automatically see a GP. For example, children under the age of five years old.

The practice population is in the eighth decile for deprivation. In a score of one to ten, the lower the decile the more deprived an area is. There is a practice age distribution of male and female patients equivalent to national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 81 years and females living to an average of 85 years.

There is a team of 15 GPs (ten female and five male). Of the 15 GPs, 11 are GP partners, holding financial and managerial responsibility of the practice. Together they provide a whole time equivalent (WTE) of nine GPs. The team of GPs are supported by nine registered nurses, one

Assistant practitioner and ten health care assistants. The clinical team are supported by a practice manager and a team of over 30 administration and reception staff and a team of five cleaning staff.

The practice is a teaching practice for medical students and is also a Royal College of GPs (RCGPs) research practice.

The GPs provide medical support to five care homes and two homes for patients with learning disabilities. The practice is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from the main site of:

Honiton Surgery

Marlpits Road

Honiton

Devon

EX14 2NY

Are services safe?

Our findings

We did not inspect this domain on this inspection.

Are services effective?

(for example, treatment is effective)

Our findings

We did not inspect this domain on this inspection.

Are services caring?

Our findings

We did not inspect this domain on this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not inspect this domain on this inspection.

Are services well-led?

Good 

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

Our findings

At the last inspection in August 2017 we found:

Effective systems and processes were not always established to ensure good governance in accordance with the fundamental standards of care, particularly in regard of record keeping, recruitment, risk management and staff development.

For example:

- Recruitment records were incomplete and did not show that all pre-employment checks had been performed despite evidence indicating some of these checks had been completed.
- Training records were incomplete and did not demonstrate that staff had received appropriate training. For example, not including all members of staff on the training spreadsheet or identifying that some safeguarding training had not been completed. Where there were gaps we saw evidence to indicate training had occurred. The provider submitted this evidence shortly after the inspection.
- Appraisal records were not maintained to show that seven of the 37 administration staff had not received an appraisal in the last year.
- An environmental risk assessment had not been performed at the practice and risk assessment documents (fire and legionella) had not been kept up to date to demonstrate what action had been taken or agreed.
- Records of significant events did not always demonstrate the actions and learning described by staff.
- The system used for identifying carers was ineffective.

Following the inspection the provider sent an action plan with timescales of how they planned to introduce changes and improvements. The practice had also employed a strategic manager who was in post and going through a transitional period with the existing retiring practice manager.

At this inspection in May 2018 we found these changes had been fully introduced. The practice had made significant improvements. For example:

- Immediately following the inspection a computer spreadsheet had been implemented to capture and monitor the employment checks that had been

completed. This was monitored by the practice manager. Following this, a new computerised recruitment (human resources-HR) system had been introduced which held all documents, data and employment information. The spreadsheet system was being used until the new system was fully embedded. The practice manager told us the system automatically provided alerts when information was due to be updated or when appraisals were due to take place. We spoke with one member of staff who told us they were able to access an 'app' from home to book annual leave and special leave which was convenient.

- At the last inspection the practice had partially introduced a mandatory training eLearning computer system. This system was now fully embedded and demonstrated that all staff were up to date with refresher training. The practice manager told us they were able to add external training to this system. There were processes in place for an identified member of staff to maintain an overview of this and remind staff when updates were due.
- The new HR system was being used to record appraisals. The system used pre-appraisal assessments by the employee and employer and identified any training needs. We spoke with staff who said the process was more 'meaningful' and easy to use. Records showed that all staff had received an appraisal in the last year with future dates booked.
- All risk assessments had been completed since the last inspection and all actions completed. The infection control risk assessment at the last inspection had highlighted a need for cleaning schedules to be used. These had been introduced throughout the building and were colour coded according to risk. The outstanding actions on the legionella risk assessment and fire risk assessment had been completed and clearly recorded. The practice had also completed a generic environmental risk assessment in October 2017.
- Significant events continued to be managed well at the practice and the reviewing process and recording of these had now formalised. The GPs had commenced a daily coffee break meeting where low level issues and clinical cases could be discussed. We were told that any significant events would be discussed at these meetings to initially identify immediate action that needed to be taken. The monthly meetings continued to take place

Are services well-led?

Good 

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

where significant events were formally discussed. The documents of these meetings had not changed but were now being completed in detail to formally capture the actions, learning and review that had taken place.

- At the last inspection it was highlighted that a small number of carers had been identified. An immediate

investigation had highlighted that staff were using different codes on the computer system to identify carers. Staff were tasked to use the same code and it was highlighted that the practice had 507 (2.9%) carers rather than 74 (0.4%). This was above the national target of 2%.