Heath Hill Surgery

Quality Report

54 Heath Hill Road South
Crowthorne
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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

Our previous inspection in October 2014 found breaches of regulation relating to the safe, effective and well-led delivery of services.

We found the practice required improvement for the provision of safe, effective and well-led services, and was rated good for providing caring and responsive services. Consequently we rated all population groups as requiring improvement.

This inspection was undertaken to check the practice was meeting regulations. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 23 October 2014.

We found the practice had made improvements since our last inspection. At our inspection on the 16 July 2015 we found the practice was meeting the regulation that had previously been breached.

Specifically we found:

- The practice had instituted systems to manage medicines and prescribing and had appointed one of the GPs as lead in medicines management.
- Staff were complying with the practice control of infection policy.
- Improvements had been made to protect the confidentiality of patient information..
- The practice was actively identifying, assessing and managing risks to health and safety of patients, staff and visitors.

We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led 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?

Good

The practice had taken appropriate action to become good for the provision of safe services.

Records we reviewed and processes we observed confirmed this.

In July 2015, we noted the practice had addressed the issues, surrounding safeguarding, infection control and medicines management. These were judged as contributing to a breach of regulation at our inspection on 23 October 2014.

The practice had reviewed the prescribing of antibiotics and reinforced best practice for prescribing these medicines. Data showed the practice performance in prescribing these medicines was falling in line local prescribing targets. The availability of chaperone services was promoted via a notice in the waiting room and both GPs and nurses had attended the appropriate level of safeguarding training.

Are services effective?

Good

The practice had taken appropriate action to become good for the provision of effective services.

Records we reviewed and processes we observed confirmed this.

In July 2015 we found the practice had addressed the issues relating to prescribing alerts. These were judged as contributing to a breach of regulation at our inspection on 23 October 2014.

A system of removing medicine alerts from the front page of patient records had been introduced. This ensured prescribing information was only held in the prescribing section of the patient's record and that this information was consistent and up-to-date.

Are services well-led?

Good

The practice had taken appropriate action to become good for the provision of well led services.

Records we reviewed and processes we observed confirmed this.

The practice actively identified, assessed and acted to manage potential risks. The registered manager and practice manager had instituted a weekly safety check which involved a review of the practice premises and the processes in place to manage risk. We found that action had been taken to address the issues relating to privacy of information, safety of facilities and safe prescribing identified at the previous inspection. The programme of practice meetings covered a wide range of topics including managing risk.

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 as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients were offered a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people on the at risk register. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had carried out annual health checks for people with learning disabilities and 25 out of 27 of these patients had received a follow-up. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia). Twenty four out of 34 patients with poor mental health had a care plan in place. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had a system in place to follow up on patients who had been discharged from hospital to support them in the community.

Summary of findings

Heath Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector who undertook this focused inspection..

Background to Heath Hill Surgery

Heath Hill Surgery is located in a three storey premises in a semi-rural area. It provides primary medical services to approximately 7200 registered patients. The practice has 18 staff, including five GP partners (one partner is salaried); two male GPs and three female GPs, practice nurses, administration, reception and management staff. The practice has a higher proportion of patients over the age of 40 years and between 10-15 years compared to the local clinical commissioning group (CCG) average and a lower proportion in 20-39 years age group. The practice serves a population which is more affluent than the national average.

We visited the practice location at 54 Heath Hill Road South, Crowthorne, Berkshire RG45 7BN

The practice has opted out of providing out-of-hours services to its own patients and uses the services of a local out-of-hours service.

The practice holds a General Medical Services (GMS) contract. GMS contracts are centrally negotiated for all GP practices in England.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 12.30pm every morning and 3.50pm to 5.40pm daily. Patients needing to be seen urgently are seen by the duty doctor or after the last booked appointments.

Extended hours surgeries are offered at the following times 8.20am to 11.50am on alternate Saturday mornings.

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 as part of our regulatory functions. This inspection took place on 23 October 2014 and we published a report setting out our judgements. These judgements identified a breach of regulations. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting at that time.

This focused 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, review the breaches identified and the ratings awarded for the safe, effective and well led domains, under the Care Act 2014.

How we carried out this inspection

Before visiting on 16 July 2015 the practice confirmed they had taken the actions detailed in their action plan.

During our visit we undertook some observations of the environment. We met with the practice manager and the deputy practice manager. We spoke with two GPs and a

Detailed findings

practice nurse. We reviewed documents relating to the management of the service. All were relevant to demonstrate the practice had addressed the breach of regulation identified at the inspection of October 2014.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Good

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

When we visited the practice in October 2014 we found a member of the nursing staff, when given a scenario of potential child safeguarding, did not identify it as such. Also the availability of chaperones was not promoted in the practice waiting area.

At the inspection on 16 July 2015 we saw records of all GPs and nursing staff attending level three, the required level of training for GPs, training in child safeguarding. We also saw minutes of meetings where safeguarding issues were discussed.

We saw that the availability of chaperones was clearly displayed on a notice in the waiting room.

Medicines management

When we visited the practice in October 2014 we found the medicine fridge temperatures were not recorded consistently and the immunisation schedule was out of date. We also found that alerts on the front page of patient's records did not match with the content of the prescribing pages in the records.

During this visit we saw that the medicines fridge temperatures were monitored daily and all the readings we checked showed the fridge to be operating within the required temperature ranges. We saw instructions issued to GPs and the member of staff who prepared repeat prescriptions to remove all alerts from the front page of patient's records. This was achieved whenever a record with a front page medicine alert was opened by either a GP, nurse or the repeat prescription officer. Minutes of meetings, the protocol we reviewed and our discussions with GPs assured us that the alerts were being removed when the records were accessed. This meant that information about medicines and prescribing was only held in the relevant section of patient's records.

A more robust system to ensure action was taken on national medicine alerts had been introduced. When an alert was received relating to a specific medicine the deputy practice manager produced a list of all patients prescribed the medicine. The lists were distributed to GPs and when they completed their action they were required to return the annotated list to the deputy practice manager.

We also found the practice had taken a range of actions to address to improve prescribing practice. One of the GPs had taken on the role of prescribing lead and we saw minutes of meetings where best prescribing practice guidelines were shared and reinforced with the GPs and the nurse practitioner. The practice had revised their prescribing guidelines and we saw the new guidelines included not only advice and guidance to prescribers but also detailed the repeat prescribing processes for administrative staff that produced the prescriptions for GPs to sign. We were shown prescribing data that demonstrated the practice had reduced the use of a specific antibiotic which was a target in the local prescribing scheme to 3.43% which was below the national average of 3.67%. The practice had previously been high prescribers of antibiotics.

The practice took part in the local medicines management scheme. In March 2014 they achieved 12 out of 20 points in the scheme. The stronger focus on prescribing in 2014/15 resulted in the practice achieving 19 of the 20 points by March 2015. There was a system in place to remove out of date medicine alerts from the front page of patients' records when the record was accessed. This meant all prescribing information was kept in the prescribing section of the record and reduced the risk of a mismatch between the alert and the actual prescribing record.

Cleanliness and infection control

When we visited the practice in October 2014 we found a member of nursing staff was not following the practice control of infection policy in regard to hand hygiene.

During this visit we met the nurse on duty and saw they were complying with the practice control of infection policy. We noted that the practice policy had been reinforced with all staff. The practice had carried out a further control of infection audit and was taking action on the findings. For example a hand washing audit was scheduled for Autumn 2015 and a room identified as being cluttered had been cleared out on the ground floor.

Equipment

The visit carried out in October 2014 identified a risk from excessively hot water from the hand washing basin in the male toilets.

Good

Are services safe?

During our visit on 16 July 2015 we found the practice had reduced the risk by limiting access to the hot water control and placing a warning notice adjacent to the wash hand basin.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

When we visited the practice in October 2014 we found the practice had a system in place to review referrals to hospital and other clinical services. However, they were referring greater numbers of patients to dermatology and orthopaedics than other practices in the Clinical Commissioning Group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services). We also found that the practice had out of date medicine alerts on the front page of some patient records. These did not match the records of medicines prescribed in the prescribing section of the patient's record.

At our visit in July 2015 we saw data that showed the practice had reduced the levels of referrals to hospitals and other health services and continued their daily review of proposed referrals. The practice data showed them to be in line with the CCG referral rates.

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

When we visited the practice in October 2014 we found that it did not have robust arrangements in place to identify, record and manage risks. We identified concerns including; hot water temperatures and potential breach of privacy in the male toilets, not all staff complying with the practice control of infection policy, a lack of leadership in prescribing, inconsistent monitoring of fridge temperatures, out of date alerts on patient records, the opportunity for patients to see or overhear personal information and inconsistent understanding of child safeguarding.

In July 2015 we found the practice had taken a range of actions to enhance and improve governance arrangements. It had addressed the matters which led to the issue of a requirement notice. Robust systems were in place to monitor and manage the prescribing and safety of medicines. The practice had appointed a GP to lead on prescribing and we found minutes of meetings that showed the practice was active in meeting prescribing targets.

General health and safety was managed by the senior GP and practice manager. We found they had completed actions to improve health and safety issues identified at the previous inspection and introduced a monitoring system to identify and address any safety concerns. These included improving the maintenance of confidential patient information and enhancing the systems to reduce the risks of cross infection.

In addition to the issues identified from inspection the practice showed us a number of updated clinical guidelines. These included family planning guidelines and hypertension and type 2 diabetes guidelines. We found the new guidelines had influenced delivery of care. For example, 24 hour blood pressure monitoring was used to ensure a more accurate diagnosis of high blood pressure.