

Needham Market Country Practice

Quality Report

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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 well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Needham Market Country Practice on 1 December 2015. The overall rating for the practice was requires improvement.

We undertook a focused follow up inspection on 24 November 2016 where we found some breaches of legal requirements were still in place and a warning notice was served for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

You can read these reports by selecting the 'all reports' link for Needham Market Country Practice on our website at www.cqc.org.uk.

We undertook a focused follow up inspection on 6 April 2017 to check that the practice had taken urgent action to ensure they met the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

This report covers our findings in relation to the warning notice in addition to other issues identified at the previous inspections and to confirm they meet legal requirements.

Our key findings on 24 November 2016 were:

- We found that safety systems had been improved but these needed to improve further.
- We found that practice staff had received appropriate chaperone training but not all staff had received a Disclosure and Barring Service check.
- Not all practice staff had received infection prevention and control training.

There were also areas identified that we told the provider they should improve:

- Embed and monitor the recently introduced policies and procedures into the working of the practice.
- Ensure accurate records are kept in relation to the immunisation status of all appropriate staff including locum GPs.

Our key findings on 6 April 2017 were as follows:

- Safety systems had been improved further with risk assessments and training in place.

Summary of findings

- All staff who undertook chaperoning had received a Disclosure and Barring Service check.
- All practice staff had received infection prevention and control training.
- Accurate records were kept in relation to the immunisation status of all appropriate staff including locum GPs.

However, there were also areas of practice where the provider continually needs to make improvements; the provider should:

- Ensure that staff continue to receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

- The provider should continue to ensure the new protocols and methodologies are embedded to maximise the appropriateness, workability and sustainability of the new systems and processes
- Ensure that learning identified from complaints is shared with all the staff members in the practice.

Overall the practice is now rated as Good.

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?

During our focused inspection in April 2017, we found the practice had implemented an effective system to keep patients and staff safe:

- A complete risk assessment had been completed at the main surgery on 7 February 2017 by an external contractor; this included risks relating to fire, health and safety and vulnerable patients within the practice.
- The report resulted in the implementation of fire safety and health and safety risk assessments at both branch surgery sites. Other actions taken included fixed wire testing, weekly testing of fire alarms, monthly emergency lighting checks and the recording of all testing and servicing of safety systems.
- The practice fire safety training log identified that all staff had undertaken both online and practical fire training. Staff we spoke with were able to describe the latest fire drill and identified learning from the training they received.
- We saw that Disclosure and Barring Service (DBS) checks had been undertaken for all staff who undertook chaperoning.
- We found the practice had implemented a training schedule for all staff. We saw that all staff had completed infection control training; this was included as part of a staff induction process.
- We found that the process to embed and monitor the recently introduced policies and procedures into the working of the practice was on-going.
- We found that accurate records were in place in relation to the immunisation status of all appropriate staff including locum GPs.

Good



Are services well-led?

During our focused inspection in April 2017 found the practice had implemented effective systems to keep patients and staff safe:

- A comprehensive range of risk assessments had been undertaken. Staff had attended training courses in fire and health and safety risk assessment and infection control, with further courses scheduled to ensure knowledge and skills were embedded. Induction training implemented since our last inspection included infection control and fire safety.

Good



Summary of findings

- Staff were able to access the practice intranet to ensure they had access to all appropriate information. A designated member of staff had received training in the computer software system and reviewed any updates added to the system; this was then cascaded to other staff within the practice.
- We found that improvements identified at our previous inspection had been completed; training sessions, appraisals and meetings had been undertaken. Following appraisals we saw there was a planned schedule of meetings with staff and the GP partners to discuss the outcome of appraisals and the learning needs identified from them. However, we found there was scope to further ensure that staff continue to receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

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

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that staff continue to receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- The provider should continue to ensure the new protocols and methodologies are embedded to maximise the appropriateness, workability and sustainability of the new systems and processes
- Ensure that learning identified from complaints is shared with all the staff members in the practice.

Needham Market Country Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector

Background to Needham Market Country Practice

Needham Market Country Practice is situated on the outskirts of Needham Market, Suffolk. The main practice provides treatment and consultation rooms situated at ground level. Parking is available at the main practice with level and ramp access and automatic doors.

The practice leases two consultation rooms. These are based at Somersham Village Hall for Tuesday morning appointments with a GP and at Claydon pharmacy for Monday and Friday morning GP appointments. We did not visit these sites as part of this inspection.

The practice has a team of seven GPs, three female and four male, to meet patients' needs. All seven GPs are partners, meaning they hold managerial and financial responsibility for the practice. There is a team of five practice nurses, two health care assistants and two phlebotomists who run a variety of appointments for long term conditions, minor illness and family health.

There is a dispensary manager and a team of dispensers. In addition there are two practice administrators and a team of non-clinical administrative, secretarial and reception staff who support the practice manager. Community midwives run sessions twice weekly at the practice.

Patients reside in the town of Needham Market and the surrounding rural area. The practice offers general medical services to a practice population of approximately 12,000 patients. There is a dispensary on site and the practice currently dispenses to approximately 40% of its patient population. The practice provides a range of clinics and services and is open between the hours of 8am and 6.30pm Monday to Friday. Appointments are from 8.30 to 10.30 every morning and 3.30pm to 5.30pm daily.

Extended hours or evening surgery pre-bookable appointments are offered from 6.30pm to 8pm Monday evenings and Saturday mornings. In addition appointments are available on Monday and Friday mornings at the satellite surgeries in Claydon and on Tuesday mornings at Somersham. Appointments for these surgeries can be booked through the main surgery. In addition to

pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are also available.

When the practice is closed patients are directed to the NHS 111 service.

Why we carried out this inspection

This inspection was carried out under Section 60 of the Health and Social Care Act 2008 to follow up from our previous comprehensive inspection on 1 December 2016 and our focused follow up inspection at Needham Market Country Practice on 24 November 2016. At our previous

Detailed findings

inspections we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Good Governance. We took action against Needham Market Country Practice by issuing a warning notice.

This inspection was to ensure that the provider had met the requirements and timescales of the warning notice issued to them against Regulation 17 of the Health and Social Care Act 2008.

- Spoke with a range of staff including GPs, the practice manager, one nurse and administration/ reception staff.
- We reviewed policies, procedures and other information the practice provided during the inspection.

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

How we carried out this inspection

During our visit we:

Are services safe?

Our findings

At our inspection on 1 December 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk assessments, Disclosure and Barring Service checks for all staff who undertake chaperone duties and appropriate support, training and appraisals for staff were not adequate.

We undertook a focused follow up inspection on 24 November 2016 where we found some breaches of legal requirements were still in place and a warning notice was served for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

We undertook a focused follow up inspection on 6 April 2017 to check that the practice had taken urgent action to ensure they met the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. We found that these arrangements had significantly improved. The practice is now rated as good for providing safe services.

Overview of safety systems and process

During our inspection on 1 December 2015 we found staff who undertook chaperone duties had not been trained in accordance with the recent best practice guidelines.

On the day of the inspection on 24 November 2016, we saw training records to show staff had undertaken this training with the lead GP. A chaperone policy stated that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). The practice had not followed their policy; non-clinical staff who undertook chaperone duties had not received a DBS check and the practice had not undertaken a written risk assessment. On the day of the inspection the practice applied for the necessary checks to be carried out.

During our focused inspection on 6 April 2017 we found the practice had implemented an effective system to keep patients and staff safe. We found DBS checks had been undertaken for all staff who undertook chaperoning; this included two non-clinical staff members that were occasionally used for chaperoning when nursing staff were not available. The practice told us other non-clinical staff were not used for chaperoning duties.

During our previous inspection on 1 December 2015, we noted the practice had not given infection prevention and control training to practice staff and the staff member identified as the lead had not received appropriate training to undertake this role. An audit had not been completed.

During our inspection on 24 November 2016, the practice demonstrated they had taken some action. A GP and nurse had attended a two day course on infection prevention and control. We found the practice had engaged a nurse experienced in conducting audits to assist them with an infection control audit of the premises. We reviewed the report and noted that actions were identified and some of these had been completed. Clinical staff had received training but non-clinical staff had not. None of the practice staff had received hand washing training. The practice told us all training was booked and would be completed by January 2016.

During our focused inspection on 6 April 2017 we found the practice had implemented a training schedule for all staff. We found all staff had attended infection control training; this was now included as part of a staff induction process and the practice had purchased a hand washing training kit. Staff described the training they received and told us they found this very informative.

Arrangements to deal with emergencies and major incidents

During our inspection on 1 December 2015 we found patients and staff were at risk of harm; the practice had not ensured that regular fire drills were undertaken.

During our inspection on 24 November 2016 we found the practice had arranged fire safety training for all staff and had undertaken regular fire drills. We reviewed the fire risk assessment completed in November 2016 and found it was not sufficient to ensure that patients and staff would be safe from harm. For example, only four risks were assessed; the source of ignition, the storage of oxygen cylinder, electrical items, and keeping emergency exits clear. The risk assessment did not include risks to patients with impaired mobility, those who may be in a wheelchair or those who are undergoing a minor surgery procedure. The practice had not completed a risk assessment of the branch surgeries. They told us they would undertake this immediately.

Are services safe?

During our focused inspection in April 2017 we found the practice had implemented an effective system to keep patients and staff safe:

- A complete risk assessment had been completed at the main surgery on 7 February 2017 by an external contractor; this included risks relating to fire, health and safety and vulnerable patients within the practice.
- The report resulted in the implementation of fire safety and health and safety risk assessments at both branch surgery sites. Other actions taken included fixed wire testing, weekly testing of fire alarms, monthly emergency lighting checks and the recording of all testing and servicing of safety systems.
- The practice fire safety training log identified that all staff had undertaken both online and practical fire training. Staff we spoke with were able to describe the latest fire drill and identified learning from the training they received.

There were also areas identified at the December 2015 inspection that we told the provider they should improve:

Monitoring risks to patients

During our inspection on 1 December 2015 we identified that the practice had not undertaken a risk assessment for the management of legionella's disease.

During our inspection on 24 November 2016 we found a risk assessment had been completed but the practice had failed to ensure that regular monitoring of the water temperature was undertaken to mitigate the risk found.

During our focused inspection on 6 April 2017 we found the practice had implemented an effective system to ensure regular monitoring of water temperatures was undertaken; the practice manager had created a spreadsheet to record when tests were undertaken and the outcome.

During our inspection on 1 December 2015, we found that the practice did not have a record of the immunisation status of the clinical staff employed at the practice.

During our inspection on 24 November 2016, the practice held records of practice staff, but had not recorded the status of locum GPs who, on occasions, worked at the practice. The practice was aware of this and had contacted the locums concerned.

During our focused inspection on 6 April 2017 we found the practice had obtained and recorded the immunisation status of all staff including locum GPs who, on occasion, worked at the practice.

During our inspection on 24 November 2016, we found the practice had written 106 new policies and procedures and were in the progress of training staff members how to access these via the electronic computer system. Further training sessions and meetings were planned to embed these into the culture of the practice.

During our focused inspection on 6 April 2017 we found that training sessions and meetings had been undertaken; however there was scope to further embed the methodologies to ensure the appropriateness, workability and sustainability of the new systems and processes.

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 inspection on 1 December 2015, we rated the practice as requires improvement for providing well led services as the arrangements in respect of risk assessments, Disclosure and Barring Service checks for all staff who undertake chaperone duties and appropriate support, training and appraisals for staff were not adequate.

We undertook a focused follow up inspection on 24 November 2016 where we found some breaches of legal requirements were still in place and a warning notice was served for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

We undertook a focused follow up inspection on 6 April 2017 to check that the practice had taken urgent action to ensure they met the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. We found that these arrangements had significantly improved. The practice is now rated as good for providing safe services.

The practice manager had attended risk assessment training; following this training and the fire risk assessment undertaken by an external contractor, a range of additional risk assessments had been completed. For example, fire safety of the branch premises and infection prevention and control risk assessments had been conducted at all three practice sites. Training courses in infection control had been undertaken and additional courses were scheduled to embed staff knowledge and skills and to further improve the systems and processes to improve patient and staff safety. Induction training for all new staff included infection control and fire safety.

The practice had improved communication within the practice; a programme of regular meetings was in place, and a process to ensure the minutes were shared

electronically with the whole practice team had been recently introduced. Further training was planned to enhance staff skills and understanding of the practice intranet.

Regular training events had been held. For example, in October 2016 a training event was held to inform practice staff how to use the recently implemented electronic system for viewing protocols and policies. At this inspection we were told there was a designated member of staff who attended training and reviewed updates to the system, this was then cascaded to other staff within the practice. Staff told us they knew who to go to should they need further guidance.

During our inspection on 2 November 2016 we noted that the system to manage complaints had been improved. All feedback, however minor, was recorded and reviewed. A book for verbal feedback had been introduced in reception; this enabled the practice to identify trends and encourage improvements. We found appropriate action had been taken following complaints; however, during the April 2017 inspection we found there was scope to further ensure that learning was shared with all the staff members in the practice.

On the day of the inspection on 24 November 2016 we noted that the practice manager had been in post for seven months and had not fully completed all the improvements identified in our previous inspection on 1 December 2015. Not all staff had received an annual appraisal; the practice had a programme for these to be completed in January 2016.

At our focused inspection on 6 April 2017 we found that improvements identified at our previous inspection had been completed; training sessions, appraisals and meetings had been undertaken. Following appraisals we saw there was a planned schedule of meetings with staff and the GP partners to discuss the outcome of appraisals and the learning needs identified from them. However, we found there was scope to further embed the methodologies to ensure the appropriateness, workability and sustainability of the new systems and processes.