

Rowe Avenue Surgery

Quality Report

17 Rowe Avenue
Peacehaven
East Sussex
BN10 7PE
Tel: 01273 579505
Website: www.roweavenuesurgery.net

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

The practice was rated good overall and is now rated good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 28 April 2016. A breach of legal requirements was found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 8 December 2016 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.

During our previous inspection on 28 April 2016 we found the following areas where the practice must improve:

- Take action to address identified concerns with infection control.
- Ensure up to date risk assessments are undertaken in relation to fire and the safety of the premises.
- Ensure all necessary recruitment checks are undertaken for all staff.

Our previous report also highlighted the following areas where the practice should improve:

- Ensure that there is a clear audit trail in relation to the management of, and response to complaints.

- Ensure that significant event recording forms include details of where and when the event was discussed and shared with staff.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

During the inspection on 8 December 2016 we found:

- The practice had implemented cleaning schedules for all areas and that weekly checks of the environment and cleanliness were undertaken.
- An up to date fire risk assessment had been undertaken and remedial action had been taken where identified.
- Appropriate recruitment checks had been undertaken for all staff.

We also found in relation to the areas where the practice should improve:

- The practice had put in place a cover sheet for each complaint which enabled a clear audit trail in relation to receipt and responses to be recorded.
- Details of where and when significant events were shared and discussed with staff were now clearly recorded in the significant event form.

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 good for delivering safe services

At our last inspection, we found that whilst the premises were clean and hygienic the practice did not have cleaning schedules in place and that regular checks to ensure cleaning tasks were not being undertaken. Clinical waste was not always stored securely. We also found that the practice had not undertaken appropriate recruitment checks for all of its staff. A fire risk assessment of the premises had not been undertaken since 2014.

At this inspection, we found that the practice had implemented cleaning schedules for all areas and that weekly checks of the environment and cleanliness were undertaken. An up to date fire risk assessment had been undertaken and remedial action had been taken where identified. We also saw that appropriate recruitment checks had now been undertaken for all staff.

Good



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 practice was rated as good for the care of older people on 28 April 2016. This rating remains unchanged

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients from the practice were able to access free community transport to local health service sites including acute and community hospitals and health centres.
- The practice worked with multidisciplinary teams to ensure those with complex health and social care needs had a care plan in place in order to prevent unnecessary, unplanned admission to hospital.
- The practice was able to refer older people to a community hospital based consultant geriatrician who enabled them to be seen closer to home and potentially avoid hospital admission

People with long term conditions

The practice was rated as good for the care of people with long-term conditions on 28 April 2016. This rating remains unchanged

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 90% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) compared to the CCG average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice was rated as good for the care of families, children and young people on 28 April 2016. This rating remains unchanged

Good



Summary of findings

- 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 who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 77% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (04/2014 to 03/2015) compared to the CCG average of 83% and the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice was rated as good for the care of working age people (including those recently retired and students) 28 April 2016. This rating remains unchanged

- 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.

Good



People whose circumstances may make them vulnerable

The practice was rated as good for the care of people whose circumstances may make them vulnerable 28 April 2016. This rating remains unchanged

- The practice identified patients living in vulnerable circumstances
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary 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 normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice was rated as good for the care of people experiencing poor mental health (including people with dementia) on 28 April 2016. This rating remains unchanged

- As a result of an audit the practice had implemented a number of improvements to ensure its premises met the needs of people with dementia. This included artwork, signage and a clock designed especially to meet the needs of people with dementia.
- 70% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 82% and the national average 84%.
- The practice made regular referrals to a local dementia café that provided social interaction and support for dementia patients and their carers.
- 94 % patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to the CCG and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Rowe Avenue Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was undertaken by a CQC inspector.

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

28 April 2016 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 December 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Overview of safety systems and processes

At our previous inspection, we observed the premises to be clean and tidy however, there were no cleaning schedules in place and apart from the toilet areas the practice did not undertake regular checks that cleaning tasks were being undertaken. on the day of the inspection we checked the security of the clinical waste storage and found that the enclosure in which the locked clinical waste bins were kept was unlocked and that a bag containing infectious waste had been left on top of a locked clinical waste bin. This meant that patients and visitors could gain access to potentially harmful waste. During this inspection we found that the practice had developed cleaning schedules for each area of the practice. There were records to show that weekly checks of the environment and cleanliness had been undertaken. We saw that clinical waste was now stored in a locked area and that only authorised staff could gain access.

At our previous inspection, staff who acted as chaperones were trained for the role but not all had received a disclosure and barring service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We also found that for one nurse who had been recruited to the practice in March 2015 there was no evidence that a DBS had been undertaken. The practice did therefore not have assurance that this person was suitable to work alone with children and vulnerable adults. During this inspection we saw that appropriate recruitment checks had now been undertaken for these staff.

Monitoring risks to patients

At our previous inspection, we found that a fire risk assessment of the premises had not been undertaken since 2014. During this inspection, we saw that a fire risk assessment had been undertaken in July 2016 and that remedial action had been taken where identified.