

Pond Tail Surgery

Quality Report

Pond Tail Surgery

The Green

Godstone

RH9 8DY

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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 at Pond Tail Surgery on 3 August 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the safe and well led domains. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Pond Tail Surgery on our website at www.cqc.org.uk. The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring health and safety systems are robust and the fire risk assessment action plan is fully implemented.
- Implementing a system to monitor hand written and computer printed prescription pads and forms.
- Establishing systems to obtain the views of patients who use their services and other stakeholders and use this in information to develop their services.

Additionally we found that:

- The provider should review their significant event records and complaints to ensure the dissemination of information to all staff is captured.

- The provider should review meetings to ensure staff have appropriate opportunities to share information and good practice.
- The provider should review their current actions regarding legionella testing to ensure this is supported by a risk assessment.
- The provider should review the low QOF outcome result for face to face care plan review meetings for patients with dementia.

This inspection was an announced focused inspection carried out on 9 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Steps had been taken to address the outstanding actions of the fire safety risk assessment
- A system was now in place to monitor hand written and computer generated prescription pads.
- Steps had been taken to set up systems to take into account the views of patients and other stakeholders.

Summary of findings

Additionally:

- The practice was working to meet the needs of patients with dementia. We saw information to demonstrate that the practice was working through the list of patients who required a one to one care plan review. Information we saw confirmed that this was being closely monitored by the practice.
- We saw evidence that significant events meeting minutes were now shared with all staff.
- The practice had engaged an external contractor to undertake a new assessment of their legionella risks.

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?

At our previous inspection on 3 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management required some improvements.

At this inspection in February 2017 we found that the practice had carried out the required actions as set out in their fire risk assessment

Evidence was seen at this inspection that a system had been introduced to monitor the stock and track the use of hand written and computer generated prescription pads used in the practice.

The practice had engaged an external contractor to carry out a full risk assessment of their legionella risk.

Good



Are services well-led?

At our previous inspection on 3 August 2016, we rated the practice as requires improvement for providing well led services as the arrangements in respect of their governance systems required some improvements.

During this inspection evidence was seen of the establishment of systems to involve patients and stakeholders in the practice. For example a virtual patient participation group (PPG) had been established and the practice had undertaken a survey on extended hours.

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 provider had resolved the concerns for safety and well-led identified at our inspection on 3 August 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 3 August 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 3 August 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 3 August 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 3 August 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 3 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Pond Tail Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The team consisted of a CQC inspector.

Background to Pond Tail Surgery

Pond Tail Surgery is a practice offering general medical services to the population of Godstone and surrounding areas in Surrey. There are approximately 7269 registered patients.

The practice population has a slightly higher number of patients above 40 years of age than the national and local CCG average. The practice population also shows a lower number of patients between the age of 15 and 39 years than the national and local CCG average. There are a higher number of patients with a longstanding health condition than the CCG average however they are in line with the national average of 54%. The percentage of registered patients suffering deprivation (affecting both adults and children) is 16.3% higher than the CCG average of 11.2% but lower than the average for England of 21.8%.

Pond Tail Surgery is run by three partner GPs (One male and two female). The practice is also supported by one female salaried GP; three practice nurses, one healthcare assistant, a team of administrative and reception staff, and a practice manager.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and travel vaccines and advice.

Services are provided from one location:

Pond Tail Surgery

The Green

Godstone

RH9 8DY

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered on alternate Mondays until 8pm, alternate Saturdays between 9am and 10.30am and from 7.30am Tuesday to Friday.

During the times when the practice is closed arrangements are in place for patients to access care from Care UK which is an Out of Hours provider.

Why we carried out this inspection

We undertook a comprehensive inspection Pond Tail Surgery on 3 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in August 2016 can be found by selecting the 'all reports' link for Pond Tail Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Pond Tail Surgery on 9 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

Detailed findings

- Reviewed their arrangements for monitoring prescription pads and forms.
- Reviewed their fire risk assessments and action plan.
- Reviewed their arrangements for legionella risk assessment
- Reviewed the systems for taking the views of patients into account.

- Reviewed and discussed their data in relation to dementia care planning.

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.

Are services safe?

Our findings

At our previous inspection on 3 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 9 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the comprehensive inspection in August 2016 we had found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of:-

- Blank prescription forms and pads were securely stored however there were no systems in place to monitor their use.

At this focused inspection in February 2017 we found the provider had addressed our concerns. Evidence was seen that there was now a system in place to track the use of hand written and computerised prescription pads. We saw evidence of a stock record and a system of signing out these pads. Only one GP had a stock of hand written pads and this record was in place and monitored appropriately.

Monitoring risks to patients

At the comprehensive inspection in August 2016 we had found that there were procedures in place for monitoring and managing risks to patients and staff safety. However the responses to audits and risk assessments were inconsistent. For example the practice had an up to date fire risk assessment carried out in September 2015, the report had 47 recommendations and actions. No information was available to demonstrate that this had been discussed and responded to. The practice management were not able to tell us what action had been taken as the person who dealt with this was unavailable at the time of the inspection. All electrical equipment was last checked to ensure the equipment was safe to use in 2013. The practice had not carried out any checks or a visual inspection of equipment since.

At this focused inspection in February 2017 we found the provider had addressed our concerns. Evidence was seen that demonstrated the practice had taken action to address the outcome of the fire risk assessment. This included an update to the alarm system in October 2016, the undertaking of an electrical wiring safety check and portable appliance testing in November 2016.

Also at this inspection we noted that the practice had engaged an external contractor to undertake a complete risk assessment of the premises in relation to legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This was yet to be completed.

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 previous inspection on August 2016, we rated the practice as requires improvement for providing well-led services as there was no formal systems for obtaining patient and stakeholder views as part of their governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 9 February 2017. The practice is now rated as good for being well-led.

Governance arrangements

At the comprehensive inspection in August 2016 we were told that the practice encouraged and valued feedback from patients, the public and staff. The practice did not have any formal systems to obtain patients' feedback and had not engaged patients in the delivery of the service.

At this inspection we saw evidence that the practice had taken steps to take account of the views of patients and other stakeholders. The practice had set up a virtual patient participation group however this was only a small number at the time of our inspection. They were exploring further ways to increase the number of patients involved in the practice. Information on joining the group had been emailed to patients and was on display in the practice reception area.

The practice was now collating their friends and family test results. We saw results for September 2016 indicating that four out of 5 respondents were extremely likely to recommend the practice and November results indicated that 16 out of 18 respondents were extremely likely to recommend the practice. The practice had also carried out a small sample survey in December 2016 on the current extended opening hours the outcome indicated that 98% of respondents were happy with the current arrangements.