

Hungerford Surgery

Quality Report

The Croft
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Date of inspection visit: We have not revisited Hungerford Surgery as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit
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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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3

Detailed findings from this inspection

Why we carried out this inspection	4
How we carried out this inspection	4

Overall summary

Letter from the Chief Inspector of General Practice

In June 2015 we found concerns related to staff receiving appropriate training and appraisals during a comprehensive inspection of Hungerford Surgery, Berkshire. Following the inspection the provider sent us an action plan detailing how they would implement systems to ensure every member of staff received appropriate role specific training and a yearly appraisal.

We carried out a desktop review of Hungerford Surgery on 26 April 2016 to ensure these changes had been implemented and that the service was meeting regulations. Our previous inspection in June 2015 had found a breach of regulations relating to Regulation 18, staffing. The ratings for the practice have been updated to reflect our findings

We found the practice had made improvements since our last inspection on 23 June 2015 and they were meeting the regulation relating to staffing that had previously been breached.

Specifically the practice was operating systems in relation to staff receiving appropriate training and appraisals. This included:

- A consistent management process ensuring all staff received annual appraisals.
- Formal arrangements were in place to ensure adequate levels of support and training relevant to their staff roles. For example, training in carrying out chaperone duties and in application of the Mental Capacity Act (2005).

We have changed 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. The practice was now meeting the regulation that had previously been breached.

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 well-led?

The provider was providing well-led services.

Since our last inspection in June 2015 systems had been put in place and embedded to ensure practice staff received appropriate training, professional development and appraisals.

- We saw evidence of completed appraisals and a schedule for further appraisals including formalised three and six month performance reviews.
- Following a management review we saw regular supervision and continued professional development for all members of staff. This included formalised arrangements to ensure practice staff had adequate levels of support and training relevant to their staff roles. For example, training in carrying out chaperone duties and in application of the Mental Capacity Act (2005).

Good



Hungerford Surgery

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection on 23 June 2015 and published a report setting out our judgements. We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting. We have followed up to make sure the necessary changes have been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report. We have not revisited Hungerford Surgery as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

How we carried out this inspection

We reviewed information given to us by the practice, including records of staff training, evidence of completed appraisals and a schedule of planned appraisals including three and six monthly performance reviews.

Are services well-led?

Good 

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

Our findings

Management lead through learning and improvement

When we visited on 23 June 2015 staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at records which showed that most staff received regular appraisals. However, the appraisal system was not operated consistently. There were two members of administration staff who had not received regular appraisals.

Staff told us that the practice was very supportive of training, all staff had access to e-learning whilst GPs and practice nurses attended training events organised by the Clinical Commissioning Group. However, we found that not all staff designated to undertake chaperone duties had been trained in this role. We also found that health care assistants were unclear on how to apply the Mental Capacity Act (2005) and had not received training in this piece of legislation.

The Mental Capacity Act is legislation designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Examples of people who may lack capacity include those with dementia, a severe learning disability and a brain injury. The Mental Capacity Act covers important decision-making relating to an individual's property, financial affairs, and health and social care.

Following the last inspection, we received an action plan from the provider informing us of the action they had taken. The practice confirmed that they had taken appropriate action to ensure that appropriate systems were now in place ensuring staff received appropriate training, professional development and appraisals.

On 22 April 2016 the provider sent us evidence of revised embedded processes ensuring staff were receiving appropriate support, training, professional development and appraisals. For example:

- We saw evidence of completed appraisals for all practice staff and a schedule for further appraisals including formalised three and six month performance reviews.
- Following a management review we saw regular supervision and continued professional development for all members of staff. This included formalised arrangements to ensure adequate levels of support and training relevant to their staff roles. For example, a rolling programme of essential staff training and specific refresher training in carrying out chaperone duties and in application of the Mental Capacity Act (2005).

These actions had ensured that the practice was operating appropriate systems to support staff and was now ensuring that requirements relating to staffing were now being met.