

Sunbury Health Centre Group Practice

Quality Report

Sunbury Health Centre,
Sunbury On Thames,
Surrey,
TW16 6RH

Tel: 01932713399

Website: www.sunburyhealthcentre.co.uk

Date of inspection visit: 14 July 2016

Date of publication: 12/08/2016

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 responsive to people's needs?

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 Sunbury Health Centre Group Practice on 8 December 2015. The practice had been rated as good for caring and well-led, however, required improvement in safe, effective and responsive domains and therefore had an overall rating of Requires Improvement. After the comprehensive inspection, the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Improve processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure systems are in place for disseminating information received from Medicines and Healthcare products Regulatory Agency to all appropriate staff members.
- Ensure Disclosure and Barring service (DBS) checks are in place for those staff members that acted as chaperones.
- Ensure that blank prescription forms are tracked and stored securely within the practice.
- Ensure that all staff have completed relevant training as required by the practice for basic life support, fire safety, infection control, information governance and safeguarding vulnerable adults and ensure evidence of this is recorded.

- Ensure that systems and processes are reviewed to complete referrals in a timely manner.
- Carry out regular fire drills.
- Ensure staff have regular appraisals.
- Ensure the complaints policy contains information regarding advocacy or the Ombudsman for patients to refer to.

We undertook this announced focused inspection on 14 July 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. The provider was now meeting all requirements and are rated as Good under the safe, effective and responsive domains.

This report only covers our findings in relation to those requirements.

- There were robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Non-clinical staff also raised significant events and learning from all events was discussed with all team members.
- Information received from Medicines and Healthcare products Regulatory Agency was disseminated to all appropriate staff members and stored on the practices computer system.
- Disclosure and Barring Service (DBS) checks and training was in place for those staff members who acted as chaperones.

Summary of findings

- There was a robust system in place for the tracking and secure storage of blank prescription forms within the practice.
- Staff had completed relevant training as required by the practice for basic life support, fire safety, infection control, information governance and safeguarding vulnerable adults and we saw training certificates to evidence this.
- A new referral system was in place which ensured that all referrals made by the GP were completed within four days. We checked the process and found that the practice no longer had a backlog and was working on referrals for the previous day and the day of the inspection only.
- The practice had carried out a fire drill, which had been discussed and evaluated with action points recorded. Six monthly fire drills were planned.
- A new appraisal form and system was in place for appraisals. Staff had received an appraisal, which recorded training requests, objectives and career development.
- The complaints information had been updated. It included information for patients in relation to advocacy and the ombudsman. Posters in the waiting area, leaflets and the website had also been updated with this information.

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

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 rated as good for providing safe services.

Good



At our last inspection, undertaken on 8 December 2015, the practice was rated as requires improvement for providing safe services, as there were areas where it needed to make improvements.

Previously we found:-

- Significant events were not effectively reviewed and investigations were not thorough enough. Lessons learned were not communicated widely enough to support improvement.
- The practice had failed to disseminate information received from Medicines and Healthcare products Regulatory Agency to all appropriate staff members
- Staff had not received training in safeguarding vulnerable adults.
- Although risks to patients who used services were assessed, some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the tracking of blank prescription pads, not conducting regular fire drills and staff training was not up to date.
- Not all staff who acted as chaperones had received a criminal record check from the Disclosure and Barring Service (DBS).

At this inspection, we found:-

- Significant events were reviewed and investigated by the practice. These were then discussed at fortnightly partner meetings and then further discussed at quarterly significant event meetings. Quarterly meetings were attended by the GP's, the lead nurse, the assistant practice manager, the business manager and the reception manager. The learning was then disseminated to all team members. We saw evidence that non-clinical staff were aware of how to raise significant events which were discussed and learning shared.
- Information received from Medicines and Healthcare products Regulatory Agency was sent to the medicines lead GP and the business manager. This was then disseminated to all relevant staff via e-mail and saved within a shared folder on the practices computer system. All staff were aware of the process.

Summary of findings

- Risks to patients were assessed and well managed. We saw there was a list of staff members on display who were trained as chaperones. All of these staff members had an up to date Disclosure and Barring Service check (DBS).
- Staff training was up to date and we saw certificates to evidence this, including safeguarding vulnerable adults.
- There was a robust system in place for the tracking and secure storage of blank prescription forms within the practice.
- The practice had carried out a fire drill, which had been discussed and evaluated with action points recorded. Six monthly fire drills were planned.

Are services effective?

The practice is rated as good for providing effective services.

At our last inspection, the practice was rated as requires improvement for providing effective services, as there were areas where it needed to make improvements. Previously we found:-

- We found staff appraisals were not fully completed and staff training was not up to date for fire safety, infection control, information governance and safeguarding vulnerable adults.
- The administrative systems in place which dealt with patient referrals did not ensure correspondence was dealt with in a timely and effective manner. However, we saw evidence that the practice had reviewed the system and was in the process of outsourcing this service in order to speed up the process.

At this inspection, we found:-

- Staff had completed relevant training as required by the practice for basic life support, fire safety, infection control, information governance and safeguarding vulnerable adults and we saw training certificates to evidence this.
- A new appraisal system and appraisal form were in place. Staff had received an appraisal, which recorded training requests, objectives and carer development.
- A new referral system was in place, which ensured that all referrals were completed within four days. We checked the process and found that the practice no longer had a backlog and was working on referrals for the previous day and the day of the inspection only.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

At our last inspection, the practice was rated as requires improvement for providing responsive services, as there were areas where it needed to make improvements. Previously we found:-

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, the complaints policy did not contain information regarding advocacy or the ombudsman and still made reference to the Primary Care Trust, which has been replaced with Clinical Commissioning Group. Learning from complaints was not shared with all staff.

At this inspection, we found:-

- The complaints information had been updated. The update included information for patients in relation to advocacy and the Ombudsman. Posters in the waiting area, leaflets and the website had also been updated with this information.

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 is rated as good for the care of older people.

At our previous inspection on 8 December 2015 the practice had been rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe, effective and responsive services and this is reflected in the population group ratings.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice offered continuity of care with a named GP.
- Patients were discussed at bi-weekly clinical meetings with other healthcare professionals to discuss any patient concerns.
- It was responsive to the needs of older patients, and could offer same day telephone appointments with a GP or a home visit when required.
- The practice had a register of older patients with complex medical needs or who were at high risk of hospital admission.
- The health care assistant maintained a register of housebound patients to ensure that flu vaccinations and chronic disease management was up to date.
- Important information was recorded as alerts on patients' notes.
- Patients were encouraged to have their flu vaccination to prevent severe flu related illnesses.
- The practice looked after a large nursing home and conducted weekly ward rounds with a dedicated GP who also attended throughout the week as required.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

At our previous inspection on 8 December 2015 the practice had been rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

Good



Summary of findings

At this inspection, we found the practice had improved and was now rated as good in providing safe, effective and responsive services and this is reflected in the population group ratings.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nurses had received the appropriate training in order to take ownership and review the needs of all diabetic patients. Systems were in place to maintain continuity of care to patients with diabetes which avoided fragmentation of care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The healthcare assistant screened patients for pre-diabetes and was able to monitor patients identified and give information in how to make lifestyle changes.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

At our previous inspection on 8 December 2015 the practice had been rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe, effective and responsive services and this is reflected in the population group ratings.

- 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 patients who had a high number of A&E attendances.
- The practice had a child protection lead GP who was also the Clinical Commissioning Group lead for maternity, children and young patients and ensured that practice policies held relevant information.
- Immunisation rates were high for all standard childhood immunisations.

Good



Summary of findings

- 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 and health and school nurses who shared the health centre building.
- The practice ensured that children needing emergency appointments would be seen on the day or were offered a same day telephone appointment to discuss any concerns.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

At our previous inspection on 8 December 2015 the practice had been rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe, effective and responsive services and this is reflected in the population group ratings.

- 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 and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- The practice offered early morning appointments from 7:20am Monday to Friday.
- Electronic Prescribing was available which enabled patients to order their medicine online and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

At our previous inspection on 8 December 2015 the practice had been rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

At this inspection, we found the practice had improved and was now rated as good in providing safe, effective and responsive services and this is reflected in the population group ratings.

- The practice could offer longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations
- Translation services were available for patients who did not use English as a first language. We also saw advertised a sign language service for those patients who had a hearing impairment and the practice provided an auditory loop in the practice.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients who had carers were flagged on the practice computer system and were signposted to the local carers support team.
- 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.
- Information was routinely shared with out of hours and ambulance services to help improve patient care and safety for those most at risk.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

At our previous inspection on 8 December 2015, the practice had been rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group and so it had previously been rated as requires improvement.

Good



Summary of findings

At this inspection, we found the practice had improved and was now rated as good in providing safe, effective and responsive services and this is reflected in the population group ratings.

- 84% of patients diagnosed with dementia, had their care reviewed in a face to face meeting in the last 12 months. The national average score was also 84%.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months. The national average score was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Sunbury Health Centre Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead 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

8 December 2015 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 14 July 2016 to follow up on whether action had been taken to deal with the breaches.

Are services safe?

Our findings

Safe track record and learning

At our previous inspection, we found that there was no clear or consistent understanding of what should be included as a significant event. The GPs and staff we spoke with gave us examples of where incidents had been discussed but had not been raised as a significant event. Lessons learnt from events were not recorded or shared with all relevant staff to improve patient safety and minimise further incidents.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. However, we did not see evidence of the adequate dissemination of information of medicines and device alerts issued by the Medicines & Healthcare Products Regulatory Agency (MHRA) to all clinical staff.

At this inspection, we found that robust processes had been put in to place for reporting, recording, acting on and monitoring significant events, incidents and near misses. A new form had been designed which captured the information, the investigation, and the outcome and also highlighted any learning. Significant events were reviewed and investigated by the practice. These were then discussed at fortnightly partner meetings and then further discussed at quarterly significant event meetings. Quarterly meetings were attended by the GP's, the lead nurse, the assistant practice manager, the business manager and the

reception manager. The learning was then disseminated to all team members. We saw evidence that non-clinical staff were aware of how to raise significant events which were discussed and learning shared.

Overview of safety systems and processes

At our previous inspection, we found that staff who acted as chaperones had received training for the role but not all had received a Disclosure and Barring Service check (DBS). (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 blank prescription pads were not always securely stored.

At this inspection, we found that all staff who acted as chaperones had received the appropriate training and had a Disclosure and Barring Service check to ensure they were of good character. We saw there was a notice on display of the staff who could act as chaperones. We also reviewed the security of prescription pads and their storage. We found the practice had a robust system in place. We found the practice had ensured the serial numbers of prescriptions were routinely recorded and GPs signed for the prescriptions they were taking. Blank prescription pads were stored within a locked cabinet in a room that could also be locked. A new policy had been re-enforced that when rooms were left unattended the rooms would be locked for added security. Keys to the where the prescriptions were stored could only be accessed by appropriate staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our previous inspection, we found that staff training was not up to date. For example, staff required updating in basic life support, safeguarding vulnerable adults, fire safety, information governance and infection control. We also found that non-clinical staff appraisals were also overdue.

At this inspection, we found that all staff training was up to date. We reviewed minutes to team meetings held where this had been discussed. There was an updated training matrix that recorded the date of training and any overdue training was discussed with the staff member. Staff training certificates were kept in staff files. We reviewed the training matrix and four staff files and found that staff had completed training in basic life support, safeguarding vulnerable adults, fire safety, information governance and infection control.

The practice had created a new appraisal system and form for non-clinical staff. The practice had also trained more senior staff members to complete appraisals. We saw that forms now captured core information including mandatory training updates, future training requirements, objectives and potential carer developments. Staff were required to complete the form before the appraisals meeting, where discussions were had and recorded. These were then signed and dated with any action points recorded.

Coordinating patient care and information sharing

At our previous inspection, we found that there had been delays in sending patient referrals. Previously we found there had sometimes been a delay of five weeks. At the time of the inspection, the practice had plans in place to outsource referral letters to provide a better service. This resource had only been in place one week and had yet to make any impact on the backlog.

At this inspection, we found that the new referral system in place was robust and ensured that patient referrals were completed within four days. The practice no longer had a backlog and was working on referrals for the previous day and the day of the inspection only. The new system allowed for the business manager and assistant practice manager to continually review how many referrals were in the system during the day. Where it was seen that there was an increase in referrals, which may not be completed in a timely manner, these were outsourced and returned within three to four hours. The system also had a failsafe check that meant any referrals which had been in the system for longer than four days were automatically outsourced.

The GPs were also able to use a system for specific on-line referrals which could be completed by the GP during their consultation with the patients. For example, some musculoskeletal (MSK) referrals and gynaecological referrals. The managing partner GP told us all GPs were trained to use this system and they were aware that more on-line referrals were planned in the future.

At our previous inspection, we did not see robust systems in place to routinely communicate with out of hours or ambulance services for the sharing of information of the most at risk patients.

At this inspection, we were shown the system that was used by the practice to ensure that out of hours and the ambulance services has the most up to date information in relation to at risk patients. Patient care plans were uploaded onto the system which ensured that patient information could be accessed when required. The managing partner GP told us that due to their patient size they had the most care plans on the system and this had helped with unnecessary hospital admissions for their patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our previous inspection, we noted that there were lots of patient comments in relation to the access of appointments. The practice was able to explain to us that the building in which they occupied did not belong to them and they were only able to use 45% of the rooms available due to another organisation renting the other areas. Each clinical and treatment room was continually in use and they were currently unable to expand. The practice had originally been designed to meet the needs of 6,000 patients and with continued housing developments, the practice was now offering services to nearly 18,300 patients. There had been a recognised need that the building was now unable to offer the required facilities to its patients.

At this inspection, the practice was able to explain to us the progress that had been made with potential plans to address the situation (depending on approval and funding by NHS England). This included increasing the number of rooms by renting more of the building, finding a more suitable building or the potential of building a new practice on the existing site. The practice was in talks with NHS England Area Team and the clinical commissioning group (CCG) to secure the required funding.

Access to the service

The practice was open between 7am and 6pm Monday to Friday. Appointments were available from 7.20am to 12pm and 3pm to 5:30pm daily. In addition to appointments booked on the day, pre-bookable appointments could be booked up to eight weeks in advance. Patients were offered telephone appointments with the duty doctor for urgent appointments and when necessary could then be offered a face to face appointment. Telephone consultations and home visits were also offered to patients.

At our previous inspection, we noted that results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. At this inspection, we noted that although still below the national average there had been an increase in patient satisfaction.

- There had been an increase of 7% from the last survey with 57% of patients who responded being satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 78%.
- 36% patients who responded said they could get through easily to the surgery by phone (CCG average 62%, national average 73%) which was an increase of 2%.
- 47% patients who responded described their experience of making an appointment as good (CCG average 68%, national average 73% which was an increase of 9%.
- 60% patients who responded said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%) which was an increase of 8%.

The practice had also attended a housing residential meeting to talk with patients about the practice and the problems of access to appointments. The talk had been well attended with over 100 patients attending and a question and answer session was held to ensure any patients concerns were addressed.

Listening and learning from concerns and complaints

At our previous inspection, we noted that the complaints policy and leaflet did not contain information regarding advocacy or the ombudsman and had reference to the Primary Care Trust which had ceased to exist in April 2013.

At this inspection, we found that the complaints information had been updated to include information for patients to refer to the ombudsman. Posters in the waiting area, leaflets and the website had also been updated.