

Jubilee Surgery

Quality Report

Barrys Meadow
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Titchfield
Fareham
PO14 4EH
Tel: 01329 844220
Website: www.jubileesurgery.co.uk

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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 effective?

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 Jubilee Surgery on 5 October 2016. The practice was rated as requiring improvement for providing safe and effective services; and was rated as good for providing caring, responsive and well-led services. As a result, the practice was given an overall rating of requires improvement. Following the comprehensive inspection we issued two requirement notices, due to a breach of the following Regulations:

- Regulation 12 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to safe care and treatment;
- Regulation 17 of The Health and Social Care Act (Regulated Activity) Regulations 2014, relating to staffing.

Within our last inspection report we stated that the provider must:

- Ensure all staff had received training in areas the practice considers are mandatory, including basic life support, safeguarding, information governance and fire safety to a level appropriate to their job role.
- Ensure accurate records of training undertaken are maintained.

- Ensure arrangements for monitoring of high risk medicines are safe and effective and patients received appropriate care and treatment.
- Ensure there are suitable arrangements for monitoring prescription stationery.
- Ensure appropriate actions are taken if the vaccine fridge temperatures were outside safe limits.

In addition, we stated that the provider should:

- Review the arrangements for monitoring patients with a diagnosis of diabetes, to improve the exception reporting rate, and ensure appropriate care was given.
- Review the arrangements for the recruitment of staff in order to demonstrate that all necessary checks had been completed prior to a member of staff commencing employment.
- Review the safeguarding policies in order to reflect current organisations.
- Review the systems in order to ensure clinical guidance was routinely audited and the practice are able to demonstrate that patients were receiving suitable treatment.
- Review the arrangements in order to determine whether child defibrillator pads were needed.
- Continue to identify patients who were also carers and the support provided.

Summary of findings

The full comprehensive report on 5 October 2016 inspection can be found by selecting the 'all reports' link for Jubilee Surgery on our website at www.cqc.org.uk.

We undertook a focused follow-up inspection of the practice on 25 July 2017. The inspection was to confirm that the practice had implemented its action plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

There were key findings across all the areas we inspected during this follow-up inspection. We saw documentary and other evidence that:

- All staff had received training in areas the practice considers are mandatory, including basic life support, safeguarding, information governance and fire safety to a level appropriate to their job role.
- Accurate records of training undertaken were maintained.
- An audit action plan regarding a blood test for patients had been implemented and ensured that arrangements for monitoring of high risk medicines were safe and effective, and patients received appropriate care and treatment.
- The practice had suitable arrangements for security and monitoring of prescription stationery.

- The practice had a record of appropriate actions taken if vaccine fridge temperatures were outside safe limits.
- The practice had reviewed arrangements for monitoring patients with a diagnosis of diabetes, leading to an improved exception reporting rate, and ensuring that appropriate care was given.
- Recruitment files had been updated and showed that all necessary checks had been completed prior to any new member of staff commencing employment.
- Safeguarding policies were reviewed to reflect current contact information for external organisations who could be involved in any safeguarding issues.
- Clinical guidance was followed and routinely audited and the practice was able to demonstrate that patients were receiving suitable treatment.
- The practice had a risk assessment in place to determine whether child defibrillator pads were needed.
- Continued to identify patients who were also carers and implemented the support they needed.

Following this inspection the practice was rated as good across all domains, which changed its overall rating to 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?

The domain for safe is now rated as good. This is because, during our focused inspection on 25 July 2017, we found:

Good



- That the provider had reviewed and updated the adult and children's safeguarding policies.
- Records of vaccine fridge temperatures and an outline of remedial action if these temperatures were out of range, including on days when immunisation clinics were taking place.
- All appropriate staff recruitment checks were undertaken, including satisfactory conduct references in previous employment.
- Documentary evidence of a risk assessment in place to determine whether child defibrillator pads were needed.
- Documentary evidence of a log book, and secured storage, to monitor printer prescription stationery.

Are services effective?

The domain for effective is now rated as good. This is because:

Good



- The provider had taken steps to consistently monitor best practice guidelines to secure patient safety through its risk assessments, audits and checks of patient records. We saw documentary evidence that changes to working practice were made, if needed, and a schedule of checks routinely planned for and carried out.
- The provider had taken steps to monitor the high (relative to national and local clinical commissioning group figures) exception reporting for patients with a diagnosis of diabetes. Recent figures showed that the exception reporting rate was now 13%, which is comparable with local and national averages (10% and 9% respectively).
- We saw documentary evidence that all GPs had been trained to adult and child safeguarding level three. Members of the practice administration team, health care assistants and practice nurses had received safeguarding training appropriate to their role.
- The provider ensured that staff had completed or were scheduled to complete all elements of its mandatory training programme on an annual basis.

Summary of findings

- The practice produced an audit action plan regarding a blood test for patients that ensured arrangements for monitoring of high risk medicines were safe and effective, and patients received appropriate care and treatment.
- The practice continued to identify patients who were also carers and the support provided.

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 safe and effective services as identified at our inspection on 25 July 2017 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 safe and effective services as identified at our inspection on 25 July 2017 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 safe and effective services as identified at our inspection on 25 July 2017 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 safe and effective services as identified at our inspection on 25 July 2017 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 safe and effective services as identified at our inspection on 25 July 2017 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 safe and effective services as identified at our inspection on 25 July 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Jubilee Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our focused inspection was completed by a CQC Lead Inspector.

Background to Jubilee Surgery

Jubilee Surgery is situated in a small town near Fareham, in a semi-rural location. The practice provides a range of primary medical services to approximately 9500 patients and has a general medical services (GMS) contract with NHS England. The GMS contract is the contract between

general practices and NHS England for delivering primary care services to local communities. Jubilee Surgery is a training practice and has doctors on placements who are training to become GPs.

The practice has three male GP partners and one female GP partner. Two of the partners are full time and two are part time. Other members of the clinical team include a nurse practitioner, five practice nurses, and one healthcare assistant. The clinical team are supported by a practice manager and a team of reception and administration staff.

The demographics are similar to the national average, with slightly lower numbers of patients aged 15 to 39 years of age. A large proportion of older patients continue to live in their own homes. The practice is situated in one of the least deprived areas of England and the majority of the population describe themselves as White British. There are small numbers of travellers and patients of no fixed abode who use the practice.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available during these times. Extended hours appointments are offered on Monday evening between 6.30pm and 7.30pm; and Wednesday morning between 7am and 8.30am. The telephone lines are open from 8am until 6.30pm daily. Out of hours patients are advised to contact the out of hours service via the NHS 111 service.

We inspected the only location at:

Barrys Meadow

High Street

Titchfield

Fareham

PO14 4EH

Why we carried out this inspection

We undertook a focused follow-up inspection of Jubilee Surgery on 25 July 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

Before writing our report, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We visited the practice to undertake a focused inspection on 25 July 2017.

Before producing our report we:

Detailed findings

- Spoke with the operations manager and business manager.
- Reviewed a range of documents, such as those relating to recruitment processes, risk assessments, and clinical audits.

Are services safe?

Our findings

At the last comprehensive inspection of Jubilee Surgery on 5 October 2016 we rated the practice as requires improvement for safe services.

There were several areas of concern identified at the practice. Within our last inspection report, we stated that the provider must:

- Ensure there were suitable arrangements for monitoring prescription stationery.
- Ensure appropriate actions were taken if the vaccine fridge temperatures were outside safe limits.
- Ensure arrangements for monitoring of high risk medicines were safe and effective and patients received appropriate care and treatment.

In addition, we stated that the provider should:

- Review arrangements for recruitment to demonstrate that all necessary checks had been

completed prior to a new member of staff commencing employment.

- Review its safeguarding policies to reflect current organisations.
- Review arrangements to determine whether child defibrillator pads were needed.

These arrangements had improved when we undertook a focused follow-up inspection on 25 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

During our inspection of Jubilee Surgery on 5 October 2016:

- We found that there was no log to monitor prescription stationery. During our focused follow-up inspection on 25 July 2017, we saw a written risk assessment for prescription stationery procedures. The risk assessment included logging of all deliveries of prescription stationery, and the removal of prescription stationery from printers when the surgery closed. The stationery was then stored in a locked cupboard, in staff areas that were also secured by lock and key.
- We found there was no record of action taken when vaccine fridge temperatures had been outside of safe limits. During our focused follow-up inspection on 25

July 2017, we saw that each fridge was fitted with an additional temperature recording device. We saw documentary evidence that fridge temperatures were checked hourly throughout the day, that there was a written log of fridge temperatures and that a fortnightly data log was also conducted. The action plan indicated a clear process to follow if these checks were made, and if the vaccines fridge temperatures fell outside safe limits.

- We found that high risk medicines were not properly assessed and managed. During our focused follow-up inspection on 25 July 2017, we saw documentary evidence in the form of an audit action plan that improvements had been made in identifying, recording and managing these risks and issues. For example, we saw copies of letters sent to patients to remind them of the importance of having blood tests to monitor the effects of their medications; and what action the practice would take if these blood tests were not carried out. The practice also set up computer searches to be carried out monthly to identify patients who required a blood test.
- The practice could not demonstrate all necessary checks had been completed prior to a member of staff commencing employment. During our focused follow-up inspection on 25 July 2017, we saw the practice had a risk assessment in place so that a new staff member could not commence employment before all satisfactory references had been received.
- Policies and procedures were readily available for staff to refer to. However, reviews were not always thorough enough to ensure information was current. During our focused follow-up inspection on 25 July 2017, we saw documentary evidence that all policies and procedures had been reviewed and updated, including the practice safeguarding policy.

Arrangements to deal with emergencies and major incidents

- During our inspection of Jubilee Surgery on 5 October 2016 we found that the practice had a defibrillator available on the premises and adult defibrillator pads in place. However, there were no defibrillator pads available for children and this had not been risk assessed by the practice. During our focused follow-up inspection on 25 July 2017, we saw that the practice had a risk assessment in place for not having children's defibrillator pads available.

Are services effective?

(for example, treatment is effective)

Our findings

At the last comprehensive inspection of Jubilee Surgery on 5 October 2016 we rated the practice as requires improvement for effective services. This was because there were areas where improvements must and should be made.

Within our last inspection report we stated that the provider must:

- Ensure all staff had received training in areas the practice considers are mandatory, including basic life support, safeguarding, information governance and fire safety to a level appropriate to their job role.
- Ensure accurate records of training undertaken were maintained.

In addition, we stated that the provider should:

- Review arrangements for monitoring patients with a diagnosis of diabetes, to improve the exception reporting rate, and make sure appropriate care is given.
- Review systems to ensure clinical guidance is routinely audited and the practice is able to demonstrate that patients are receiving suitable treatment.
- Continue to identify patients who are also carers and the support provided.

These arrangements had improved when we undertook a focused follow-up inspection on 25 July 2017. The practice is now rated as good for providing effective services.

Effective staffing

- During the inspection at Jubilee Surgery on 5 October 2016 we reviewed training records and found that two administration staff and one practice nurse had not received their annual basic life support training in 2016. At our follow-up inspection on 25 July 2017 we saw documentary evidence that all staff had either completed their mandatory training or were scheduled to do so in 2017. We saw training records to confirm that all GPs were trained to adult and children's safeguarding level three, and all other staff trained to safeguarding levels appropriate to their roles. We saw that the practice had a system in place to record training undertaken, to alert the practice manager whenever mandatory training was due for renewal, and to identify additional training needs of staff.

Management, monitoring and improving outcomes for people

During the inspection at Jubilee Surgery on 5 October 2016:

- We found that exception reporting for a diabetes indicator related to blood pressure monitoring was high when compared with clinical commissioning group (CCG) and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) For example, the practice had recorded an exception rate of 18% of patients who were diabetic and did not have their blood pressure recorded in the preceding 12 months. This was a higher level compared with the CCG average of 10% and the national average of 9%. At our follow-up inspection on 25 July 2017 we saw documentary evidence that the practice had reviewed the records of patients and found that some had been wrongly recorded as falling into this group, as their blood pressure readings were within acceptable limits. Data from July 2017 showed that the practice exception rate for this indicator was now 13% (of 411 patients on the practice diabetic register, 53 had been exception reported), which was more in line with both the CCG and national averages.
- The practice did not consistently monitor and follow evidence based guidance and standards through risk assessments, audits and checks of patient records. Ad hoc arrangements were in place to monitor that guidance was followed. Information from NICE was reviewed by GPs when it was received and cascaded to relevant staff, but records did not fully demonstrate whether changes were made if needed. A schedule of checks was not routinely planned for and carried out, to enable the practice to be assured that patients were receiving suitable treatment. At our follow-up inspection on 25 July 2017, we saw documentary evidence that best practice guidelines including National Institute for Health and Care Excellence (NICE) best practice guidelines, were followed if needed, and that a schedule of checks were routinely planned for and carried out. For example, we saw schedules of checks for the safety of prescribing high risk medicines. Information was recorded and disseminated to relevant staff.
- We stated that the practice should continue to identify patients who are also carers and the support provided. During our follow-up inspection on 25 July 2017, we

Are services effective?

(for example, treatment is effective)

spoke to the operations manager who outlined additional support for carers and how they were using methods to further identify carers. These included a new patient registration form that records carer status, and a

link on the practice website to carer resources. Since the last comprehensive inspection, the practice had identified nine more patients (around 1% of the practice list) as carers.