

Church View Surgery

Quality Report

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Plymstock
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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	
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

This announced focused inspection was carried out on 1 June 2017 to confirm that the practice had made improvements to meet the actions falling below a regulatory breach in our previous comprehensive inspection on 13 October 2015. In October 2015 the overall rating for the practice was Good. The full comprehensive report for the October 2015 inspection can be found by selecting the 'all reports' link for The Church View Surgery on our website at www.cqc.org.uk.

This report covers our findings in relation to improvements made since our last inspection.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Learning was cascaded down to all staff.

- The practice had introduced new protocols to ensure that blank prescriptions were stored and monitored safely.
- Staff had the skills and knowledge to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff.
- The latest patient survey results showed an improvement with how easy patients found it to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was clean and tidy had good facilities and was well equipped to treat patients and meet their needs.

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

- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined processes and practices to minimise risks to patient safety.

Good



Are services effective?

The practice is rated as good for providing effective care

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff

Good



Are services responsive to people's needs?

The practice is rated as good for responsive services.

- The practice monitors their patient's satisfaction on how easy they find it to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



Church View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was carried out by a Lead CQC Inspector.

Background to Church View Surgery

Church View Surgery was inspected on 1 June 2017. This was a focused inspection. The practice is situated in the town of Plymstock near Plymouth. The practice provides a service to approximately 12000 patients of a diverse age group with a larger than national average population of patients over the age of 54. The practice has a Personal Medical Service (PMS) contract and also offers Directed Enhanced Services, for example, providing a service to patients with a learning disability.

There is a team of 10 GPs at the practice. There are eight female and two male GPs of which six are GP partners. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, two nurse practitioners, four practice nurses, one healthcare assistant and four phlebotomists and administration staff.

The practice is a research centre and training practice for doctors who are training to become GPs, and for medical students from the Peninsula Medical School.

Patients using the practice also had access to community nurses, midwives, community mental health teams and health visitors who visit the practice.

The practice is open from Monday to Friday 8am to 6.30pm. Appointments commence at 8.30am with the last

appointment ending at 5.40pm. Outside of appointment times there is a local agreement that the practice transfer telephone lines over to the out-of-hours service which is provided by Devon Doctors. The practice offered a range of appointment types including 'book on the day,' telephone consultations and advance appointments, bookable up to six weeks in advance. The practice also used the 'patient partner service' which enabled patients to book appointments by telephone 24 hours a day, even when the practice was closed.

The Church View Surgery provides regulated activities from 30 Holland Road, Plymstock, Plymouth Devon PL9 9BN.

Why we carried out this inspection

We undertook a comprehensive inspection of Church View Surgery on 13 October 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good. The full comprehensive report following the inspection in October 2015 can be found by selecting the 'all reports' link for The Church View Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Church View Surgery on 1 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

Detailed findings

How we carried out this inspection

We reviewed information sent to us by the practice. We carried out an announced focused inspection at short notice. We looked at management and governance arrangements, toured the practice and a sample of records and spoke with the practice manager.

Are services safe?

Our findings

At our previous inspection on 13 October 2015 we rated the practice as good for providing safe services; however there were areas where the practice should make improvements in respect of the safe management of medicines, learning following incidents and infection control.

Safe track record and learning

At our inspection in October 2015 we found that staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough, however, details and shared learning was not always cascaded to all staff.

At the inspection on 1 June 2017 we found the practice had put processes in place to cascade the information to all staff. We saw minutes from the clinical governance meetings, where significant events were an agenda item, were stored on the practice intranet. The intranet had a practice notes page that allowed for all information to be sent to all staff members within the practice.

Overview of safety systems and process

At our last inspection we found prescription pads were securely stored however there was no system in place to monitor their whereabouts once distributed. We saw at this inspection a system had been introduced where a completed sheet detailing first and last serial numbers of blank prescription sheets for each GP was recorded. This allowed for an audit trail of blank prescriptions to be monitored.

In October 2015 the Patient Group Directions (PGD's) in use by the nurses in the practice had not been approved for use

in the local CCG area, or authorised for use by the practice, to allow nurses to administer medicines in line with legislation. At this inspection we looked at the current PGDs in use and saw that they had all been updated, approved by the local CCG area and signed by the GP.

In October 2015 we found there was an infection control protocol in place; however it was in need of updating. We saw that the audit had been completed in November 2014 at which time recommendations had been made for improvement. However not all of the recommendations had been completed. For example, develop an infection control policy, ensure that it is dated and regularly reviewed. It should include the practice name and name of designated infection control lead, and undertake a detailed room by room infection control risk assessment.' We said the practice should allocate more administrative time to key nursing staff to keep policies and protocols current and up to date, and to consolidate the protocols that are already in place.

We found at this inspection the practice had recruited a new nurse practitioner to the practice allowing the practice nurses more allocated time to complete administrative task such as updating policies and procedures and completing infection control audits. An infection control audit dated January 2017 had identified the need to relocate the phlebotomy healthcare nurse to another clinical room with hard flooring to allow for easier cleaning. A new toy policy had also been written stating only toys that could be easily cleaned were to be used in the practice. We observed action had been taken in both cases in line with the audit findings.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 October 2015, we rated the practice as good for providing effective services, however the planned training programme should be continued to ensure all staff were up to date with training. Also the planned programme of appraisals should be completed.

Effective staffing

We saw staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire procedures, basic life

support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice was closed each Wednesday between 1pm and 2pm to allow for this training to take place; patients were directed to the NHS111 helpline during this time.

A new practice manager had been appointed since our last inspection in October 2015. We saw that they had completed one to one meetings, as part of a planned programme of appraisals, to discuss welfare and future training requirements with all staff within the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 October 2015 we rated the practice as good for providing responsive services however improvement should continue with regard to patients being able to get through more easily by telephone, and improve patient waiting times to less than 15 minutes.

Access to the service

In October 2015 the results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. The practice had introduced a sit and wait system to increase patient satisfaction.

At our inspection in June 2017 we were told that this system had not worked and another new system had been introduced on 31 October 2016. This was all on the day GP appointment and advice requests by phone or in person would be considered by the Urgent Care Team. This team consisted of GPs and Nurse Practitioners who would ring patients back and offered, where appropriate, care advice over the phone with no appointment, signposted patients to an alternative service or arranged an urgent appointment on the day with a GP or nurse, or booked a routine appointment.

The most recent GP survey results of July 2016 showed the patient satisfaction had improved, for example:

- 60% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73% previous results had been only 52% of patients said they could easily get through easily to the surgery by phone.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%, previous results showed only 72.% patients described their experience of making an appointment as good
- 64% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%. The previous results were 62% of patients said they usually waited 15 minutes or less after their appointment time.

The practice manager told us that the practice regularly monitored their appointment system to ensure improvements made to the system continued to improve services to their patients.