

Queenswood Surgery

Quality Report

223 London Road,
Waterlooville,
Hampshire
PO8 8DA

Tel: 02392263491

Website: www.queenswoodsurgery.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 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 Queenswood Surgery, on 6 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Queenswood Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 20 July 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 6 September 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 for this inspection were as follows:

- The practice ensured that governance and systems for health and safety were operated effectively and any risks were appropriately managed. For example, management of legionella and electrical equipment testing checks.
- The practice had completed safeguarding training.
- The provider had reviewed the use of family members as translators for patients whose first language is not English.
- All policies had been reviewed to ensure they reflect current processes in the practice.
- The provider had reviewed arrangements to meet the needs of all patients.
- Systems were now in place for managing the security of prescription stationery.

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 now rated good for providing safe services.

Good



- Risks to patients who used services were assessed. Systems were now in place for legionella and electrical equipment testing checks.
- Systems were now in place for managing the security of prescription stationery.
- All staff had received training on safeguarding adults and children to ensure they were aware of their responsibilities and were competent to identify and act on situations where service users may be at risk of harm.

Are services well-led?

The practice is now rated as good for being well led.

Good



- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. These meetings now routinely involved all relevant staff and were up to date.
- The practice had a governance framework which now supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Improvements had been made in relation to the patient experience. For example the practice had started to merge with another local practice which had better access for patients with limited mobility. The practice had spoken with those patients and they were happy to attend the other practice.
- The practice now had a process for offering interpreters and technical assistance for patients whose first language was not English; although they respected the wishes of patients to use members of their family if they wanted to.

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 6 September 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 6 September 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 6 September 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 6 September 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 6 September 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 6 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Queenswood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was conducted by a Care Quality Commission Inspector and a GP specialist advisor.

Background to Queenswood Surgery

Queenswood Surgery is located at 223 London Road, Waterlooville, Hampshire, PO8 8DA. The practice is located in a converted house and is situated on a main road, close to public transport links.

At the time of the inspection in September 2016, Queenswood Surgery engaged with the local NHS Vanguard (Better Local Care) initiatives in South East Hampshire, such as the paramedic home visiting initiative. They were exploring options of working closer with local GP neighbouring practices to improve services across a wider geographical area.

Since our last inspection in September 2016 Queenswood Surgery has commenced a merger with another local practice called Cowplain Family practice. Together they are called locally Cowplain Family Practice and Queenswood Surgery.

The reason behind the merger is to give the two practices a larger GP and nursing team with more flexibility to cover when any of the team is absent. The practice will be able to reduce the duplication of administrative roles and responsibilities. Both practices plan to become more involved in training the next generation of doctors and nurses and hope that the practice merger will offer an attractive career to new GPs and other practice staff.

Patients are seen at their usual practice, on occasion, such as for specialised services (such as diabetic clinics) or during staff absence, patients may be asked to attend the other surgery.

The Queenswood Surgery provides general medical services to approximately 5,100 patients in the Waterlooville area of South East Hampshire, one of the least deprived areas in the country. 21% of the practice population is over 65 years of age. 1% of the patient population are from Asian backgrounds and 1% are from mixed backgrounds, with the majority of the practice population identifying themselves as White British.

There are two GP partners, both female and one salaried GP.

There are currently four practice nurses and a clinical pharmacist to assist the practice with complex medicine issues.

The practice manager is a business partner in the practice. There is a deputy practice manager and team of 10 part-time clerical, reception and administrative staff.

A steep concrete ramp leads up to a front door, with disabled access to the rear of the building, but there are no automatic doors. The practice has a waiting area equipped with suitable chairs for patients with limited mobility.

There are several noticeboards in the waiting area displaying information for patients, including the how to make a complaint, the practice cleaning schedule and the action to take in the event of a fire.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.15am to 6.30pm daily. Extended hours appointments are offered from 5pm to 8.00pm on Tuesday evenings.

Detailed findings

Telephone lines are open 8am - 8.30pm Tuesday and 8.am - 6.30pm Monday, Wednesday, Thursday and Friday. Walk in same day access is offered: Monday 8:30 - 10am Tuesday to Friday from 8:30 - 9:30am Monday to Friday 4:00 - 4:30pm. There is a Baby Clinic on Tuesday 10:30 – 12pm.

When the practice is closed, patients are encouraged to use the NHS 111 service, publicised on the website, the phone system and within the practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Queenswood Surgery in September 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 overall with requires improvement for safe services and well led services.

The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for Queenswood Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Queenswood Surgery on 20 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

During our visit we:

- Spoke with GP Partners, nurses and the practice manager.
- We received feedback from staff members.
- Visited the practice location
- Looked at information the practice used to deliver care.
- Observed how patients were being spoken with in the reception areas.

Are services safe?

Our findings

At our inspection in September 2016 we found that:

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe and safeguarded. For example, the chaperone policy did not reflect the current procedures; the system for blank prescription stationery tracking was not effective; there was no practice management of legionella and no evidence that checks of electrical equipment safety had been undertaken.

At our visit on 20 July 2017, the practice was able to provide evidence to show that the requirements we had asked to be carried out had been completed.

Overview of safety systems and processes.

At our inspection in September 2016 we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, apart from those related to legionella.

At this visit we found that the practice had put in place systems for managing training including Safeguarding and Fire Safety. The practice had also implemented systems for blank prescription stationery, legionella management and electrical testing.

Using the Primary Care Essential Skills training guide developed by South East Hampshire clinical

commissioning group for nurses, health care assistants, administration and clerical staff the practice had issued all members of staff with training plans which identified mandatory training and additional training as required for their particular role.

All relevant staff had now completed level two adult and children safeguarding training and this was recorded on their training plans. All staff had also received fire safety training.

The practice was now using a maintenance schedule and had completed both a Legionella management risk assessment and electrical equipment safety testing.

The practice had also developed a system for recording and monitoring blank prescription stationery. All administration staff had received training and the training had been added to the practice induction protocol for new staff.

A notice in the waiting room advised patients that chaperones were available if required. The practice had updated the chaperone policy for the practice and only clinical staff with the correct chaperone training carried out these duties. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).

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 inspection in September 2016 we found that:

The practice had a number of policies and procedures to govern activity, but some of these were not fully embedded or operated effectively. For example, prescription tracking and oversight of adult safeguarding training. There were further issues in respect of areas of health and safety, for example the lack of management of legionella and no records of electrical equipment testing were in place.

We also said that the provider should review the use of family members as translators for patients whose first language is not English and the provider should continue to review the access arrangements to meet the needs of all patients.

At our visit on 20 July 2017, the practice was able to provide evidence to show that the practice had made improvements to governance and systems.

Governance arrangements.

Systems or processes were now fully established and operated effectively to ensure the governance systems of the practice kept patients safe. For example, systems relating to prescription security and the overview of training updates for adult and child safeguarding.

There was now a system to ensure training was completed. Training was up to date and monitored to ensure completion.

There was a system to monitor improvements to the quality of care. The practice had a programme of clinical audit and monitored patient outcomes closely.

Staff told us the practice held monthly meetings or more frequently when changes or information was needed to be exchanged. Nurses had attended GP and practice managers meetings and areas of discussion included significant events, clinical audits, training and roles within the practice.

Meetings were fully minuted and actions set which were followed up at the next meeting.

Continuous improvement.

The practice was working to improve the patient experience and the merger enabled the practice to have a larger GP and nursing team with more flexibility to cover when any of the team was absent. The practice was able to reduce the duplication of administrative roles and responsibilities.

The access to the other local practice which had better access for patients with limited mobility. The practice had spoken with those patients and they were happy to attend the other practice.

The practice now had a process for offering interpreters and technical assistance, by using computer based language programmes, for patients whose first language was not English; although they respected the wishes of patients to use members of their family if they wanted to.