Abbey Surgery

Quality Report

28 Plymouth Road
Tavistock
Devon
PL19 8BU
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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 effective?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at the Abbey Surgery on 8 June 2016. This was to review the actions taken by the provider as a result of our issuing one legal requirement. In December 2015, the practice did not operate effective audit and governance systems to evaluate and improve outcomes for patients. There were gaps in the assessment and monitoring of patients, when the practice excluded some patients from reviews, which could increase risks relating to the health safety and welfare of service users. After the inspection, the practice sent us a plan showing how these issues would be addressed and we have monitored this with the practice.

At this inspection, we reviewed the actions taken since the last inspection. Overall the practice has been rated as GOOD following our findings, with effective now rated as GOOD.

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

- The provider had introduced systems to regularly assess and monitor the quality of all services provided and identify, assess and manage all risks related to health, welfare and safety.
- The level of clinical audit had increased at the practice with an audit programme in place for the whole year.
- The practice had reviewed the exception reporting procedures for those patients diagnosed with dementia and diabetic patients who were under hospital care. A sample of 15 patient records provided assurance that reviews were appropriately planned and met patient 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 effective?

Good

The practice is now rated as Good for effective services having improved clinical audit and the approach to clinical reviews of patients with chronic conditions. Policy and procedures determining when patients should be excluded from clinical reviews had been overhauled. A lead GP now had responsibility for governance of each register of patients with chronic diseases. A programme of clinical audit had been agreed for the year 2016/17, which required every GP and nurse to complete at least one audit during that year. Clinical meeting arrangements were strengthened by being formalised enabling other community based healthcare workers to attend these.

Our findings at the last inspection were that the practice used the information collected for the Quality Outcomes Framework (QOF) to monitor outcomes for patients(QOF is a system intended to improve the quality of general practice and reward good practice). Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient needs.

Abbey Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP.

Background to Abbey Surgery

Abbey Surgery is located within the town of Tavistock, in Devon. Abbey Surgery is a long established surgery serving Tavistock and the surrounding area. The practice benefits from good transport links for patients living outside of town. There were 14,448 patients on the practice list and the majority of patients are of British white background. The practice population had a higher than national average of patients over 65 years old with 26% in this age group compared to 17% nationally; 63% of patients also had a long standing health condition compared to 54% nationally. Social deprivation is mid-range in a predominantly rural area. The practice also has a branch surgery at Bere Alston. During our inspection we visited the site in Tavistock and did not visit the branch surgery at Bere Alston.

The practice is managed by nine GP partners, six male and three female and supported by five salaried GP's as well as six Practice Nurses two of whom hold the prescribing qualification, three health care assistants (HCA) and an administrative team led by the practice manager. Abbey Surgery is a training practice providing placements for GP registrars and medical students.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are available 8.30am to 11.30am every morning and 2.30pm to 6.00pm every afternoon. Extended hours surgeries are offered between 8.30am and 11.30am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice is able to dispense medicines to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises. We did not inspect the dispensary at this visit, as we had done so in December 2015.

When the practice is closed Devon Doctors On Call is responsible for providing healthcare. Patients are advised to ring the NHS on 111 for advice and guidance outside of surgery opening hours where patients are advised to attend Tavistock or Derriford Accident and Emergency Department or a home visit is arranged.

The practice has a General Medical Services (GMS) Contract and also offers enhanced services. Abbey Surgery is registered to provide services from the following locations:

Practice: Abbey Surgery, 28 Plymouth Road, Tavistock, Devon PL19 8BU

Branch Surgery: Bere Alston Medical Practice, Station Road, Bere Alston, Yelverton, Devon, PL20 7EJ

Why we carried out this inspection

We carried out an inspection of the Abbey Surgery on 16 December 2015 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the regulation they were not meeting. The report from 16 December 2015 is published on our website.

This was a focussed inspection to follow up the actions taken by the practice.

Detailed findings

How we carried out this inspection

We reviewed information sent to us by the practice. We carried out an announced focussed inspection carried out at short notice. We looked at management and a sample of patient records and spoke with two staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

In December 2015, the practice did not operate effective audit and governance systems to evaluate and improve outcomes for patients. There were gaps in the assessment and monitoring of patients, when the practice excluded some patients from reviews, which could increase risks relating to the health safety and welfare of service users. After the inspection, the practice sent us a plan showing how these issues would be addressed and we have monitored this with the practice.

At this focussed inspection, we looked at 15 sets of patient records as a random sample taken from the prescription request for that day. We looked at medication reviews, long term condition reviews and any associated clinical entries, results and correspondence. Out of 15 patients, 13 had received a medication review in the past 12 months. Dates were planned to review the other two patients at a later date. Of those who were eligible, nine out of 11 patients with a long term condition had been reviewed in the last 12 months. This sample provided assurance that patients were receiving appropriate clinical and medication reviews.

The practice had revised the Quality Outcome Framework (QOF) Exemption Guidelines and had reflected on the results of their previous comprehensive inspection. A GP partner and the practice manager explained that they recognised that the exemption reporting rates were higher than their peers in the locality. They told us that the revised policy seeks to reduce the exemption reporting rate by inviting patients who are under specialist care to also attend the surgery for a long term condition review. We saw that governance been strengthened with a lead GP responsible for oversight of the exemption reporting system.

The practice had commissioned services from an external consultant to ensure that all patients were on the correct patient register and read codes used for searches were correct. The practice manager told us that six monthly reports would be produced, reviewed by the governance lead GP and acted upon.

We saw that tasks were assigned through the patient record system, with prompts for when the next review was due. We looked at how the practice managed diabetic reviews for patients living in adult social care homes and those who were vulnerable living at home. The practice had integrated its services with the community nursing team to streamline the monitoring of patients with diabetes. District nurses based at the practice had been trained by the practice to carry out extended roles normally completed by practice nurses. For example, the practice had provided joint training for district and practice nurses in carrying out diabetic reviews, which included foot checks using equipment to monitor pulses and sensation. We saw an example of the diabetic review template completed for a review undertaken, which was used by practice and district nurses. District nurses were attending the practice meetings held specifically to review the patient registers, in this case diabetic patients, which was managed by a GP lead for diabetes.

Since the last inspection, the audit programme at the practice had been overhauled. The practice had acknowledged the need to strengthen learning, audit and quality improvement systems. An example of the first cycle of an audit was seen, which looked into the effectiveness of anticlotting medicines for patients with the heart condition atrial fibrillation. A search had identified 424 patients on this medicine who were being monitored by the practice. Individual lists of patients had been disseminated to GPs so that medicine reviews were undertaken. Prompts had been set up and actions taken were monitored by the practice manager on the patient record system who was able to produce a real time report of how many reviews were outstanding.

Clinical meeting arrangements were strengthened by altering the timing of the weekly meeting so that staff at the practice could attend before patient appointments. These meetings were now more formal, minuted and open to all clinicians including community based healthcare colleagues. We looked at several weeks of minutes, which demonstrated that there was a better forum for all clinical governance issues to be considered. For example, minutes for 8 January 2016 demonstrated that the older people mental health team had been invited where the service and support available for patients had been discussed. The discussion included clarification of when the treatment with antipsychotic medicines was appropriate to use for patients.