Regency Surgery

Quality Report

Regency Surgery
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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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The practice was rated good overall and is now rated good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 26 July 2016. A breach of legal requirements was found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the legal requirements. We conducted a focused inspection on 24 November 2016 to check that the provider had followed their action plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 26 July 2016 we found the following area where the practice must improve:

- Adhere to the national requirements and the practice policy relating to the storage and disposal of controlled drugs.

Our previous report also highlighted the following areas where the practice should improve:

- Ensure all staff receive appropriate training on the Mental Capacity Act 2005.
- Ensure all staff are trained to the appropriate level for safeguarding children.
- Increase the numbers of patients who attend national screening programmes for bowel and breast cancer screening.

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

During the inspection on 24 November 2016 we found:

- The practice had adequate policies and systems in place to ensure adherence to the national requirements for the storage and disposal of controlled drugs.

We also found in relation to the areas where the practice should improve:

- All staff had appropriate understanding and training in the Mental Capacity Act 2005.
- All staff were trained to the appropriate level for safeguarding children.
- The practice showed us their action plan to increase the number of patients who attend screening programmes for bowel and breast cancer screening. This included putting posters and leaflets in the waiting room. The GPs told us that they now opportunistically reminded eligible patients of the benefits of screening during consultations.

Summary of findings

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?

Good

The practice is now rated Good for delivering Safe services

At our last inspection, we noted that the practice had a policy not to hold a stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). However, on the day of inspection we found two controlled drugs had been kept on site. These had been brought in by patients and not had not been appropriately stored or disposed of.

At this inspection, we found that the practice had adhered to their policy and did not hold any controlled drugs on site. The controlled drugs we found during our inspection on 26 July 2016 had been disposed of in accordance with national guidelines.

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

Good

The practice was rated as good for the care of older people on 26 July 2016. This rating remains unchanged.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs and housebound patients.
- The practice participated in the local admission avoidance scheme to help avoid unnecessary hospital admissions for older people.
- The practice hosted the proactive care programme and was the first within the local area to offer this service.
- The GPs and practice nurses provided home visits to older people.

People with long term conditions

Good

The practice was rated as good for the care of older people on 26 July 2016. This rating remains unchanged.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than or similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 84% which was better than the CCG average of 76% and the national average of 78%.
- The practice annual review appointments were 40 minutes, instead of the usual 30 minutes, to give the patient more time.
- Home visits were offered for those with enhanced needs and housebound patients.
- Over 2% of the patients registered at the practice were human immunodeficiency virus (HIV) positive patients and all of these patients were offered annual reviews.
- The GPs had received specific training so that they were able to support patients with HIV who were also opiate dependent and prescribe appropriate medicines. A specialist substance misuse nurse visited the practice weekly and worked collaboratively with the practice to maintain the health of this patient group.

Summary of findings

- 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.

Families, children and young people

Good

The practice was rated as good for the care of older people on 26 July 2016. This rating remains unchanged.

- 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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was below the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- One of the GPs had a specialist interest in children's health and liaised with a local school to discuss the role the practice had in delivering primary care services to children.
- Testing kits for sexual health screening were available in the patient toilets to encourage patients to get tested and ensure privacy and discretion.

Working age people (including those recently retired and students)

Good

The practice was rated as good for the care of older people on 26 July 2016. This rating remains unchanged.

- 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, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Evening clinics and phone consultations were available to patients who were unable to attend during normal working hours.
- A weekly smoking cessation clinic was available.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice was rated as good for the care of older people on 26 July 2016. This rating remains unchanged.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- The practice had a large number of patients who were homeless or in temporary housing. The GPs worked closely with local hostels and care workers to provide care for these patients.
- The practice had a significant number of patients who were victims of domestic violence and worked collaboratively with other health and social care agencies to ensure their physical and mental wellbeing.

People experiencing poor mental health (including people with dementia)

Good

The practice was rated as good for the care of older people on 26 July 2016. This rating remains unchanged.

- Performance for the management of patients diagnosed with dementia was similar to local and national averages. For example 80% of these patients had received a face-to-face review within the preceding 12 months in comparison with the CCG average of 82% and the national average of 84%.
- Performance for indicators related to patients with poor mental health was similar to the local and national averages. For example, 86% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the local average of 83% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice commented on the importance of continuity of care for this patient group and told us they were proud that they had not needed to use locums over the past year which meant that patients always had the choice of seeing their own GP.

Regency Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC 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 5 July 2016 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 24 November 2016 to follow up on whether action had been taken to deal with the breaches.

Good

Are services safe?

Our findings

Overview of safety systems and processes

At our last inspection, the practice we noted that the practice had a policy not to hold a stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). However, on the day of inspection we found two controlled drugs had been kept on site. These had been brought in by patients and not had not been appropriately stored or disposed of.

At this inspection, we found that the practice adhered to their policy and did not hold any controlled drugs on site. The controlled drugs we found during our inspection on 26 July 2016 had been disposed of in accordance with national guidelines. The practice had an updated policy giving staff instructions on action to take if patients bring controlled drugs to the practice for disposal and there was a sign on the medicines cabinet reminding staff not to store controlled drugs on site.