

Holbrook Surgery

Quality Report

Holbrook surgery
Bartholomew Way
Horsham
West Sussex
RH12 5JL
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Website: www.holbrooksurgey.com

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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 this practice on 6 July 2016. Breaches of Regulatory requirements were found during that inspection within the safe and effective domains. After the comprehensive inspection, the practice sent us an action plan detailing what they would do to meet the regulatory responsibilities in relation to the following:

- Ensure fire drills are carried out in line with national guidelines.
- Ensure infection control systems are robust and the infection control audit action plan is fully implemented.
- Ensure that a system is put in place to monitor hand written and computer printed prescription pads and forms.
- Ensure medicines were stored securely.
- Ensure staff with unsupervised access to patients had undertaken a disclosure and barring service (DBS) check and the practice has a policy in place to set out how DBS are used and risk assessed in the practice.
- Ensure staff recruitment records contain the information as set out by regulation.
- Ensure written consent is obtained for minor surgery.

We undertook this focused inspection on 15 December 2016 to check that the provider had followed their action plan and to confirm that they now met regulatory requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holbrook Surgery on our website at www.cqc.org.uk.

This report should be read in conjunction with the last report published in September 2016.

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

- We saw evidence to confirm that fire drills had been undertaken.
- The infection control audit had been updated and the action plan completed. Systems were in place to demonstrate regular monitoring and testing of the hot water system following a legionella risk assessment.
- We saw evidence to demonstrate that the practice had a system for monitoring both hand written and computer generated prescriptions.
- The medicines fridges were locked and medicines stored securely.

Summary of findings

- The practice had introduced a system of risk assessment to determine if staff required a DBS check. We saw evidence to demonstrate these checks were undertaken where needed.
- Recruitment records contained the information required by regulation.
- The practice minor surgery policy had been updated and consent was sought and recorded in line with national guidance.

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.

Good



- At our previous inspection on 6 July 2016, we found that the practice could not demonstrate that the practice undertook regular fire drills. At this inspection on 15 December 2016 we found that the practice had undertaken a fire drill and documented the action.
- At our inspection on 6 July 2016 we found that the practice did not have a system to monitor and keep track of computer generated prescription forms and hand written prescription pads. At this inspection we saw evidence that the provider had introduced a system that included a tracking record and audit system to monitor the stock and use of both types of prescription forms.
- At our inspection on 6 July 2016 we found that medicines were not always held securely. At this inspection we checked and found that medicine fridges were locked and all medicines were held securely.
- The practice provided evidence at this inspection to demonstrate that they had updated their infection control audit and had an action plan in place. We found the practice had taken steps to address the remedial actions set out in the action plan.
- At our inspection on 6 July 2016 we found staff with unsupervised access to patients had not undertaken a DBS check and the practice did not have a policy in place to set out how DBS are used and risk assessed in the practice. On 15 December 2016 we found that the practice had undertaken a risk assessment of staff and obtained a DBS check where indicated by the assessment.
- At our inspection on 6 July 2016 we found staff recruitment records did not contain the information as set out by regulation. At this inspection the records we saw contained all information required including proof of identity and satisfactory information about the individuals conduct in previous employment.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- At our inspection on 6 July 2016 we found that staff did not always seek patients' consent to care and treatment in line with legislation and guidance. We saw that patients' verbal consent was recorded in their care records. Consent for minor surgery was not routinely documented. The practice had a pro-forma for consent however the staff told us that this was not used. The practice could not demonstrate that the risks of undertaking procedures were discussed with the patient.
- At this inspection we saw evidence to demonstrate that the minor surgery policy had been updated with information on consent. The patient records we reviewed demonstrated that minor surgical procedures had been explained and consent had been obtained in line with national guidance.

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 practice was rated as requires improvement for the care of older people on 6 July 2016. This rating has now changed to good.

Good



- 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.
- The practice had regular meetings with the Proactive care team to help avoid admissions. The practice provided an enhanced service for unplanned admissions – a register of the most vulnerable patients - with care plans and reviews following any unplanned hospital admissions.
- Partners had provided their personal contact details for patients receiving palliative care to ensure they have access to a practice GP at weekends and evenings.

People with long term conditions

The practice was rated as good for the care of people with long-term conditions on 6 July 2016. This rating has now changed to good.

Good



- 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 the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 84% compared to the CCG and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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

The practice was rated as good for the care of families, children and young people on 6 July 2016. This rating has now changed to good.

Good



Summary of findings

- 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 84%, which was the same as the CCG average of 84%, the national average was 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.

Working age people (including those recently retired and students)

The practice was rated as good for the care of working-age people (including those recently retired and students) on 6 July 2016. This rating has now changed to good.

- 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.

Good



People whose circumstances may make them vulnerable

The practice was rated as good for the care of people whose circumstances may make them vulnerable on 6 July 2016. This rating has now changed to good.

- 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.

Good



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The practice was rated as good for the care of people experiencing poor mental health (including people with dementia) on 6 July 2016. This rating has now changed to good.

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the CCG average of 92% and 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.
- 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.

Good



Holbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC inspector.

Background to Holbrook Surgery

Holbrook Surgery is practice offering general medical services to the population of Horsham and surrounding areas in West Sussex. There are approximately 15,245 registered patients.

The practice population has a higher number of patients between 40-59 years of age than the national and local CCG average. The practice population also shows a lower number of patients between the age of 70-85 plus year olds than the national and local CCG average. There are a lower number of patients with a longstanding health condition. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for both the CCG area and England.

Holbrook Surgery is run by six partner GPs (Three male and three female). The practice is also supported by two female salaried GPs; three practice nurses (plus two on an active bank list), one healthcare assistant, a team of administrative and reception staff, and a practice manager.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and travel vaccines and advice.

Services are provided from one location:

Holbrook surgery

Bartholomew Way

Horsham

West Sussex

RH12 5JL

Opening hours are Monday to Friday 8am to 6.30pm Monday, Thursday and Friday and 8am to 8pm on Tuesday and Wednesday.

During the times when the practice is closed arrangements are in place for patients to access care from IC24 which is an Out of Hours provider.

Why we carried out this inspection

We undertook a focused inspection of Holbrook Surgery on 15 December 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 6 July 2016 had been made.

We inspected the practice against two of the five questions we ask about services:

- Is it safe?
- Is it effective?

This is because the service had not been meeting some legal requirements.

Detailed findings

How we carried out this inspection

We reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out a focussed inspection on 15 December 2016.

- We reviewed the security of medicines fridges.
- We reviewed the systems for infection control in the practice.
- We reviewed the recruitment systems and DBS procedures.
- We looked at how consent was obtained for minor surgery.
- We reviewed the system in place to monitor blank hand written prescription and computer generated prescription pads.
- We reviewed the practice's fire safety procedures.

Are services safe?

Our findings

Overview of safety systems and processes

- At our inspection on 6 July 2016 we found that the practice did not have a system to monitor and keep track of computer generated prescription forms and hand written prescription pads. At this inspection we saw evidence that the practice had introduced a system that included a tracking record and audit system to monitor the stock and use of both types of prescription forms.
- At our inspection on 6 July 2016 we found that medicines were not always held securely. At this inspection we checked and found that medicine fridges were locked and all medicines were held securely. The practice had reviewed their procedure for key access and now staff had keys available to ensure fridges were lock when not in use.
- The practice provided evidence at this inspection to demonstrate that they had updated their infection control audit and had an action plan in place. We found the practice had taken steps to address the remedial actions set out in the action plan. This included repairs to the work surface and removal of a fabric notice board in a clinical area. Curtains in consultation rooms had either been replaced (disposable) or laundered (fabric) since our last inspection on 6 July 2016.
- At our inspection on 6 July 2016 we found staff with unsupervised access to patients had not undertaken a DBS check and the practice did not have a policy in place to set out how DBS are used and risk assessed in the practice. On 15 December 2016 we found that the practice had put a DBS protocol in place, undertaken a risk assessment of staff and obtained a DBS check

where indicated by the assessment. The staff told us that all new staff who are identified as having unsupervised access to patients in the future will automatically have an enhanced DBS check.

- At our inspection on 6 July 2016 we found staff recruitment records did not contain the information as set out by regulation. At this inspection the records we saw contained all information required including proof of identity and satisfactory information about the individuals conduct in previous employment.

Monitoring risks to patients

- At our previous inspection on 6 July 2016, we found that the practice could not demonstrate that the practice undertook regular fire drills. At this inspection on 15 December 2016 we found that the practice had undertaken a fire drill and documented the action. We also noted that updated fire training had been delivered to all staff on 7 September 2016. The practice had updated their fire prevention folder, evacuation plans and fire risk assessment.
- On 6 July 2016 we found the practice had not undertaken a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the inspection on 15 December 2016 we saw evidence to confirm that an external contractor had carried out a detailed risk assessment of the practice. Areas of high risk were identified and recommendations for action were made. We noted that the practice had responded to these recommendations introducing regular monitoring of the hot water outlets, descaling of the shower and adjustment to the hot water system to maintain appropriate temperatures to minimise the risk of infection.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

- At our inspection on 6 July 2016 we found that staff did not always seek patients' consent to care and treatment in line with legislation and guidance. We saw that patients' verbal consent was recorded in their care records. Consent for minor surgery was not routinely documented. The practice had a pro-forma for consent
- however the staff told us that this was not used. The practice could not demonstrate that the risks of undertaking procedures were discussed with the patient.
- At this inspection we saw evidence to demonstrate that the minor surgery policy had been updated with information on consent. The patient records we reviewed demonstrated that minor surgical procedures had been explained to patients and consent had been obtained in line with national guidance.