

St Peter's Surgery

Quality Report

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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	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6

Detailed findings from this inspection

Our inspection team	9
Background to St Peter's Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	10

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Peters Surgery on 29 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for St Peters Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 October 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 29 November 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 were as follows:

- The practice was able to demonstrate that the system for reporting, recording and learning from significant events was consistently and effectively implemented

- Medicines management procedures had been reviewed to ensure an effective process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Blank prescription forms and pads were securely stored with a system to monitor their use.
- Risk assessments and management activities included all potential and actual risks to patients, staff and visitors and recommendations and actions were implemented in a timely manner.
- Recruitment checks were carried out for all members of staff including locum GPs.
- Staff received appropriate support through regular appraisals.
- Staff received ongoing training appropriate to their role including fire safety training.
- There were systems to help ensure the safety of services. For example, the recording of fire evacuation rehearsal procedures and the checking of emergency equipment.
- The practice had a system to monitor and record the hepatitis B status of GPs and nurses.

Summary of findings

- The practice was not based in a purpose built building. However, the entrance doorways were wheelchair accessible, the doors opened inwards when pushed and there was a bell to attract the attention of reception staff.
- The practice had identified an increased number of patients as carers. There were 80 patients on the carers register, almost 2% of the patient list.
- Information regarding how to make a complaint was displayed in the patient waiting area.
- The practice were aware of patients waiting 15 minutes or less for their appointments. They responded by routinely asking patients to telephone

before their appointments in order to ascertain waiting times at the practice and had an action plan to audit appointments. Conversely, 96% of respondents to the GP patient survey published July 2017 found that their GP appointment provided enough time, compared to 86% at CCG and national average. 95% of respondents were able to make an appointment with their preferred GP compared to the CCG average of 64% and the national average of 56%.

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?

At our previous inspection on 29 November 2016 we rated the practice as requires improvement for providing safe services. We found:

- The practice was unable to demonstrate that the system for reporting, recording and learning from significant events was consistently and effectively implemented.
- Medicines management procedures had not been reviewed and the practice could not demonstrate an effective process for managing medicine alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Blank prescription forms and pads were not securely stored and there was no system to monitor their use.
- Risk assessments did not include all potential and actual risks to patients, staff and visitors and recommendations and actions were not implemented in a timely manner.
- Recruitment checks were not carried out for all members of staff including locum GPs.

These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2017 and the practice is now rated as good for providing safe services.

Good



Are services effective?

At our previous inspection on 29 November 2016 we rated the practice as requires improvement for providing effective services. We found:

- Not all staff had received an appraisal in the last twelve months.
- Not all staff were up to date with training. For example, fire safety awareness.

These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2017 and the practice is now rated as good for providing effective services.

Good



Are services responsive to people's needs?

At our previous inspection on 29 November 2016 we rated the practice as requires improvement for providing responsive services. We found:

- The practice did not have a wheel chair accessible door opening system.
- Information was not readily displayed in patient waiting areas to help patients understand the complaints system.

Good



Summary of findings

These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2017 and the practice is now rated as good for providing responsive services.

Are services well-led?

At our previous inspection on 29 November 2016 we rated the practice as requires improvement for providing well-led services. We found:

- The practice had failed to consider risks and actions associated with health and safety in a timely manner.
- The practice had systems for notifiable safety incidents. However, learning from these incidents was not always effectively shared across the practice.
- The practice were unable to demonstrate feedback was gathered through staff appraisals as not all staff had received an appraisal in the last 12 months.

These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2017 and the practice is now rated as good for providing well-led services.

Good



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, effectiveness, responsive and well-led identified at our inspection on 29 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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.
- Patients 75 years and older received comprehensive personalised care plans.

Good



People with long term conditions

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 29 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetic related indicators was better than local and national averages.
- Home visits were available when needed and longer appointments on request.
- All these patients had a named GP and received a structured annual review to check their health and medicines needs were being met.
- Patients with the most complex needs were discussed by their named GP and relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients had access to cardiology clinic once a fortnight led by a GP partner.

Good



Summary of findings

Families, children and young people

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 29 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There were systems to identify and follow up on children living in disadvantaged circumstances and who were at risk.
- Child immunisation rates were relatively high for all standard immunisations.
- Patients and staff told us children and young people were treated in an age appropriate way and were recognised as individuals
- The practices uptake for the cervical screening programme was better than the local and national averages.
- 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, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 29 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- The needs of the working age population, those recently retired and students and 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.
- The practice operated extended opening hours Monday from 7.30am to 8am and from 6.30pm to 8pm for working patients who could not attend during normal opening hours.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 29 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including carers, poor mental health needs and those with 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.

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effectiveness, responsive and well-led identified at our inspection on 29 November 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 100% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was better than the local average of 81% and the national average of 84%.
- Performance for mental health related indicators were better than local and national averages.
- 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 to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health and dementia.

Good



St Peter's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector.

Background to St Peter's Surgery

St Peters Surgery occupies a converted bungalow in a residential area of Broadstairs, North East Kent. The practice has approximately 4500 registered patients.

The practice is owned and managed by GP partners (one female, one male). They are supported by three practice nurses (female) and two healthcare assistants (female) and an administrative team overseen by a practice manager.

The practice offers a range of services and clinics including; asthma, diabetes and child surveillance clinics.

An out of hours service is provided by Primecare, outside of the practices opening hours. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from:

6 Oaklands Avenue, Broadstairs, Kent, CT10 2SQ.

Why we carried out this inspection

We undertook a comprehensive inspection of St Peters Surgery on 29 November 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. The full comprehensive report following the inspection in November 2017 can be found by selecting the 'all reports' link for St Peters Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of St Peters Surgery on 12 October 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 the practice manager and reception staff.
- Reviewed documents and records

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 29 November 2016, we rated the practice as requires improvement for providing safe services. We found improvements were required for the management of significant incidents, medicines, recruitment checks. Blank prescription forms and pads were not appropriately stored and monitored and fire and health and safety risk assessments needed to be strengthened.

These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available which was accessible to staff. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where a child climbed and fell from a chair in the waiting area a poster was put in place to inform patients not to allow toddlers to climb. The outcome was shared at a meeting which all staff attended and the action was due for review in a three month period.
- The practice also monitored trends in significant events and evaluated any action taken.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We checked their system and found that searches were carried out of the patient record system to identify those patients who may be affected and that patients had been reviewed and action taken appropriately.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.

We reviewed two personnel files one for an administrative member of staff and one for a locum GPs. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Documents seen demonstrated that the practice had confirmed the vaccination status for their clinical team for example hepatitis B and blood borne infection.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had carried out and recorded regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified the external assembly point. There were records which showed that all fire safety equipment was checked regularly.
- The practice had a variety of other risk assessments to monitor safety of the premises including health and safety. Where actions plans had been put in place timely action had been taken to mitigate risks and these had been reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 29 November 2016, we rated the practice as requires improvement for providing effective services as some staff had not received appraisals or training in fire safety.

These arrangements had significantly improved when we undertook a follow up inspection on 26 September 2017. The practice is now rated as good for providing effective services.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We found that all staff who had been at the practice for over a year had received an appraisal. There was a system to alert the practice manager as appraisals were due.
- Staff received training appropriate to their roles and this included fire safety awareness and health and safety.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 29 November 2016, we rated the practice as requires improvement for providing responsive services in respect of assisted entry systems, reducing the waiting times for patients to after their appointment time and displaying information on how to make a complaint.

We found the practice had taken remedial action to improve both issues when we undertook a follow up inspection on 12 October 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood and responded to the needs of their patient population.

- The practice team assisted less able patients to access the surgery and had obtained quotations to install assisted entry systems. The current system comprised of an accessible entry door which opened inwards with a push and a bell to attract the attention of reception staff if required.

Listening and learning from concerns and complaints

We found information was displayed within the waiting areas and available to reception staff to share with patients on how they may make a complaint and the process.

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 previous inspection on 29 November 2016, we rated the practice as requires improvement for providing well-led services. We found the practice needed to strengthen their governance systems regarding risk assessments and demonstrate learning from consistent recording and investigation of significant incidents.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 12 October 2017. The practice is now rated as good for being well-led.

Governance arrangements

We found systems and processes had been established to provide safe services. We found the practice had action plans in place to address risks and monitor them. For example, health and safety risk assessments. The practice had conducted environmental and specific risk assessments, prepared action plans where appropriate and these were being progressed.

Staff had received appropriate recruitment checks, appraisals and training in fire safety.

The practice had an appointed medicine lead to ensure the timely review and actioning of Medicine and Health Regulatory Agency (MHRA).

Leadership and culture

The provider was aware of and had systems in place to help ensure compliance with the requirements of the duty of candour. (The duty of candour is set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice was able to demonstrate that they had established and effective systems for reporting, recording and learning from significant incidents. The practice encouraged staff to identify, report and analyse incidents.

Seeking and acting on feedback from patients, the public and staff

We found staff had received annual appraisals including the opportunity to provide feedback to the practice and colleagues.