

Bird-In-Eye Surgery

Quality Report

Uckfield Community Hospital
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Uckfield
East Sussex
TN22 5AW

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Website: www.birdineyesurgery.nhs.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 effective?

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 of this practice on 1 December 2015. Breaches of Regulatory requirements were found during that inspection within the effective and well led 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:

- To ensure that staff undertook an appraisal process that was commensurate with their role.
- To review that meetings within the practice were minuted adequately to assist in the good governance of the practice.
- To review the progress that the practice had made in having an active patient participation group (PPG) in place so the practice could be more responsive to the needs of their patient list.

We undertook this focused inspection on 24 June 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 Bird-in-Eye Surgery on our website at www.cqc.org.uk.

This report should be read in conjunction with the last report published in February 2016. Our key findings across the areas we inspected were as follows:-

- We saw that there was a robust system in place to ensure staff undertook an appraisal and that this meeting detailed objectives for the staff member and documented any training requirements.
- We saw evidence that meetings were being minuted to show a record of what was discussed and any actions documented that were subsequently required to be undertaken.
- We met with a member of the PPG to discuss the progress of the group and saw evidence of recent meetings.

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?

The practice is rated as good for providing effective services.

- On our previous inspection on 1 December 2015, we found that some staff had not received an appraisal since 2008. During our visit on 24 June 2016 it was noted that staff had undergone appraisals and that there was an action plan in place for ensuring all further appraisals were undertaken at the required time for those staff members.

Good



Are services well-led?

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

- During our previous inspection in December 2015 it was found that the practice did not document the information that was discussed at the various meetings that were held within the practice. At this inspection, evidence was seen of a variety of meetings that demonstrated this issue had now been rectified.
- The practice did not have in place, at the last inspection, a patient participation group (PPG). A PPG assists in enabling the practice to liaise with their patient list and work together in improving services. We met with a member of the PPG and saw evidence of recent meetings and discussed future plans that they had.

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 practice is now rated as good for the care of older people.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of older people, as the issues identified as requiring improvement for providing effective and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing effective and well-led services and overall.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice endeavoured to assist patients to remain in their preferred place of care for as long as possible.
- All patients within this group who are discharged from hospital are contacted by a clinician, either face to face or by telephone, within 48 hours to discuss their needs.
- Elderly patients with complex needs had care plans and these were discussed monthly at multidisciplinary meetings.
- Visits are offered by the practice to housebound patients in this group so as to allow them to receive flu, pneumococcal and shingles vaccinations where applicable.

Good



People with long term conditions

The practice is now rated as good for the care of people with long-term conditions.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of people with long-term conditions, as the issues identified as requiring improvement for providing effective and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing effective and well-led services and overall.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a low rate for emergency admissions due to its proactive work with these patient groups.
- In 13 of 19 common conditions the practice had achieved 100% of the clinical measures regarded as best practice.

Families, children and young people

The practice is now rated as good for the care of families, children and young people.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of families, children and young people, as the issues identified as requiring improvement for providing effective and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing effective and well-led services and overall.

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- Safeguarding policies and procedures were readily available to all staff.
- The practice ensured that children needing emergency appointments were seen on the day.

Good



Working age people (including those recently retired and students)

The practice is now rated as good for the care of working age people (including those recently retired and students).

Our previous inspection in December 2015 rated this practice as requires improvement for the care of working age people (including those recently retired and students), as the issues identified as

Good



Summary of findings

requiring improvement for providing effective and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing effective and well-led services and overall.

- 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.
- The practice was proactive in offering online services as well as a full range of health promotions and screening that reflects the needs for this age group.
- Patients could book appointments up to 7.45pm on three days of the week.
- Patients could request routine travel immunisations including Yellow Fever vaccinations.
- Electronic prescribing was available which enabled patients to order their prescriptions and collect it from a pharmacy of their choice.

People whose circumstances may make them vulnerable

The practice is now rated as good for the care of people whose circumstances may make them vulnerable.

Our previous inspection in December 2015 rated this practice as requires improvement for the care of People whose circumstances may make them vulnerable, as the issues identified as requiring improvement for providing effective and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing effective and well-led services and overall.

- The practice held a register of patients living in vulnerable circumstances and these patients were offered a care plan.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had a GP who undertook the lead role for care at four local homes catering to people with learning disabilities.
- It had told 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.
- Translation services were available to patients whose first language was not English..
- The practice were able to accommodate those patients with limited mobility or who used wheelchairs.

People experiencing poor mental health (including people with dementia)

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

Our previous inspection in December 2015 rated this practice as requires improvement for the care of people experiencing poor mental health (including people with dementia), as the issues identified as requiring improvement for providing effective and well-led services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing effective and well-led services and overall.

- The practice maintained a register of patients with depression and these patients receive an annual review.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.
- In 2014/15 94% of mental health patients had a care plan, agreed between them, their families and/or carers as appropriate and the GP. This is above the CCG average of 88% and the national average of 88%.

Good



Bird-In-Eye Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Bird-In-Eye Surgery

Bird-in-Eye Surgery offers personal medical services to the population of Uckfield. There are approximately 7,700 registered patients.

Bird-in-Eye surgery is run by three male partner GPs. The practice is supported by two female salaried GPs, three practice nurses, a team of administrative staff, a practice manager and an assistant practice manager. They are registered as a teaching practice.

The practice delivers a number of services for its patients including asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart disease clinics, new patient checks, holiday vaccinations, child immunisation, breast health awareness and cervical screening.

Services are provided from the following location:

Uckfield Community Hospital

Framfield Rd,

Uckfield

East Sussex

TN22 5AW

Opening hours are Monday to Friday 8:30am to 6:30pm however the practice switchboard is open from 8am. There are extended surgery times available on Tuesday, Wednesday and Thursday evenings until 7.45pm.

During the times when the practice is closed (6.30pm until 8:30am) the practice has arrangements for patients to access care from an out of hours provider.

The practice has a higher number of patients between 10-19 and 40-59 years of age compared to the national and local CCG average. The practice also shows a lower number of patients aged between 20-39 years of age and 85 plus. There are a lower number of patients with a long standing health condition. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Why we carried out this inspection

We undertook an announced focused inspection of Bird-in-Eye Surgery on 24 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 1 December 2015 had been made. We inspected the practice against two of the five questions we ask about services: is the service effective and is the service well led? This is because the service had not been meeting some legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 24 June 2016.

Detailed findings

During our visit we:

- Reviewed evidence that meetings within the practice, including clinical meetings, staff meetings and multi-disciplinary meetings were being documented.
- Reviewed staff files to ensure that staff appraisals were being completed.
- Met with a member of the patient participation group (PPG) to discuss progress regarding this area.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

We previously found that the practice did not undertake staff appraisals and that these had not been undertaken since 2008. On this inspection we found that staff had

received their appraisals and that agreed objectives were in place for each staff member along with any training that was requested by the staff member over and above the mandatory training that is required. A plan for staff appraisals was also in place to ensure that there were no further lapses and that these could now be managed effectively.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Governance arrangements

It had been found at our previous inspection that the practice was not minuting the meetings that were taking place within the practice. There had been evidence seen that information was shared following complaints or significant events but no information as to how these were discussed and who was present at these discussions. During our visit in June 2016 evidence was seen of robust minutes for a range of meetings which included, staff meetings, partner meetings, clinical meetings and multi-disciplinary team meetings which recorded who was present, the issues that were discussed and any actions required to be undertaken and by whom.

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

During our inspection in December 2015 it was noted that the practice did not have in place a PPG. These groups assist GPs to engage with their practice list thus improving the service that is delivered to all patients. At our visit in June 2016 we met with a member of the PPG and discussed the progress of the group and what its planned activities were. The group was still deciding on the activities that they were to be involved in, for example, patient surveys and an agenda was seen of a recent meeting. The group included patients that were obviously passionate about helping to improve their practice and it was noted that there was a good rapport between the group and the practice.