

Drs Davies, Taylor & Golton

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



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 23 February 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:

- To ensure staff appraisals are undertaken for all staff on an annual basis.
- To ensure that appropriate training for staff is completed and monitored to ensure that time frames for re-training are met. This includes training in respect of fire safety, infection control, safeguarding (adults and children) and information governance.
- To ensure that all safety assessments are undertaken and reviewed as required.
- To ensure the provider takes action to address issues identified in the infection control audit.

We undertook this focused inspection on 29 September 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 Drs Davies, Taylor & Golton on our website at www.cqc.org.uk.

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

- We saw that there was a 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 that there was a system in place to ensure all staff undertook required training and that there was an effective system in place to monitor this.
- We saw evidence that all required safety assessments had been completed and a plan in place to ensure these took place as required.
- We saw that action had been undertaken to remedy issues identified in infection control audits.

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



- On our previous inspection on 23 February 2016, we found that the practice could not demonstrate that they had a robust system for remedying issues documented in infection control audits and also could not provide evidence that risk assessments regarding the practice building had been completed at the required intervals.
- During our visit on 29 September 2016 it was noted that there was a robust system that monitored the issues found during infection control audits and that actions had been undertaken to resolve these concerns.
- Evidence was also seen that all required risk assessments had been undertaken and a plan put in place to ensure that these could be monitored to ensure that assessments took place in a timely manner.

Are services effective?

The practice is rated as good for providing effective services.

Good



- During our previous inspection in February 2016 we found that the practice could not demonstrate that all staff had received appropriate training or that they had an effective system in place to monitor this area. At this inspection evidence was seen that showed all staff had undertaken the required training commensurate with their role and that there was a monitoring system in place to ensure that there were no breaches of staff not completing refresher training as required.
- On our previous inspection we found that some staff had not received an annual appraisal. During our visit on 29 September 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 that staff member.

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 February 2016 rated this practice as requires improvement for the care of older people, as the issues identified as requiring improvement for providing safe and effective services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and effective services and overall.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients that had not seen a GP in the last year are prioritised for this service.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients and their carers are given telephone numbers appropriate for their needs to enable them to obtain advice and support.
- The practice offered continuity of care with a named GP.
- Patients were encouraged to have their flu vaccine to prevent severe flu related illnesses.

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 February 2016 rated this practice as requires improvement for the care of people with long-term conditions, as the issues identified as requiring improvement for providing safe and effective services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and effective services and overall.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2014/15 showed that the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87% which was comparable to the national average of 88%.
- Longer appointments and home visits were available when needed.
- Nurses had received the appropriate training in order to take ownership and review the needs of all diabetic patients. This

Good



Summary of findings

would include home visits for housebound diabetic patients by the practice nurse. Systems were in place to maintain continuity of care to patients with diabetes which avoided fragmentation of care.

- 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.
- Patients with chronic obstructive pulmonary disease (COPD) were given “rescue packs” where appropriate. These packs contained antibiotics to be used at the onset of chest infections for example.

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 February 2016 rated this practice as requires improvement for the care of families, children and young people, as the issues identified as requiring improvement for providing safe and effective services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and effective 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 high for all standard childhood immunisations.
- Data for 2014/15 showed the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control was 73%; this is comparable to the national average of 75%.
- 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.
- Data for 2014/15 showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 79%; this is comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A separate waiting area with books and toys were available for younger children.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses. Multidisciplinary team meetings were held quarterly to discuss relevant cases.

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 February 2016 rated this practice as requires improvement for the care of working-age people (including those recently retired and students), as the issues identified as requiring improvement for providing safe and effective services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and effective 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 provided extended hours appointments on the first, second and fourth Monday evening each month and the third Thursday evening of each month. There were also early morning appointments every Wednesday morning and Saturday morning appointments on the second and fourth Saturday of the month.
- The practice offered advice by telephone, where appropriate, each day for those patients who had difficulty in attending the practice.
- We saw that the practice was implementing electronic prescribing in April 2016 so as to enable patients to have their prescriptions sent to the pharmacy of their choice.

Good



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 February 2016 rated this practice as requires improvement for the people whose circumstances may make them vulnerable, as the issues identified as requiring improvement for providing safe and effective services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and effective services and overall.

Good



Summary of findings

- 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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice actively referred frail, elderly patients to a local charity group which could offer these patients day trips and visits to their day centre which would also include lunch.
- 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 has two counsellors who are able to take referrals direct from the GPs working at the practice. These were provided by the local mental health services.
- A GP from the practice attends local school assemblies to give advice regarding issues such as body image, disabilities and risk taking.
- Carers and those patients, who had carers, were flagged on the practice computer system and were signposted to the local carers support team.
- The practice could 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 people experiencing poor mental health (including people with dementia). Our previous inspection in February 2016 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 safe and effective services affected all patients including this population group. The practice has made significant improvement and is now rated as good for providing safe and effective services and overall.

- 77% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months,

Good



Summary of findings

which was lower than the national average of 84%. Evidence was seen that the practice had increased their activity regarding dementia care resulting in a further thirty care plans being composed in the previous six months.

- Data from 2014/15 showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 84%; this was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- There was counselling available at the practice provided by the local mental health care service.
- 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.

Drs Davies, Taylor & Golton

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Drs Davies, Taylor & Golton

Drs Davies, Taylor and Golton are located in a residential area of Crowborough and provide general medical services to approximately 7,380 patients.

There are three GP partners and two salaried GPs (two male, three female). There are three female practice nurses, two healthcare assistants, a team of receptionists, administrative staff, a practice manager and an assistant practice manager.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 45-69 years when compared to the national average. The number of patients aged 20 to 39 is also slightly lower than the national average. The number of registered patients suffering income deprivation (affecting both adults and children) is below both the local clinical commissioning group and national average.

The practice is open Monday, Tuesday and Friday between 8am and 6:30pm. It is open between 8am and 1pm on Wednesday and Thursday. Patients access appointments at the branch practice during the closed times. Extended hours appointments are offered every first, second and fourth Monday evening per month from 6:30pm to 8pm, Wednesday mornings between 7:30am and 8am and on the second and fourth Saturday morning each month between 9am and 10:30am. Appointments can be booked

over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website. Out of hours care is accessed by calling NHS 111.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, smoking cessation, and holiday vaccines and advice.

Services are provided from two locations. The main practice is: The Rotherfield Surgery, Rotherfield, East Sussex TN6 3QW.

The branch surgery is located at: The Brook Health Centre, Crowborough Hill, Crowborough, East Sussex, TN6 2ED. The branch surgery was not inspected.

The practice has a General Medical Services (GMS) contract. The practice is part of High Weald Lewes and Havens Clinical Commissioning Group.

Why we carried out this inspection

We undertook an announced focused inspection of Drs Davies, Taylor and Golton Practice (known as Rotherfield Surgery) on 29 September 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 23 February 2016 had been made. We inspected the practice against two of the five questions we ask about services: is the service safe and is the service effective? This is because the service had not been meeting some legal requirements.

Detailed findings

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 29 September 2016.

During our visit we:

- Reviewed staff files to ensure that staff appraisals were being completed.
- Reviewed infection control audits and saw evidence that issues were being resolved appropriately
- Reviewed their system for monitoring the training requirements of their staff and saw evidence of how this was now effectively managed.
- Reviewed the assessments that had been undertaken to ensure that the practice was a safe environment for patients and staff.

Are services safe?

Our findings

Monitoring risks to patients

Risks to patients were assessed and well managed.

- We previously found that the practice could not demonstrate that they had a robust method for taking action on issues identified within infection control audits. On this inspection evidence was seen that actions had been undertaken where required. For example, elbow controlled taps within the treatment room had already been fitted and replacing of the floor within the treatment area had been planned.

- We had also found at the last inspection that not all risk assessments had been undertaken that was required in relation to the practice's building. These covered assessments including Legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), a fire risk assessment and an inspection to assess if all electrical installations were safe. During this inspection evidence was seen that assessments had been undertaken and a plan put in place to ensure that these were undertaken in a timely manner in future.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- On our previous inspection the practice could not demonstrate that all staff had received appropriate training or that they had a system in place to monitor the training in order to take effective action when these requirements were not being met.
- During this inspection we saw evidence that all staff were currently up to date with all required training. The practice had put in place a robust monitoring system

that alerted them when staff were nearing the renewal date for certain training which allowed them to take the appropriate action so as to ensure that this training requirement did not lapse.

- We previously found that the practice did not undertake annual staff appraisals for all staff. 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.