

Care Quality Commission

Inspection Evidence Table

Falkland Surgery (1-558092819)

Inspection date: 2 August 2019

Date of data download: 15 July 2019

Overall rating: Good

We carried out an announced comprehensive inspection of the practice on 31 October and 5 November 2018 as part of our inspection programme and the practice was rated as good overall. This inspection was to review the population group people with long-term conditions which was rated as requires improvement. All other ratings have been carried forward from the previous inspection.

Effective

Rating: Good

Following our 31 October and 5 November 2018 inspection the practice was rated as good for the effective domain and requires improvement for the population group people with long-term conditions. This was because at the time of the inspection the practice was unaware that exception reporting (the removal of patients from monitoring due to either contra indication of treatment or failure to attend for review) in 2017/18 had risen from the previous year.

At this inspection, we looked at the people with long-term conditions population group. This has been rated as good.

People with long-term conditions

Population group rating: Good

Findings

- Following our previous inspection the practice had undertaken a review regarding the higher than average exception reporting.
- This review showed that although patients had been exception reported when they had failed to respond to three invites for reviews, they were then still targeted and offered reviews throughout the year. This was evidenced in the higher than local and national average achievement.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had encouraged the use of online services, which included the ability for patients to submit information relating to their long-term condition reviews. This meant that patients could access these services at a convenient time for them and would then be reviewed by a clinician within the practice. If required, the practice would then invite the patient in for an appointment.
- Any long-term condition queries were processed via the administration team and reviewed by a clinical pharmacist or a GP within the practice.

Any additional evidence or comments

To increase the uptake of cancer screening services, the practice had allocated the role of champion to an administration assistant who took responsibility for recalls and ensuring patients were invited for the appropriate screening.

The champion also ensured that vulnerable patients were flagged and targeted to ensure they were making an informed decision regarding cancer screening.

They had undertaken an audit across the local area of cervical screening inadequacy rates and found the following:

Local average – 2.6%

Practice – 0.6%

Practice nurses also undertook their own cervical screening audits and they had a system in place to ensure all samples taken had a result received into the practice.

We were given unverified data that showed the practice had currently achieved 90% for cervical screening.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y

Explanation of any answers and additional evidence:

- The practice had ensured training for basic life support was tailored to relevant staff within the practice. They had included teaching sessions on how to recognise the symptoms of a deteriorating patient (including those with suspected sepsis). We spoke with staff during the inspecting and they shared examples of recent events where the emergency protocol had been used and how they had all discussed and shared any learning from each event.
- The practice had also added quick guidelines to all computers so that staff could access information on urgent symptoms by pushing one button on the keyboard.
- Staff told us that the doctors and nurses were always approachable if they required any advice or support and were encouraged to discuss any patients that were concerning them.
- The practice had undertaken a review of all coded sepsis cases within the last 12 months to determine whether there was any learning within the practice. This highlighted that 100% of cases that had been seen within the GP practice had been referred and dealt with appropriately.