

Groombridge and Hartfield Medical Group

Quality Report

Hartfield Village Surgery
Old Crown Farm
East Sussex
TN7 4AD

Tel: 01892 863326

Website: www.groombridgeandhartfieldmedicalgroup.co.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 safe?

Good 

Are services effective?

Good 

Summary of findings

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Summary of this inspection

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Groombridge and Hartfield Medical Group on 8 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Groombridge and Hartfield Medical Group on our website at www.cqc.org.uk.

Following this inspection the practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:

- Ensuring that medicines management systems are reviewed to protect patients against the risk of unsafe care and treatment.
- Ensuring that all safety assessments are undertaken and reviewed as required.
- Ensuring that appropriate training for staff is completed and monitored. This includes training in respect of fire safety.

Additionally we had found that:

- The provider needed to continue in actively identifying patients that have caring responsibilities within the patient list.

This inspection was an announced focused inspection carried out on 8 February 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. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The provider had reviewed all aspects of medicines management and devised new standard operating procedures which all appropriate staff had received a copy of and signed to acknowledge this.
- The provider had undertaken the assessments required for electrical installation and fire risk and acted upon the advice within these.
- The provider had ensured all staff had undertaken fire training as required.

Summary of findings

- The provider had increased the number of carers identified within their list from 40 carers to 60 carers. An increase of 50%.

Overall the practice is now rated as good.

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 in June 2016 the practice had been rated as requires improvement for providing safe services. Concerns related to medicine management issues within the practice.

On our inspection of 8 February 2017 we found that:

- Controlled drugs (CDs) were handled in line with current legislation.
- The dispensary manager had acquired the services of the Controlled Drug Liaison Officer (CDLO) from Sussex Police Service and ensured all expired controlled drugs were disposed of correctly.
- The practice now maintained a controlled drug register in line with legislation.
- The practice had implemented a system which enabled them to act appropriately to medicine alerts.
- The dispensary manager had formulated a new set of standard operating procedures (SOPs), 31 in total, and disseminated these to all appropriate staff. Evidence was seen where these SOPs had been signed for by staff.
- The practice now dispensed medicines within dosette boxes with information which gave details of the identity of the medicines which had been dispensed. This included the colour, shape and markings of the different tablets and capsules.
- Fire drills had been undertaken and a register kept of staff included in these.
- The practice had undertaken the required risk assessments and acted on the requirements within these.

Good



Are services effective?

At our previous inspection in June 2016 the practice had been rated as requires improvement for providing effective services. Concerns related to staff training issues.

On our inspection of 8 February 2017 we found that:

- All staff had undertaken training in fire safety and a system was in place that alerted the practice manager when areas of mandatory training for practice staff required refreshing.

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 safe and effective identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safe and effective identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safe and effective identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safe and effective identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe and effective identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safe and effective identified at our inspection on 8 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Groombridge and Hartfield Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector.

Background to Groombridge and Hartfield Medical Group

Groombridge and Hartfield Medical Group is a dispensing practice offering general medical services to the population of Groombridge, Hartfield and surrounding areas in East Sussex. There are approximately 5,100 registered patients.

The practice population has a higher number of patients between 45-85 years and over compared to the national and local CCG averages. The practice population also shows a lower number of patients between the age of 15-39 years compared to the national and local CCG averages. There are a slightly higher number of patients with a longstanding health conditions. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for both the CCG area and England.

Groombridge and Hartfield Medical Group is run by two male partner GPs. The practice is also supported by three female salaried GPs; three practice nurses, one healthcare assistant, two phlebotomists, a dispensary team, a team of administrative and reception staff, and a locum 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 two locations:

Hartfield Village Surgery, Old Crown Farm, East Sussex, TN7 4AD

And a branch surgery at:

Groombridge Surgery, Withyham Road, Groombridge, Tunbridge Wells, TN3 9QP

Opening hours are Monday to Friday 8am to 1pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday. The practice is closed Thursday afternoon though patient can attend the Groombridge surgery for appointments. The practice has extended hours with evening sessions until 8pm on the 2nd, 3rd and 4th Wednesday of each month and early morning appointments from 7am on the 1st, 2nd and 4th Wednesday of each month. Saturday morning appointments are available from 7am to 8.15am on the first Saturday of each month and between 8am and 9.15am on the third Saturday of each month.

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 comprehensive inspection of Groombridge and Hartfield Medical Group on 8 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our

Detailed findings

regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 8 June 2016 can be found by selecting the 'all reports' link for Groombridge and Hartfield Medical Group on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Groombridge and Hartfield Medical Group on 8 February 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 dispensary manager,
- Reviewed their medicines management systems in relation to controlled drugs and providing dosette boxes.
- Reviewed their systems that had been put in place to act on medicine alerts.
- Visited both practice locations
- Reviewed staff training procedures and information.
- Reviewed risk assessments and fire drill information.

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 8 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of medicines management and assessing risks were not adequate.

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 8 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the comprehensive inspection in June 2016 we had found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of:-

- The practice had not ensured prescriptions for controlled drugs (CDs - medicines which are more liable to misuse and so need closer monitoring) were signed prior to collection.
- The practice had not ensured that all controlled drugs were destroyed in a timely manner.
- The controlled drugs register did not conform to legal standards.
- The dispensary had not consistently received and acted upon medicine alerts since October 2014.
- The practice had not supplied the correct information sheet for medicines included within the dosette boxes they had supplied to patients.

At this focused inspection in February 2017 we found the provider had addressed our concerns and a partner GP had taken on the responsibility to lead on CD governance. The practice had moved all controlled drugs to their Hartfield surgery and new standard operating procedures had been implemented detailing how controlled drugs were to be dispensed. Evidence was seen that this was being adhered to. The practice had consulted with the local controlled drugs liaison officer (CDLO) within Sussex Police Service

and all controlled drugs had been destroyed in the correct manner. At the time of inspection the practice had no expired, or patient returned, controlled drugs to be disposed of and a system had been put in place to ensure disposal was undertaken in the required manner. The practice had put in place a controlled drugs register that conformed to legal standards.

The dispensary manager now had a system in place that ensured that they were alerted to any medicine alerts. Evidence was seen that these were documented and acted on appropriately. The dispensary manager now maintained a formal register of “near misses” (dispensing errors that do not reach a patient). Evidence was seen where these were discussed at dispensary meetings.

The practice now ensured that the information supplied within dosette boxes contained the correct information in an easy to understand format.

Monitoring risks to patients

At the comprehensive inspection in June 2016 we had found that there were procedures in place for monitoring and managing risks to patients and staff safety. However, there were some elements relating to risk assessment that required improvement. These being:

- We found that the practice did not have current risk assessment for electrical installation and did not have a current certificate at the time of inspection.
- The practice had undertaken regular fire drills but had not maintained documentation as to who took part in these.

At this focused inspection in February 2017 we found the provider had addressed our concerns.

The practice had ensured a full electrical installation assessment had been undertaken. Evidence was seen certifying the practice safe and that the practice had acted appropriately to requirements detailed within the report.

Evidence was seen that logs were now kept of all people involved in their fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 June 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of ensuring all staff received appropriate training in relation to fire safety needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 8 February 2017. The practice is now rated as good for providing effective services.

Effective staffing

At the comprehensive inspection in June 2016 staff had the skills, knowledge and experience to deliver effective care and treatment. However, it was noted that there were gaps in some staff training in relation to fire training.

At this inspection we saw evidence that the practice had taken steps to ensure all staff had undertaken fire safety training. The practice also had a system in place that now alerted them when staff needed to undertake any required further training.