

The Red Practice

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	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

When we visited The Red Practice on 9 August 2016, to carry out a comprehensive inspection, we rated them as requires improvement overall. We rated them as good for the provision of caring and well-led services, and requires improvement for the provision of safe, effective and responsive services. Following this inspection we told the practice they must:

- Ensure infection control measures, including cleaning systems are maintained and the infection control action plan is fully implemented.
- Ensure that all staff have received the training, as required in order to undertake their role.
- Ensure that recruitment records are complete and include proof of identity.
- Ensure all staff who have unsupervised access to patients have been subject to a Disclosure and Barring Service (DBS) check.
- Review the appraisal system in order to ensure all staff have had an appraisal and the records of these are maintained on file.
- Review and take steps to improve patient telephone access to the service.

This inspection was an announced focused follow up inspection carried out on 28 July 2017. Its purpose was to confirm that the practice had carried out their action plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection. This report covers our findings in relation to those requirements. This report should be read in conjunction with the full report of our inspection on 9 August 2016, which can be found on our website at www.cqc.org.uk. Please note that since our last inspection the practice has changed their name to The Red Practice. Previously the practice was called Dr Sillick and Partners.

The practice is now rated as good for the provision of safe, effective and responsive services. Overall the practice is now rated as good.

Our key findings were as follows:

- All staff who had unsupervised access to patients had been subject to a DBS check.
- The practice was concerned about the standard of the cleaning service that was being provided by the building owners. We saw evidence the practice had taken appropriate steps to resolve the issue.

Summary of findings

- Clinical staff told us they always checked treatment rooms prior to using them and ensured the rooms were fit for purpose.
- All staff had undertaken the essential training required in order to undertake their duties in line with their role and responsibilities.
- The recruitment records of staff that had been recruited since our last inspection were complete and included proof of identity. The practice had reviewed the records of all other staff and ensured they had proof of individuals identity on file.
- All staff had, had an appraisal within the last 12 months and records of these were maintained on file.
- The practice had recruited an additional receptionist whose main role was answering and responding to telephone calls.
- We saw data which showed patient feedback regarding getting access to the service had improved.

For example, 70% of patients described their experience of making an appointment as good compared with the clinical commissioning group average of 70% and the national average of 73%. This was a significant improvement from the previous year's survey when this area scored 59%.

However, there were areas of practice where the provider should make improvements. The provider should:

- Continue to take action to resolve their concerns about the cleaning service they receive and ensure an adequate standard is maintained on a day by day basis.
- Continue to monitor, review and take steps to improve patient telephone access to the service.

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?

When we visited The Red Practice, (formally known as Dr Sillick and Partners) on 9 August 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of safe services. We found breaches in the regulation relating to safe care and treatment.

We undertook this focused follow up inspection of the practice on the 28 July 2017 in order to review the actions they had taken to improve the quality of care and to confirm that the practice was now meeting legal requirements.

We found the practice had made improvements and was now meeting the legal requirements in the areas they had previous breached. Specifically at this inspection we found:

- All staff who had unsupervised access to patients had been subject to a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The recruitment records of staff that had been recruited since our last inspection were complete and included proof of identity. The practice had reviewed the records of all other staff and ensured they had proof of their identity on file.
- The practice was concerned about the standard of the cleaning service that was being provided by the organisation that owned the building. This organisation was also responsible for its cleaning and maintenance. We saw evidence the practice had made a formal complaint to the owners about the cleaning service and had been engaging with them and the cleaning service on a regular basis to try and resolve the issues.
- We discussed the cleaning issues with clinical staff who said they always checked the room they were using prior to a clinic and ensured it was fit for purpose. All the clinical and management staff we spoke with demonstrated a commitment to ensure the appropriate standard was maintained.

The service is now rated as good for providing safe services.

Good



Summary of findings

Are services effective?

When we visited The Red Practice on 9 August 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of effective services. We found breaches in the regulation relating to staffing and the employment of fit and proper persons.

We undertook this focused follow up inspection of the practice on the 28 July 2017 to review the actions they had taken to improve the quality of care and to confirm that the practice was now meeting legal requirements.

We found the practice had made improvements and was now meeting the legal requirements in the areas they had previously breached. Specifically we found:

- All staff had undertaken the essential training as required in order to undertake their duties, in line with their role and responsibilities.
- All staff had completed an appraisal within the last 12 months and records of these meetings were maintained on file.

The practice is now rated as good for the provision of effective services.

Good



Are services responsive to people's needs?

When we visited The Red Practice on 9 August 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of responsive services. We found breaches in the regulation relating to good governance.

We undertook this focused follow up inspection of the practice on the 28 July 2017 to review the actions they had taken to improve the quality of care and to confirm that the practice was now meeting legal requirements.

We found the practice had made improvements and was now meeting the legal requirements in the areas they had previously breached. Specifically we found:

- The practice had recently purchased a new phone system which was due to be installed in the next few months.
- The practice had recruited an additional receptionist whose main role was answering and responding to telephone calls from patients.
- We saw data which showed patient feedback regarding getting access to the service had significantly improved. For example, 70% of patients described their experience of making an

Good



Summary of findings

appointment as good compared with the clinical commissioning group (CCG) average of 70% and the national average of 73%. This was a significant improvement from the previous year's survey when they scored 59%.

- In one area relating to getting access to the service the practice was still below the regional and national averages. 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%. However, this was a significant improvement from the previous year's survey when they scored 41%.

The practice is now rated as good for the provision of responsive services.

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 taken action to resolve the concerns for safe, effective and responsive services identified at our inspection on 9 August 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 taken action to resolve the concerns for safe, effective and responsive services identified at our inspection on 9 August 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 taken action to resolve the concerns for safe, effective and responsive services identified at our inspection on 9 August 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 taken action to resolve the concerns for safe, effective and responsive services identified at our inspection on 9 August 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 taken action to resolve the concerns for safe, effective and responsive services identified at our inspection on 9 August 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 taken action to resolve the concerns for safe, effective and responsive services identified at our inspection on 9 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Red Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed inspection was undertaken by a CQC inspector

Background to The Red Practice

The Red Practice (previously known as Dr Sillick and Partners) is a practice offering general medical services to the population of Walton on Thames and surrounding areas in Surrey. There are approximately 9200 registered patients.

The practice population has a slightly higher number of patients between 35 and 54 years of age than the national and local CCG average. The practice population also shows a lower number of patients between the age of 20 and 34 years than the national and local CCG average. There are a higher number of patients with a longstanding health condition (56%) than the CCG average of 50% however they are in line with the national average of 54%. The percentage of registered patients suffering deprivation (affecting both adults and children) is low with an index score of 11, similar to the CCG average of 10.7 but much lower than the average for England of 21.8.

At the time of the inspection the Red Practice was run by three partner GPs (two female and one male). The practice was also supported by two salaried GPs (both female), three practice nurses, a treatment room nurse, one health care assistant, a phlebotomist and a team of administrative and reception staff and a practice manager.

The premises are owned by a third party organisation who are responsible for the maintenance of the building. The building is shared with two other GP practices and a number of other health services.

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 one location:

- The Red Practice, The Health Centre, Walton On Thames, Surrey, KT12 3LB

The practice was open between 8.30am and 6.30pm Monday to Friday. Arrangements were in place with the out of hours provider between 8am and 8.30am. Extended hours appointments were offered on Wednesday mornings between 7.30am and 8am, Tuesday evenings (3 per month) 6.30pm to 7.30pm for GPs and until 8pm for nurses, Friday morning (1 per month) between 7.30am and 8am and Saturday morning (one per month) between 8am and 10am.

During the times when the practice is closed arrangements are in place for patients to access care from Care UK which is an Out of Hours provider.

Why we carried out this inspection

We undertook a comprehensive inspection of The Red Practice on 9 August 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 on 9 August 2016 can be found by selecting the 'all reports' link for The Red Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up focused inspection of The Red Practice on 28 July 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

We carried out an announced focused inspection visit on 28 July 2017. During our visit we:

- Visited the practice location.
- Reviewed records related to staff, infection control and patients phone access to the service.
- Spoke with a range of staff, including two GPs, two practice nurses, the practice manager and the clinical team manager.
- Looked at information the practice used to support the delivery of the service.

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

What we found at our previous inspection

When we visited The Red Practice on 9 August 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of safe services and said they must:

- Ensure all staff who have unsupervised access to patients have been subject to a DBS check.
- Ensure that recruitment records are complete and include a proof of identity.
- Ensure infection control measures, including cleaning systems are maintained and the infection control action plan is fully implemented.

What we found at this inspection

We undertook a focused follow up inspection of the service on 28 July 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. The practice is now rated as good for the provision of safe services.

Overview of safety systems and process

The practice policy was that all staff, except secretaries, should have a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence that staff who needed one had a DBS check on their records.

We looked at the recruitment records of the two staff employed since our last inspection and saw they included photographic ID as a proof of identity, and other recruitment evidence such as references and full employment history.

Monitoring risks to patients

The practice told us that the practice building was owned by a third party organisation and shared with two other GP practices and a number of other health services. The third

party organisation was responsible for the maintenance and cleaning of the building. The cleaning was subcontracted to a local cleaning service. The practice told us they had on-going concerns about the cleanliness of the building which they had raised on a number of occasions with both the property owners and the cleaning company. They had raised this as a formal complaint with the property owners.

We saw evidence in the form of emails and minutes of meetings which showed regular communication between the practice and managers of the third party organisation in which the practice concerns were discussed. We saw the manager kept a log of phone calls in which particular concerns were raised.

There was a daily communication book used by practice staff to alert the cleaning company of issues. We saw evidence that the practice manager reviewed this book on a daily basis and phoned the cleaning company or the property owners to follow up on issues which were not quickly resolved.

There was a cleaning schedule which set out the areas to be cleaned and there was evidence the practice and clinical team manager did approximately monthly cleaning inspections and reported any adverse findings the landlord and cleaning company. For example, on the most recent inspection on 6 July 2017 the practice manager reported dirty floors and dust on examination couches.

We discussed the cleaning issues with clinical staff who said they always checked the room they were using prior to a clinic and made good any areas that required cleaning. All the clinical and management staff we spoke with assured us that the rooms were fit for purpose. We saw there was an infection control action plan for clinicians on the notice board in the clinical areas.

The practice conducted six monthly infection control audits. The last one was completed in July 2017 which identified a number of areas where action was required and we saw evidence that appropriate action was being taken.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

When we visited The Red Practice on 9 August 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of effective services and said they must:

- Ensure that all staff have the training required to undertake their role.
- Review their appraisal system to ensure all staff have an appraisal and these records are maintained on file.

What we found at this inspection

We undertook a focused follow up inspection of the service on 28 July 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. The practice is now rated as good for the provision of effective services.

Effective staffing

- The practice told us that since our last inspection they had re-organised how they monitored and recorded staff training. We looked at training records and certificates which showed all staff had the training they required to undertake their role. For example, the practice policy was that all staff should have infection control training annually and conflict resolution training three yearly and the evidence we saw showed that all staff had completed these training courses.
- We looked at the system the practice used to ensure all staff has an appraisal and how records of these meetings were maintained on file. We looked the practice log of when staff had last received an appraisal. This log covered all staff. We also reviewed three individual appraisal records. This evidence showed us that all staff had received an appraisal within the last 12 months.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection

When we visited The Red Practice on 9 August 2016 to carry out a comprehensive inspection we rated them as requires improvement for the provision of responsive services and said they must:

- Review and take steps to improve patient telephone access to the service.

What we found at this inspection

We undertook a focused follow up inspection of the service on 28 July 2017 to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. The practice is now rated as good for the provision of responsive services.

Access to the service

Since our last inspection the practice taken steps to improve telephone access to the service.

- We saw evidence the practice had recently purchased a new phone system which was due to be installed in the next few months.
- They had recruited an additional receptionist whose main role was answering and responding to telephone calls from patients.

We saw data which showed patient feedback regarding getting access to the service had improved. The latest GP patient survey results were published on 7 July 2017. 235 survey forms had been distributed and 117 were returned. This represented 1.3% of the practice's patient list.

- 70% of patients described their experience of making an appointment as good compared with the clinical commissioning group (CCG) average of 70% and the national average of 73%. This was a significant improvement from the previous year's survey when they scored 59%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%. Although still below the national and regional averages, this was a significant improvement from the previous year's survey when they scored 41%.