

Stockbridge Practice

Quality Report

Stockbridge Practice
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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 caring? | Good |  |
| Are services responsive to people's needs? | 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 at Stockbridge Surgery on 26 July 2016. At this inspection the overall rating for the practice was requires improvement. The full comprehensive report on the 26 July 2016 inspection can be found by selecting the 'all reports' link for Stockbridge Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused follow up inspection carried out on 20 July 2017 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 in our previous inspection in July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

At the inspection in July 2016 we found there were areas of practice where the provider needed to make improvements. This included:

- The practice must ensure that clinical waste is managed in line with its policy and protocol. In particular all clinical waste bags and sharps bins must be marked with the postcode of the practice and the date on which the packages were sealed.
- The provider must ensure all appropriate recruitment checks are undertaken and recorded prior to the employment of new staff including obtaining satisfactory evidence of conduct in previous employment.

At the inspection in July 2016 we said the provider should:

- Ensure that they identify and support carers appropriately.
- Encourage and support the formation of the new patient participation group.
- Improve their performance with regards to the management of patients who have diabetes.
- Ensure that all policies and procedures clearly state the date when those were written. It should also be clear when a review date is include whether that is a 'due date' or the date when a review was completed. This includes the practice's written dispensary standard operating procedures.

Summary of findings

At this inspection in July 2017 we found:

- All waste was securely stored and labelled in line with the practice policy and national guidance. The waste management policy had been updated.
- A recruitment pack had been introduced which included a mandatory checklist for employment. An inspection of four files demonstrated that this checklist was being used. A welcome pack for staff had been introduced which included the above checklist, job description, contract of employment, training information, induction documentation, information on emergency procedures and contact numbers for the team and local safeguarding teams.
- Changes to the identification of carers had resulted in the numbers of carers increasing from 0.5% of the patient population to 2%.
- A new patient participation group had been formed.
- Significant steps had been taken to improve the service being offered to patients with diabetes.
- Policies and standard operation procedures had been reviewed and amended to make the review dates clearer on the document.

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 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment, waste management and management of policies were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing safe services.

At this inspection on 20 July 2017 we found that:

- Waste management processes at the practice had improved.
- Policies had been amended and a clear system introduced to ensure that policies were all kept under regular review.
- Recruitment processes had been improved to ensure that all pre-employment checks were performed.

Good



Are services effective?

At our inspection in July 2016 we rated the effective domain as good. However we said the provider should improve the performance for diabetes indicators.

At this inspection in July 2017 we found the practice had made significant steps in the provision of diabetic services to patients.

Good



Are services caring?

At our inspection in July 2016 we rated the caring domain as good. However we said the provider should identify carers more effectively and ensure they receive the information needed.

At this inspection in July 2017 we found the identification of carers had increased from 0.5% to 2% of the practice population.

Good



Are services responsive to people's needs?

At our inspection in July 2016 we rated the responsive domain good. We did not inspect this domain at this inspection.

Good



Are services well-led?

At our inspection in July 2016 we rated the well led domain as good. However we said the provider should encourage and support the formation of the new patient participation group (PPG).

At this inspection in July 2017 we found the provider had invited patients to join the new PPG resulting in twenty patients signing up. A launch event for the PPG had been booked and staff links had been highlighted to improve communication.

Good



Stockbridge Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a Lead CQC inspector.

Background to Stockbridge Practice

Stockbridge Practice is located at New Street, Stockbridge, Hampshire. SO20 6HG. The practice provides general medical services for the geographical area of the Test Valley; specifically the rural area within 100 square miles around Stockbridge. The main surgery is in New Street, Stockbridge which also has a dispensing pharmacy on site. The branch surgery is situated in School Lane, Broughton. Both practices are accessible for patients with a disability.

The practice has eight GPs, two male and six female. Stockbridge Surgery is a training practice and had a GP registrar at the time of our inspection. The current staff of the practice includes:

4 GP Partners (One male and three female providing 21 sessions-2.625 whole time equivalent WTE)

4 Salaried GPs (One male and three female providing 23 sessions 2.875 WTE)

1 Practice Manager (1 WTE)

2 Practice Nurses (1.98 WTE)

3 Advanced nurse practitioners (1.2 WTE)

1 Health Care Assistant (0.89 WTE)

2 Phlebotomist (0.21 WTE)

6 Pharmacy dispensers (4.27 WTE)

19 Receptionists/Admin/Secretarial (11.13 WTE)

1 Community nurse (0.8 WTE)

The practice has 9075 registered patients and dispenses medicines to 7630 of them. A quarter of the patients are over 65 years of age and there is a significantly higher proportion of people aged over 75 than England average. There are higher levels of socio-economic deprivation than local average and low levels of ethnic diversity. The practice also supports a local nursing home.

Stockbridge Practice is open from Monday to Friday between 8.15am and 6.30pm. Phone lines are open from 8am for urgent calls. Extended hours are provided on Saturdays between 8.30am and 12pm and on alternate Monday and Wednesday evenings between 6.30pm and 7.30pm. When the practice is closed patients can phone the local Out of Hours clinic through NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Stockbridge Surgery on 26 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At this time the practice was rated as good with requires improvement in the safe domain. The full comprehensive report following the inspection on 27 July 2016 can be found by selecting the 'all reports' link for Stockbridge surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Stockbridge surgery on 20 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.

Detailed findings

How we carried out this inspection

During our visit we:

- Spoke with the practice manager and lead GP.
- Reviewed systems, processes and policies in place

- Reviewed four staff files
- Looked at waste management processes

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 in July 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment, waste management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the inspection in July 2016 we noted that the latest audit identified the need to remind clinical staff to sign and date the sharps bin appropriately. Upon checking the contents of the waste storage bins and unit we found that not all waste bags and sharps bins were marked with the postcode of the practice and the date the packages were sealed. This was not in line with the practice's clinical waste management protocol and the guidance of the Department of Health.

Following the inspection in July 2016 the provider sent us an action plan informing us that this process would be implemented immediately.

At this inspection on 20 July 2017 we found that:

- The waste management policy had been updated.
- All waste was securely stored and labelled in line with the practice policy and national guidance.

At the inspection in July 2016 we noted that the practice had written standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, a number of these were dated March 2013 with a review date of March 2016, or dated July 2013 with a review date of July 2016. Some of them were not dated at all.

Following the inspection in July 2016 the provider confirmed that every standard operating procedure had been reviewed and did reflect current practice.

At this inspection on 20 July 2017 we found that:

- The majority of policies had been amended to ensure the review date was clearly displayed at the front of the document.
- A clear system was in place to ensure that policies were all kept under regular review by use of an electronic calendar prompt system.

At the inspection in July 2016 we noted that four personnel files inspected did not contain references (evidence of conduct in previous employment).

Following the inspection in July 2016 the provider confirmed that the recruitment policy would be reviewed and a recruitment reference requesting protocol would be introduced in order to ensure that effective referencing would take place prior to employing new staff in the future.

At this inspection on 20 July 2017 we found that:

- A recruitment pack had been introduced which included a mandatory checklist for employment.
- A welcome pack for staff had been introduced which included the above checklist, job description, contract of employment, training information, induction documentation, information on emergency procedures and contact numbers for the team and local safeguarding teams.

We looked at four staff files of new employees and found recruitment checks had been undertaken prior to employment. For example, evidence of conduct in previous employment, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service or risk assessment.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in July 2016 we rated the effective domain as good. However we said the provider should improve the performance for diabetes indicators. At the inspection in July 2016 we found that the practice performance for diabetes related indicators was worse than the national average.

At this inspection in July 2017 we found the practice had:

- Developed a diabetic team of a GP, practice nurse and advanced nurse practitioner
- Attended a two day training and education event relating to starting patients of insulin therapies at the practice
- Booked places at the West Hampshire Diabetes Structured Education course in September 2017
- Held a 'diabetic day' in April 2017 where the diabetic team saw patients with complex diabetes. These specialist days had been booked every six months to ensure these patients were receiving appropriate care.
- Continued to provide individual diabetes management strategies and provide patients with information from appropriate evidenced based websites.

Are services caring?

Our findings

At our inspection in July 2016 we rated the caring domain as good. However we said the provider should identify carers more effectively and ensure they receive the information needed. At this inspection it was identified that carers had not been identified (coded) on the computer system fully. As a result only 0.5% had been identified.

At this inspection in July 2017 we found:

- 180 (2%) patients had been identified as carers. This included young carers.
- Improvements had been made to the identification of carers. All clinicians had been briefed at the

multidisciplinary team meeting about how to correctly identify carers on the computer system. Reception staff had changed the way they identify carers at the desk and during the new registration process

- A new community nurse had been employed by the practice since the last inspection. Part of their role had been specifically written to identify carers and liaise with the Princess Royal Trust for carers, age UK, adult social services, and other organisations.
- The practice had joined the Carers UK organisation
- Once carers were identified they were issued with an information pack and given information regarding local services in order to maintain their caring role.

Are services responsive to people's needs? (for example, to feedback?)

Our findings

At our inspection in July 2016 we rated the practice as being good for providing responsive services. We did not inspect this domain at this inspection.

Are services well-led?

Good 

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

Our findings

At our inspection in July 2016 we rated the well led domain as good. However we said the provider should encourage and support the formation of the new patient participation group (PPG).

At this inspection in July 2017 we found the provider had:

- Invited patients to join the new PPG. Twenty patients had signed up.
- Booked a launch event for the PPG. Posters, an agenda and letters of invitation were on display
- Identified staff links who would attend the PPG meetings. This included the practice manager and lead nurse.
- Held a 'meet the team day' at the practice. This event had been held so patients could come and meet the team and learn more about the practice and changes in staffing. This event was used to advertise the PPG and invite members to join.
- Updated the website to include information on how to join the PPG.