

Drs Swoffer and Hoshyar

Quality Report

41-43 High Street

New Romney

TN28 8BW

Tel: 01797 362106

Website: www.oakhallsurgery.nhs.uk

Date of inspection visit: 27 March 2017

Date of publication: This is auto-populated when the report is published

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	6
Background to Drs Swoffer and Hoshyar	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Swoffer and Hoshyar on 16 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 Drs Swoffer and Hoshyar on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 27 March 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 on 16 June 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.

Our key findings were as follows:

- The practice had clearly defined and embedded systems to minimise risks to patient safety, including those relating to legionella infection.
- The practice carried out appropriate recruitment checks, and staff received mandatory training appropriate to their roles.
- Staff were aware of current evidence based guidance.
- An overarching governance framework, including regular audit, supported the delivery of the strategy and good quality care. Data from the Quality and Outcomes Framework showed that outcomes for patients with diabetes had improved and were now in line with local and national averages.
- There was a clear leadership structure and staff felt supported by management. The practice had a robust business plan and had recruited staff to meet the needs of its patient population.

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.

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. For example, the practice had introduced regular monitoring to reduce the risks relating to the spread of legionella infection.
- Staff demonstrated that they understood their responsibilities and we saw records that showed that they had received training on fire safety and safeguarding children and vulnerable adults, and other training relevant to their role, such as chaperone training and training in the Mental Capacity Act.
- The practice carried out appropriate checks before recruiting staff. For example, we saw records that showed that they obtained full employment histories from people applying for jobs at the practice.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a robust business plan and had recruited staff to meet the needs of its patient population.
- An overarching governance framework supported the delivery of the strategy and good quality care. The practice had policies and procedures to govern activity and we saw minutes that showed that they held regular governance meetings. There were arrangements, including regular audits, to monitor and improve quality and identify risk.

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 safety and well-led identified at our inspection on 16 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 safety and well-led identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

At our previous inspection on 16 June 2016, we found that the practice's performance in relation to outcomes of patients with diabetes was lower than local and national averages because the practice had not replaced staff with expertise in diabetes management who had left the practice.

When we undertook a follow up inspection of the service on 27 March 2017, we found that outcomes for these patients had significantly improved. For example:

- The percentage of patients with diabetes whose last blood pressure reading was 140/80 mmHg or less was 75% compared to the clinical commissioning group (CCG) average of 80% and the national average of 78%.
- The percentage of patients with diabetes whose last cholesterol measure was 5 mmol/l or less was 85% compared to the CCG average of 82% and the national average of 80%.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 16 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 safety and well-led identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 16 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 safety and well-led identified at our inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Drs Swoffer and Hoshyar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC lead inspector.

Background to Drs Swoffer and Hoshyar

Drs Swoffer and Hoshyar, also known as Oak Hall Surgery, provides primary care services for New Romney, Kent and the surrounding area.

Most patient areas are accessible to patients with mobility issues, as well as parents with children and babies. Where areas are not accessible, staff make arrangements to ensure that patients can receive care in accessible areas.

The practice staff consists of four GPs (3.29 whole time equivalents (WTE)), two of whom are partners, a nurse practitioner (0.65 WTE) three nurses (1.59 WTE) and two healthcare assistants (0.96 WTE) as well as reception and administrative staff. There is a full time practice manager. One of the GPs is female and three are male. All of the nurses and healthcare assistants are female.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of approximately 5,775. The proportion of patients over 50 is higher than the national average, and the proportion of patients aged under 50 is lower than the national average. The practice is in an area with a slightly lower than average deprivation score and lower than average levels of unemployment.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm and 2pm to 6.30pm daily. Extended surgery hours are offered 6.30pm to 8pm on Tuesdays and Wednesdays. There are arrangements with other providers (Invicta Health) to deliver services to patients outside of the practice's working hours.

Services are provided from Oak Hall Surgery, 41-43 High Street, New Romney, Kent, TN28 8BW.

Why we carried out this inspection

We undertook a comprehensive inspection of Drs Swoffer and Hoshyar on 16 June 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 16 June 2016 can be found by selecting the 'all reports' link for Drs Swoffer and Hoshyar on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Drs Swoffer and Hoshyar on 27 March 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 a focused inspection of Drs Swoffer and Hoshyar on 27 March 2017. During our visit we:

- Spoke with a range of staff (one GP, the practice manager, one practice nurse and the nurse practitioner).

Detailed findings

- Inspected the practice to ensure steps had been taken to improve safety systems and processes and that risks were assessed and managed.
- Looked at staff files to review evidence that appropriate recruitment checks had been carried out and that relevant staff had completed their required training.

- Reviewed governance arrangements including the practice's clinical audit plan.

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 16 June 2016, we rated the practice as requires improvement for providing safe services because:

- The practice was unable to demonstrate that all staff had received safeguarding training to the appropriate level.
- Not all risks to patients who used services were assessed and managed, for example those relating to legionella infection and ensuring the safe recruitment of staff by obtaining full employment histories prior to employment.
- Identified improvements to infection prevention and control had not all been made, and sharps bins were not always used in accordance with safe practice guidelines.

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 27 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse practitioner were trained to child protection or child safeguarding level 3 and nurses were trained in safeguarding to level 2.
- All staff who acted as chaperones had been trained for the role and had received 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).

- Infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result. There were plans to replace the flooring in the nurse's room and one of the clinical rooms imminently and we saw evidence that arrangements had been made for this to be carried out.
- The practice used disposable curtains which were dated with the date on which they were put up. There was a checklist on which staff recorded the dates on which curtains were put up and when they were due to be replaced. None of the curtains had been in use for more than six months.
- Sharps bins were available in all clinical areas and were used appropriately. There was a checklist on which staff recorded the dates on which sharps bins were set up. All of the sharps bins we saw were dated and signed and none were too full.
- The practice had reviewed their processes in maintaining personnel files. We reviewed four personnel files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. All of the personnel files we looked at included full employment histories.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had carried out an analysis of the water systems to detect the legionella bacterium in March 2017. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice carried out regular flushing of all pipes and regular water temperature monitoring. We saw records that confirmed this.

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 previous inspection on 16 June 2016, we rated the practice as requires improvement for providing well-led services because:

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- Governance at the practice was not formally structured and audits were limited. Not all risks had been identified and managed, for example those relating to legionella infection and safe recruitment of staff.
- The practice did not have a robust business plan including strategies for dealing with anticipated increases to demand for services.

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 27 March 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had recruited a nurse practitioner in response to growing demand from its expanding patient population. This had enabled the practice to improve the service it offered to patients, for example, by carrying out regular reviews and health promotion activities with patients with diabetes.
- Staff knew and understood the vision and values of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- A comprehensive understanding of the performance of the practice was maintained. Practice clinical meetings were held monthly and we saw minutes which demonstrated that the meetings provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit had been introduced to monitor quality and to make improvements. All of the GP partners and nurses were involved in clinical audits. We saw evidence of three audits that had been carried out in the last year, all of which were completed cycles where re-audits had taken place to monitor improvements. For example, one of the GPs had carried out an audit of patients taking selective serotonin reuptake inhibitors (SSRIs, a type of antidepressant medication) in combination with triptans (medication used in the treatment of migraines and cluster headaches). This combination of medication is known to interact causing a condition called serotonin syndrome. As a result of the audit, all patients had been reviewed and had had their medication changed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Risks relating to legionella infection had been assessed and we saw evidence of on-going monitoring and review to ensure risks to patients from legionella were minimised.
- The practice had introduced a system to ensure all staff read and acted upon new NICE guidelines. The practice manager forwarded guidance by email and ensured that staff read the guidelines, which the practice monitored through audits and random sample checks of patient records.