

Harbour Medical Practice

Quality Report

The Harbour Medical Practice
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Sovereign Harbour North
Eastbourne
East Sussex
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Date of inspection visit: We have not visited Harbour Medical Practice as part of this review because they were able to demonstrate that they were meeting the standards without the need for a visit.

Date of publication: 18/09/2017

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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Overall summary

Letter from the Chief Inspector of General Practice

At our previous comprehensive inspection at Harbour Medical Practice on 18 January 2017 we found breaches of regulation relating to the safe care and treatment and good governance. The overall rating for the practice was requires improvement and specifically we found the practice to require improvement for the provision of safe and effective services. It was good for providing, caring, responsive and well-led services. Consequently we rated all population groups as requires improvement. The previous inspection reports can be found by selecting the 'all reports' link for Harbour Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced desktop inspection carried out on 16 August 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 18 January 2017. This report covers our findings in relation to those requirements and improvements made since our last inspection.

We found the practice had made the required improvements since our last inspection and was meeting the regulations that had previously been breached. We

have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective, caring, responsive and well led services. Overall the practice is rated as good.

Our key findings were as follows:

- There had been improved monitoring of training and staff had access and received the training required to support them in their specific roles.
- Improved risk assessment and action plans were in place.
- Medicine review monitoring had improved to ensure safer prescribing of high risk medicines.
- There had been action taken to improve the management of patients with long term conditions.

The provider had taken action on areas we suggested they should make improvements:

- A new appointment system had been implemented for patients to stagger the availability of appointments. When urgent appointments were not available, GPs called back a patient to undertake an assessment of how urgent their need was to either offer advice or an appointment. The practice informed us the new system had received positive comments. The practice informed us that patients who 'do not attend' appointments had fallen from 79 appointments in December 2016 to 55 in June 2017.

Summary of findings

- The practice implemented a new carers' protocol. There was a carers' champion in place at the practice to help support the needs of carers.

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 had taken appropriate action and is now rated good for the provision of safe services.

- Safeguarding training was provided to all staff at the appropriate level for their responsibilities.
- A comprehensive risk assessment had been undertaken on the premises with related actions noted.
- The monitoring of high risk medicines had improved to ensure patients received their medicines safely.

Good



Are services effective?

The practice had taken appropriate action and is now rated good for the provision of effective services.

- There had been improved monitoring of training and staff received the training required to support them in their specific roles.
- There had been action taken to improve the management of patients with long term conditions and the practice informed us their overall performance in this area had significantly improved in 2016/17.
- The performance for the care of mental health condition had improved since January.

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 provision of safe and effective services identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for provision of safe and effective services identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for provision of safe and effective services identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for provision of safe and effective services identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for provision of safe and effective services identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for provision of safe and effective services identified at our inspection in January 2017 which applied to everyone using this practice, including this population group. This population group rating has been updated to reflect this.

Good



Harbour Medical Practice

Detailed findings

Background to Harbour Medical Practice

Harbour Medical Practice is situated in the coastal town of Eastbourne, East Sussex and operates from:

Harbour Medical Practice

1 Pacific Drive

Sovereign Harbour North

Eastbourne

East Sussex

BN23 6DW

The practice provides services for approximately 6,800 patients living within the local area. The practice holds a general medical services (GMS) contract with NHS England for the provision of primary care services. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard.) The practice has larger numbers of patients aged 65 and older compared to the national average. Deprivation is low when compared to the population nationally.

As well as a team of two GP partners and two salaried GPs (three male and one female), the practice also employs an advanced nurse practitioner, two practice nurses, two health care assistants and a sonographer. A practice manager and a business manager are employed and there is a team of receptionists and administrative clerks.

Harbour Medical Practice is open between 8.30am and 6.30pm on weekdays and appointments are available from 8.30am to 6.30pm Monday to Friday with extended hours appointments available on Tuesdays from 6.30pm to

8.30pm. Between 8am and 8.30am calls were diverted to an out of hours service (provided by NHS 111). There is a duty GP each day available for phone appointments and urgent face to face appointments according to patient need. Routine appointments are bookable up to four weeks in advance. Patients are able to book appointments by phone, online or in person.

There are weekly midwifery and health visitor clinics along with a regular ultrasound service all run from the premises. The practice has an onsite operating theatre and provides a vasectomy service for NHS patients in East Sussex.

Separate organisations providing mental health, smoking cessation, podiatry, physiotherapy, acupuncture, osteopathy and lymphoedema all rent rooms from the practice and provide services to local people.

Patients are provided with information on how to access the duty GP or the out of hours service (provided by NHS111) by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

Why we carried out this inspection

We carried out a previous comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection took place on 18 January 2017 and we published a report setting out our judgements. These judgements identified two breaches of regulation. We asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting at that time.

Detailed findings

We carried out a desktop review on 16 August to follow up and assess whether the necessary changes had been made, following our inspection in January 2017. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made. We found the practice was meeting all the conditions of regulation that had previously been breached.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, review the breaches identified and update the ratings provided under the Care Act 2014.

How we carried out this inspection

Prior to the desktop inspection we contacted Harbour Medical Practice and requested information related to the previous breaches of regulation. This was to enable CQC to review evidence of the improvements made. We also spent time reviewing information that we hold about this practice.

This report should be read in conjunction with the previous inspection report of CQC visit on 18 January 2017.

Are services safe?

Our findings

When we inspected the practice in January 2017, not all staff had received training on safeguarding children and vulnerable adults relevant to their role and safeguarding policies were out of date. The practice did not always have a thorough system in place for safe prescribing of some high risk medicines as not all patients prescribed a high risk medicine had received medicines reviews in accordance with national guidelines.

At this inspection we found that the practice had made the required improvements identified in their action plan submitted after inspection in January 2017.

Overview of safety systems and processes

Safeguarding training had been provided to the practice safeguarding lead by a local clinical commissioning group lead. We saw from a training matrix that staff had recent safeguarding adults and children training. This included

child safeguarding level three for GPs. We looked at an example of a safeguarding policy and saw that it had an approval date of April 2017 indicating that a review of the policy had been undertaken.

The practice had implemented a new medicines monitoring policy since our last inspection. The policy included processes for safe prescribing including three month checks to monitor whether patients were receiving timely medicine reviews. We saw the most recent audit on medicine reviews and this indicated that all but four patients had up to date medicine reviews in August 2017.

Monitoring risks to patients

Risks to patients were fully assessed and managed.

- A comprehensive practice risk assessment had been undertaken. This included any actions required to mitigate risks. For example, risks associated with potentially threatening patients had led to training in dealing with difficult situations for receptionists.
- Electrical installation testing had been undertaken in March 2017.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in January 2017, we found the results from the Quality and Outcomes Framework (QOF) from 2015/16 were mixed, with some lower than local and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice). For example, 67% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months, which was lower than the clinical commissioning group (CCG) average of 92% and the national average of 90%. Not all staff had received training in information governance, equality and diversity or the Mental Capacity Act 2005 (MCA 2005).

Monitoring risks to patients

The practice had taken steps to improve its QOF performance and increase the number of patients receiving care in line with national guidance.

- We were informed that clinical staff had undergone training on using appropriate long term condition review templates and recording reviews correctly.

- The practice achieved 96.318% total QOF performance in 2016/2017 (yet to be validated) compared to 84.79% in 2015/16.
- Exception reporting was below national and local average at 6%.
- The practice informed us that in August 2017 88% of patients eligible for a mental health care plan had one in place compared to 52% a year ago. There were 71% of patients with dementia care plans in place.

Effective staffing

We saw a training matrix was used to monitor and record staff training. We saw from the matrix that Mental Capacity Act 2005 (MCA), information governance and equality and diversity training was available to staff and most staff had completed courses which was recorded on the matrix. The practice informed us that alternative means of accessing training were available if staff missed specific courses when delivered at the practice. They gave examples of staff that had not been recorded as receiving safeguarding training, who attended an alternative course.