

Dr Lionel Dean

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 well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection in January 2016, found issues relating to the safe, effective and well led domains and we asked the practice to make further improvements. We found Dr Lionel Dean's practice required improvement for the safe, effective and well led domains. The practice was rated good for providing caring and responsive services.

The follow up focussed inspection on 27 September 2016 was undertaken to check whether the practice had made necessary changes following our inspection in January 2016. For this reason we have only rated the location for the key questions to which these relate. This report should be read in conjunction with the full inspection report of 12 January 2016.

At our inspection on the 27 September 2016, we found the practice had made improvements since our last inspection. We have amended the rating for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective and well led services.

Specifically we found:

- The practice had taken number of steps to improve the governance arrangements in the practice. This included policies and procedures being updated and reviewed. The practice had improved processes to identify, manage and mitigate safety risks.
- The patient participation group (PPG) was still in a formative stage, however new patients had joined the group and there had been two PPG meetings.
- The cleanliness of the practice had improved and there were effective systems to monitor the cleaning standards.
- Infection control had been improved. The infection control lead had ensured all staff had received training and they had sought support for their lead role. Infection control audits had been completed and actions taken. A legionella risk assessment had taken place and actions implemented.
- Staff had received appropriate recruitment checks and the recruitment policy had been amended to state which documentation was required for newly recruited staff. Disclosure and barring service checks had been completed for staff undertaking chaperone duties.

Summary of findings

- Clinical performance and patient outcomes had improved for those patients with Asthma and Diabetes.
- Medical records from another practice which merged with Dr Lionel Dean had been summarised by July 2016.
- Medication reviews for all the practice patients were conducted in a timely manner.
- All staff had complete training records. The practice had implemented a system to highlight training which was due for update.

- The number of carer's identified had increased since the last inspection.

The areas where the provider should make improvements are:

- Continue to develop the patient participation group, ensuring the group is effective and can influence and recommend improvements to the services provided to patients.

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 following the changes made since the inspection in January 2016.

Good



- Risks to patients were assessed and well managed.
- The practice was clean, tidy and well maintained.
- Staff had received infection control training and the lead had sought support from the clinical commissioning group infection control team.
- Risk assessments were undertaken and action taken to manage the building risks. Servicing of gas and electric systems had taken place. records were well maintained and reviewed regularly.
- Legionella risks were identified through a comprehensive risk assessment and well managed.
- Staff files showed complete recruitment records and a new recruitment checklist ensured newly appointed staff received the appropriate checks. Disclosure and barring services checks had been undertaken for chaperone staff. (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).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Improvements were seen in the monitoring and review of patients with asthma and diabetes.
- The summarisation of patient notes was up to date and 89% of patients on repeat medicines had received a review.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services well-led?

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

Good



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

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, which was reviewed and up to date. The practice held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group (PPG) had been developed and patients had joined the group. We saw minutes from the last two PPG meetings.

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 practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- There was a named lead GP for care of patients over 75 years old.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

The practice had patients listed from three local care homes and carried out regular reviews of their care. The practice responded appropriately to these patients when an urgent review was required. The practice had achieved 100% of the Quality and Outcomes framework points for dementia care. This was better than the CCG average of 90% and national average of 95%.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 91% of patients with diabetes, on the register, had achieved the target blood pressure reading in the last 12 months compared with a CCG average of 90% and national average of 91%.
- Diabetes indicators from the practice showed an improvement in recording blood sugar levels (below 75) from 62% in January 2015 to 81% in September 2016.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were similar to Clinical Commissioning Group (CCG) targets for all standard childhood immunisations.
- The practice were aware of national data for 2014/15 that reflected below average indicators in asthma management and had already matched or exceeded their Quality and Outcomes Framework target for the current year (2015/16).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 81% of females aged 25-64 had attended cervical screening within a 5 year period compared with the CCG average of 77% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice provided a total of seven hours of extended clinical hours to accommodate appointments for this population group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients with a learning disability and there was a lead GP for this patient group.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 95% of patients diagnosed with a severe mental health problem had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to the CCG average of 90% and national average of 88%.
- 88% of patients with a new diagnosis of dementia had received the appropriate blood level checks within a specified timescale, compared with the CCG average of 86% and national average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Dr Lionel Dean

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspection Manager.

Why we carried out this inspection

We carried out a 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 12 January 2016 and we published a report setting out our judgements. At the inspection in January 2016, the practice was rated as requires improvement for safe, effective and well-led domains, and good in responsive and caring. The overall rating for the practice was requires improvement.

We carried out a focussed inspection on the 27 September 2016 to follow up and assess whether the necessary changes had been made, following our inspection in January 2016. We focused on the aspects of the service where we found the practice requires improvement.

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 and update the ratings provided under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016. During our visit we:

- Spoke with two GPs and a nurse.
- Reviewed a number of operational records and documentation.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

However, at this inspection we reviewed the domains where breaches in regulation were found in January 2016. This included the safe, effective and well led domains.

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

During our inspection in January 2016, we identified concerns in relation to the safe domain. This included staff undertaking chaperone duties without an appropriate disclosure and barring service check; the infection control lead had not received appropriate training for their role; there were areas in the practice and medical equipment that were not cleaned effectively, a legionella risk assessment had been completed but water checks were not taking place and building risk assessments and regular servicing had not been undertaken for the boiler, gas and electric systems. Nurse staffing levels required a review to ensure capacity to undertake timely and effective long term condition reviews. We also found gaps in recruitment checks and staff records were incomplete.

At the inspection in September 2016, we found improvements had been made.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe, which included:

- All staff who acted as chaperones were 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Equipment used in the event of a spillage were also reviewed and found to be in date.

- We reviewed twelve personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had also created a checklist to ensure newly appointed staff had the correct recruitment checks undertaken and recorded in their personnel record.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. We noted the data sheets for all chemicals used in the practice were recorded for staff to access and there was provision to review this regularly. A legionella risk assessment had been completed and had identified specific risks in the practice. These were well managed and water temperature checks were being monitored by an external provider on a regular basis. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also noted annual servicing had taken place for the boiler and electrical testing had been completed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had employed a nurse lead and there were appropriate levels of nursing staff to ensure long term conditions were managed more effectively.

Are services effective?

(for example, treatment is effective)

Our findings

During our inspection in January 2016, we identified concerns in relation to the effective domain. This included low performance in the management and monitoring of patients with asthma and diabetes; there was a high level of medical notes requiring summarisation for patients from the merged practice; a high number of medicine reviews were overdue; patient records from the merged practice required updating. We also found staff training records were not completed and some staff had not had an annual appraisal. Induction plans and records for new staff were also not in place.

At the inspection in September 2016, we found improvements had been made.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

At the inspection in January 2016, diabetes indicators from the practice showed an improvement in recording specific blood test readings (below 75) from 62% in January 2015 to 72% in January 2016. The published national data for this indicator for 2014/15 was 77% which was still below the clinical commissioning group average of 82% and national average of 87%. The practice were aware of the low score for diabetes and had recruited a practice nurse into the lead role for diabetes. At the inspection in September 2016, this had increased to 81%.

In January 2016, the practice were aware of national data that reflected below average indicators for asthma management. For example, the (2014/15) data showed that 59% of patients diagnosed with asthma, on the register, had received an asthma review in the preceding 12 months, compared with the CCG average of 73% and national average of 75%. At the inspection in September 2016, this had increased to 67%. The practice was committed to providing asthma reviews for patients and had increased the nursing resource to support the reviews.

Shortly before the inspection in January 2016, Dr Lionel Dean's practice had merged with another practice that was situated in the same building. At the time of January inspection, there were significant numbers of medical records from the merged practice that required summarising. At the inspection in September 2016, the practice confirmed the summarisation of these medical records had been completed in July 2016.

We reviewed the medicine reviews of all patients and found 89% of patients on repeat medicines had received a review in line with the defined timescales.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw records of the induction plans developed for non-clinical and clinical staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those processing documentation and records from other health care providers were trained to use the Docman system.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We saw training records to demonstrate the training that had taken place. The practice also had developed a training matrix and system which provided an overview of the training that had taken place and when this was due for refresher or update.

Are services well-led?

Good 

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

Our findings

During our inspection in January 2016, we identified concerns in relation to the well led domain. This included policies and procedures not being updated and reviewed; the practice did not have processes to identify, manage and mitigate safety risks and the patient participation group was not effective in influencing changes to services for patients.

At the inspection in August 2016, we found improvements had been made.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. During the inspection in September 2016, the practice described the plans to modernise the practice and provide services to patients in a fully functional healthcare setting. The work for the changes was due to commence from November 2016 and there were plans developed to ensure the improvements and building work has minimal impact on patient care.

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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We found these were up to date and had been reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Seeking and acting on feedback from patients, the public and staff

At the last inspection in January 2016, the virtual patient participation group (PPG) had not been developed formally.

Since the last inspection, the practice had started to develop the PPG, advertise and encourage patients to join. The group was in a formative stage and the nurse manager had taken a lead role in developing the PPG further. At the inspection in September 2016, we saw that patients had attended two PPG meetings. We saw notes of the last two meetings, which were used to communicate issues such as the planned improvements to the practice and the CQC inspections.