Chessel 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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at Chessel Practice on 19 October 2017 to follow up on two warning notices.

Our previous inspection in June 2017 was a comprehensive inspection and we rated the practice inadequate overall and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the initial report. As a result of the inspection warning notices were served. The timescale given to comply with the warning notice was 11 September 2017.

The warning notices served related to regulations 12 and 17 Health and Social Care Act as a result of the following issues:

Summary of findings

Risk assessments relating to the health, safety and welfare of people using services were not fully completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so.

Safety records, incident reports, national patient safety alerts and minutes of meetings showed that lessons were not always completely shared to make sure action was taken to improve safety in the practice.

Meeting minutes were not recorded with details of local reviews of significant events or required action and who was dealing with the action.

Medication reviews did not always align with, people's care and treatment assessments, plans or pathways and should be completed and reviewed regularly when their medication changes.

The practice did not ensure all leaders had the necessary experience, knowledge, capacity and capability to lead effectively. We were told that there was no clinical lead present at the practice on a day to day basis

Governance arrangements and risk management were not fully embedded. The partners were not always visible in the practice and staff told us they were not always approachable and took the time to listen to members of staff. Staff told us that there was poor communication in the practice between the staff and GP partners.

The registered GP partners had minimal knowledge of what was happening during day-to-day services at the practice and did not have the capacity or capability to lead effectively.

At our inspection on 19 October 2017 we found the provider had complied with the warning notice in relation to regulations 12 and 17.

Our Key findings were:

There were now more systems and processes in place which need to be imbedded to demonstrate consistency in delivery; for example

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risk assessments for areas such as Legionella had been carried out, and there was a system to monitor and act on the findings of the assessments.
- Practice policies and procedures were now appropriately reviewed and updated to ensure their content was current and relevant.
- 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.
- A programme of audits had been established.
- A new GP partner was now the clinical lead at the practice.
- Since being placed in Special Measures, the practice had met with the clinical commissioning group monthly and had worked to both reassure them and benefit from their input, by collaborating on a progress action plan.

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?

Improvements had been seenfor example :

- There was a revised system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks assessments for areas such as legionella, fire and infection control had been carried out, and there was a system to monitor and act on the findings of the assessments.

Are services effective?

Improvements had been seenfor example :

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Since our last inspection Integral Medical Holdings (IMH) had given support to the practice and a new partner was in the process of registering at the practice.
- The clinical team were supported by a new registered manager who was being supported by a new GP at the practice who was registering as a partner.
- The new GP was now the clinical lead at the practice.

Are services well-led?

Improvements had been seenfor example :

- A clear leadership structure had been developed and staff felt more supported by management. The practice had a number of policies and procedures to govern activity and 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 registered partners were now giving more support to the practice.

Chessel Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included a GP specialist adviser and a further CQC Inspector.

Background to Chessel Practice

Chessel Practice is located in a purpose-built medical centre at Sullivan Road, Sholing, Southampton, Hampshire. SO19 0HS.

This practice has a branch practice at 4 Chessel Avenue, Bitterne, Hampshire, SO19 4AA. During this inspection we did not visit the branch practice.

Chessel Practice holds a NHS General Medical Services contract for the provision of primary care services, and there are two executive partners within the practice partnership. The partnership is responsible for the delivery of these core services and the employment of all the staff within the surgery.

Integral Medical Holdings Ltd (IMH) is a GP led support company founded in 2015. The role of IMH is to provide a network of support to practices to enable them to function independently and meet the challenges and demands of the changing face of primary care. Since March 2016, Chessel Practice has been under the brand of IMH.

At the time of this inspection, the practice staff included the two male GP partners and a practice manager. The practice also had four salaried GPs, two of whom were male and two were female.

The practice had a new registered manager who was also the practice manager.

The practice has two advanced nurse practitioners. There are also two practice nurses and two health care assistants and a phlebotomist.

The clinical team are supported by a practice manager and a team of receptionists, typist and administration support staff.

The practice is also supported by regional staff from IMH as and when required.

Since our last inspection IMH had brought another GP into the practice who was in the process of becoming a registered partner. This GP was the new clinical lead for the practice.

Chessel Practice has an NHS General Medical Services contract to provide health services to approximately 11,484 patients in and around the east of the city of Southampton and surrounding area. The practice covers an inner city area with significant numbers of disadvantaged patients and is in the fourth most deprived decile nationally. This practice has a high percentage of patients aged between 0-19 years and 70 years and over.

The practice is open Monday to Friday from 8am to 6:30pm. Phone lines are open from 8am to 6.30pm Monday to Friday (excluding public holidays). The practice is closed between 1pm and 2pm on a Monday for staff training.

All consulting and treatment rooms are on the ground floor and there are appropriate facilities for disabled patients and baby changing.

The waiting area is large and has an open and calm feeling. There is a self-check in system with automatic opening entrance doors. The waiting area also has the entrance to the independent pharmacy.

Detailed findings

Same day appointments can be booked at any time from 8am on the day the patients need the appointment for. Routine appointments are available up to four weeks ahead with each GP.

Urgent appointments are also available for people who need them. Appointments can be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

The practice offers telephone consultation appointments with the GP or nurses which can be arranged via the reception team. The practice also offers home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

Why we carried out this inspection

At the inspection carried out on 20 June 2017, we made a requirement to address shortfalls with;

Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out this inspection to make sure that the necessary changes have been made. We found the provider was meeting the regulations included within this report. This report should be read in conjunction with the full inspection report for Chessel Practice published on 14 September 2017.

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 19 October 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice manager and administrators.
- Reviewed policies and protocols.
- Reviewed evidence supplied by the practice to show that they were compliant with the regulation.
- Reviewed the practice action plan to ensure that they had completed the actions they told us they would implement to become compliant with the regulation.

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 20 June 2017, we rated the practice as Inadequate for providing safe services as the arrangements were not adequate and a warning notice was issued.

The practice had taken action to comply with the warning notice when we undertook a follow up inspection on 19 October 2017**.**

Safe track record and learning.

There was now an effective system in place for reporting and recording significant events.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

The practice had completely reviewed their complaints and significant events processes. The policies were up-to-date; with the necessary reporting forms available to all members of staff.

The practice told us that they recognised significant events as a crucial part of their practice-wide risk assessment, quality improvement and shared learning experience.

They had spent time during meetings nurturing a shift in culture: explaining to staff what a significant event was, that it did not focus on blame but rather to seek and collectively learn from an event, allowing the service to improve. We saw that significant events were reported, documented and uploaded onto a practice computer system called Radar. In addition, they were discussed at the next practice meeting and the minutes were disseminated to all members of staff.

The new clinical lead had reviewed the last six months' significant events within the practice. All had been actioned but it was felt that a relatively recent event involving the delayed diagnosis and treatment of a case of pyelonephritis had the potential for more learning. This was shared at a full practice meeting. There were contributions from clinical members of staff who recalled the case, and this stimulated a wider discussion regarding identifying serious infection. The consensus, particularly from the non-clinical staff, was that more information or training was needed regarding sepsis. This was done in the form of a brief introduction to sepsis via email to all practice staff, including an invitation to complete a short on-line sepsis learning module. To encourage people to do this, the practice turned it into a competition. The first person to present the clinical lead with their certificate of completion of the module won a prize.

Overview of safety systems and processes.

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

- There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- The practice had made a focused and concerted effort to update and complete their Legionella, health and safety and fire risk assessments. They employed external experts and undergone additional specialists training in Legionella safety in order to thoroughly fulfil their responsibility to provide safe care and treatment. The practice brought in a Legionella log book, showing evidence of weekly and monthly water temperature recordings, a named duty-holder and deputy, we saw evidence of training and competency, and a practice-specific Legionella policy. The practice had also completed the actions required in the assessments.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 June 2017, we rated the practice as Requires Improvement for providing effective services as the arrangements were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection of the warning notice on 19 October 2017.

Effective needs assessment.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice had reviewed the process for management of medical alerts: these came directly to the practice manager, who forwarded them to the appropriate member of staff, who fed back to the practice manager any necessary action. The clinical lead was also reviewing all alerts on a monthly basis to ensure that all necessary actions had been taken. Appropriate alerts were also placed on the agenda of the next practice meeting to ensure that they were actioned.

Management, monitoring and improving outcomes for people.

The clinical lead showed that they had been collaborating with the entire clinical team and clinical support officers to ensure that all patients receiving prescriptions have had a timely and appropriate medication review. The practice has been very behind in this area, but they had discussed how to improve, have made a plan and were reviewing the progress at clinical meetings, and informally with each other in passing.

The practice employed two clinical support officers (CSO) whose role was to support the GPs around four key workflows, document management – predominantly hospital correspondence, laboratory result management, medicine management and report writing. The CSO role was intended to work closely with two key areas of the practice support functions – namely the Clinical Pharmacist and the Referral team. We saw an Integral Medical Holdings Ltd Group South Region Clinical Support Officers Handbook which set out the role requirements and what CSO's were allowed to do.

The practice was reviewing patient care plans and improving chronic disease management, and had been working closely with the nursing team. For example, the most newly appointed practice nurse was working through the diabetes reviews to improve patient outcomes in that area.

To improve their safety and governance compliance, the practice had made sure that the two patients identified in the Lithium audit, who had not had blood tests, had now had up-to-date lithium levels checked.

Another cycle of the audit was also run to assess what the practice had learned how they had improved and where further improvement could be made.

We were shown details of eight audits that had taken place since our last visit. Of these six were clinical audits and two were non clinical.The non clinical audit included legionella and infection control which had 11 sections covered. The practice had a timetable of audits which listed 14 audits to be completed in the next 12 months.

The practice completed an audit in October 2017 of "near patient testing" to ensure that patients prescribed the most dangerous medicines had the correct blood testing completed.

Near-patient testing (also known as point-of-care testing) is defined as an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care.

Each audit cycle was shared at clinical meetings so that learning points could be shared and key improvements could be identified. This process was documented in the meeting minutes, which were shared with all relevant staff members by email. All audits were stored on the shared computer drive and staff were reminded that any of them can access these easily from their computer terminal.

Are services well-led?

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

Our findings

At our previous inspection on 20 June 2017, we rated the practice as Inadequate for providing well led services as the arrangements were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection for the warning notice on 19 October 2017.

Vision and strategy.

At our previous inspection we found that there was insufficient leadership to govern change and development within the practice. An effective oversight of the practices performance was not maintained and there was no clear arrangement for the day to day management of the practice manager.

The management support company, Integral Medical Holdings Ltd, responded ensuring that a new GP was able to work on site for three days per week, clinically for two days, non-clinically for the other, while still fulfilling clinical lead duties at a nearby sister practice, Bath Lodge. The GP has also made application to be registered as a partner at Chessel Practice.

The practice manager also completed registration as the new registered manager at the practice. The practice manager told us that they now receiving more support from the partners who had visited the practice and were always available on phone or email to give advice.

The practice re wrote the practice mission statement. This was an example of the whole practice working collaboratively. It was felt felt that it was crucial for all staff in the practice to have some sense of ownership and resonance with the vision and direction of the practice. All members of staff were involved in the process and the new mission statement when completed was presented at a full practice meeting. We saw that the new mission statement was displayed around the practice.

The practice established fortnightly clinical meetings for the GPs, nurses and health care assistants. The was an agenda with standing items (including significant events, complaints and infection control), members of the clinical team were encouraged to share their own clinical experiences, to share new knowledge that could be implemented from meetings or courses that they have attended and to raise concerns and to support each other. For example about recent medical alerts or audit updates.

We saw that, since our last visit, meetings were now minuted and these were sent to all members of the clinical team, including those who did not attend. The nursing team, continued with their regular meetings, also ensuring that agenda items were discussed and that records of meetings occurred.

The administration and reception team met with the practice manager every week, and the practice now held regular full practice meetings, with similar standing agenda items, in addition to open feedback and contribution from anyone in the practice, followed by dissemination of minutes and information by email.

The GPs were already hosting monthly multi-disciplinary team meetings with the District Nurses, Community Matrons, Community Wellbeing Team and Urgent Response Team. Minutes of these meetings were disseminated to appropriate members of the clinical team.

All the minutes from all the meetings were stored on a shared computer drive, so that they could be easily accessed and referred to by any member of the practice team.

Staff we spoke with told us that they now felt supported within the practice and the new GP was visible and had been involved in listening to the staff and asking how they were. They confirmed that there had been an increase in the number of meetings where they were all involved and listened to.

There had been a recent staff survey which provided positive results and showed improvements in moral and working practices.

Governance arrangements.

The practice now 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. Integral Medical Holdings Ltd had given assistance by helping the practice to review

Are services well-led?

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

practice policies and processes. The practice transferred all important practice information and documents to a shared computer drive, so that they could effectively communicate with anyone in the practice important things such as policies, audits, training information and safety alerts.

- A comprehensive understanding of the performance of the practice was maintained. Since being placed in Special Measures, the practice had met with the clinical commissioning group monthly and had worked to both reassure them and benefit from their input, by collaborating on a progress action plan. The practice were also due to benefit from eligibility for the Royal College of General Practitioners Support Program.
- 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.
- The practice was using the patient survey audit to address negative comments about the changes taking place in the practice and to identify the main areas that patients were concerned about. The practice was working with the Patient Participation Group in this area and results from this group highlighted areas as being too many locums and too hard to get an appointment.
- The practice was communicating with patients. The practice had launched a Facebook page and were promoting this widely; the practice had written a 'Letter to Our Patients' and were circulating this at the reception and on the website; and were planning a 'You Said, We Did' report for patients.
- The family and friends performance chart showed that since July2017 feedback had improved steadily and in October 2017 the majority of patients who replied were extremely likely to recommend the practice.