Crusader Surgery

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 a comprehensive inspection over a period of two days at Crusader Surgery on 28 October 2015 and 02 November 2015. The practice was rated as inadequate overall. Specifically they were rated as good for caring and responsive services, requires improvement for effective services and inadequate for safe and well-led services. The practice was placed into special measures for a period of six months.

As a result of our findings at the inspection we issued enforcement action against the provider in the form of a warning notice and to comply with it by March 2016. This related specifically to the following areas of concern;

Summary of findings

- Systems and processes were not set-up to assess monitor and improve the quality and safety of the services provided, this included the quality experienced by the patients using the practice.
- The provider did not undertake assessments to monitor and mitigate risks relating to the health, safety, and welfare of patients, staff members and others who may be at risk within the practice.
- Patients that had received home visits at a residential home did not have comprehensive detail recorded within their contemporaneous records. The record of care and treatment that had been provided for the patient including decisions taken in relation to their care and treatment was incomplete in the records at the practice.
- Staff records had not been maintained in relation to staff members employed at the practice.

Following the inspection on 28 October and 02 November 2015 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the warning notice. We then carried out a focused inspection at Crusader Surgery on 12 April 2016 to ensure that the practice had responded appropriately to the warning notice.

Our key findings were as follows:

The practice had:

- Appointed a lead nurse to act as their designated practice 'Infection Control Lead'.Infection control audits were undertaken regularly and included hand washing audits.
- Reviewed and documented their clinical and environmental cleaning procedures. Replaced patient dignity screens and disposable curtains were now in place and documented evidence seen of regular changing.
- Held practice and clinical team meetings that were minuted, with set agenda items to be discussed at each meeting. All staff members were included in the practice team meetings and received communications regarding safety event outcomes along with any lessons learned. Safety events were appropriately recorded and maintained, with a bi-annual audit and statement produced looking for themes or recurrences.
- Ensured all patients seen during the bi-weekly residential home visits were updated within the patient computerised records on return to the surgery in a detailed and comprehensive format.
- Reviewed and updated all the practice policies and procedures to ensure they met current legislation and were up to date.
- Organised all staff members' records and job descriptions reflected staff roles, and responsibilities. Disclosure and Barring Service (DBS) checks had been undertaken for all staff members and evidenced in their records. Recruitment procedures and the practice policy had been updated, to meet the regulations and were evidenced when the practice had recruited a new member of staff.
- Reviewed and analysed their quality data to assess the quality of their service. Where issues had been found the practice had acted on this information. The actions taken had been documented within the team meeting minutes.
- Recorded and circulated medicine and patient safety alert information to all the relevant staff members. Alert information was documented to evidence whether the practice needed to act on it and this discussed as a standing agenda item at practice meetings and a separate review meeting had been held.
- Commissioned an external organisation to provide a monitoring system and carry out a fire, health, and safety risk assessment of all practice operational areas.
- The practice had investigated new telephone system suppliers, and was due to have a new system installed to improve patient experience when accessing the practice by the telephone.

There was one area where the provider **should** make improvement :

Improve the system in place for monitoring patients on high risk medicines to ensure that reviews undertaken are consistent.

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?
We were satisfied that the practice had complied with the warning notice in relation to this domain.

Are services effective?
We were satisfied that the practice had complied with the warning notice in relation to this domain.

Are services caring?
We did not need to review this domain on the day of the inspection.

Are services responsive to people's needs?
We did not need to review this domain on the day of the inspection.

Are services well-led?
We were satisfied that the practice had complied with the warning notice in relation to this domain.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Improve the system in place for monitoring patients on high risk medicines to ensure that reviews undertaken are consistent.

Crusader Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Crusader Surgery

Crusader Surgery is situated on the outskirts of Clacton-on-Sea, Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group. The practice holds a Personal Medical Services contract with the NHS. There are approximately 5200 patients registered at the practice.

Crusader Surgery is a training practice, there is a partnership between the two male GPs partners and currently they have one registrar doctor who holds their own clinics. The GPs are supported by a nurse prescriber, three practice nurses, three healthcare assistants, a practice manager, a secretary, and ten administrative and reception members of staff. Support staff members at the practice work a range of different hours including full and part-time.

There is a walk in clinic every morning, from 9am until 10am the clinic is run on a first come first serve basis. Patients arriving before 10am are guaranteed to be seen by a doctor the same day; those attending this clinic do not have a choice of doctor. The practice takes telephone calls from 8am and the doors open at 8:30am. There are bookable appointments after 10am and the practice is closed between 1pm and 2pm. In the afternoon there are appointments between 3pm and 6pm and the practice closes at 6.30pm. There is a commuter/workers extended hour's surgery on Monday evenings between 6.30pm and 7.30pm which are pre-bookable appointments only.

The practice has opted out of providing 'out of hours' services which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Why we carried out this inspection

We inspected Crusader Surgery to carry out a focused inspection to establish whether the practice had responded appropriately to the warning notice issued to them in December 2015.

How we carried out this inspection

Before visiting Crusader surgery, we reviewed the action plan developed by the practice sent in response to the warning notice.

During our visit we:

- Spoke with the two GP partners and the trainee registrar doctor, two nurses, a healthcare assistant, the practice manager, and two members of the administration/ reception team.
- Reviewed policies, procedures, protocols and other documentation and reports relevant to our inspection and the warning notice that had been issued.
- We also spoke to patients.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff spoken with knew the practice procedures to track safety incidents.

- Safety incidents were well documented and shared internally with staff members to ensure practice safety lessons were learnt from the actions taken. Significant events were a standing item on the practice team meeting agenda each month. We also saw the six month review performed to ensure there were no themes or repeated issues.
- Safety alerts received at the practice about medicine, medical devices or patient safety were reviewed, shared with the practice team, and acted upon appropriately. These safety alerts were also a standing item on the practice team meeting agenda each month to ensure the lessons learned were embedded practice wide. We did find however that some patients on high risk medicines were not being reviewed consistently. These were small in number and the practice acknowledged this as an area that required further improvement.

Overview of safety systems and processes

The practice had procedures and processes in place to keep patients safe, which included:

- Commissioning an external organisation to provide a monitoring system and carry out fire, health, and safety risk assessments of all practice operational areas.
- The measures in place to safeguard children and vulnerable adults reflected the current legislation and local requirements. The policy was updated, current, accessible to all staff members, and conveyed who to contact about concerns in relation to patient's welfare. There was a GP lead for safeguarding and GPs and provided reports for local safeguarding meetings. Staff members understood their responsibility to keep both children and vulnerable adults safe from abuse. Staff members had received training to the relevant level for their role; for example the GPs had received level three training.
- Notices in the waiting room and clinical areas advised patient's chaperones were available. Staff who acted as a chaperone 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 infection control lead was the practice lead nurse. The infection control policy in place was up to date and reflected current legislation. Appropriate standards of cleanliness and hygiene were seen and staff had received role specific training. Infection control audits had been undertaken and we saw evidence that actions had been taken to deal with any issues identified as a result; for example the baby changing facility had been replaced.
- We reviewed four personnel files and found they were organised and easy to read. Evidence of training was documented with training certificates of recent achievement.

Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patients and staff safety. There were risk assessments checks to monitor the safety of the premises such as the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The premises and equipment at the practice was appropriate for patients and were both adequately maintained to keep patients and staff safe.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Fire drills were carried out regularly to ensure staff knew how to act and keep people safe in the event of a fire.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor patient outcomes. The results for 2014/2015 showed that the practice had obtained 82% of the total number of points available. This was 9% below local CCG practices and 12% below the England average. During this follow-up inspection the practice shared with us data from their computer system that showed their end of year 2015/2016 achievement to be 88% which was a 6 % improvement. This improvement in the QOF data achievement was seen to form part of the practice team meeting discussions shared with all staff.

The practice had an exception reporting rate of 7% which was 0.2% below the England average. Exception reporting is the process whereby practices can exclude certain patients from their reporting so that they are not penalised for patient characteristics that are beyond their reasonable control.

When we visited the practice in December 2015 we found that the practice was below the average for the following national QOF (or other) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were in some cases worse than the national average. The percentage of patients with diabetes, on the register, who had a record of an albumin: creatinine ratio test in the preceding 12 months was 69% compared to the national average of 86%. Results from the practice computer system for 2015/2016 showed they had achieved 100%, an improvement of 31%. This was 14% higher than the national average. This data was yet to be verified.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was 79% compared to the national average of 83%. Results from the practice computer system for 2015/2016 showed they had achieved 83%, an improvement of 4% which was now the same percentage as the national average. This data was yet to be verified.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 19% compared to the national average of 84%. This data was a significant outlier for the practice and was investigated by inspectors at the previous inspection. Results from the practice computer system for 2015/2016 showed they had achieved 76%, an improvement of 57%; this was still below the national average although now showed improvement.

We were satisfied that the practice were improving their performance in relation to QOF and this meant that the care and treatment of patients was being reviewed more effectively.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. This programme had been updated to take into account a number of new staff appointments.
- We reviewed four personnel files and found they were organised and easy to read. Evidence of training was documented with training certificates of recent achievement.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff members in an accessible way through the practice patient record system. There was a system in place to ensure information regarding treatment received outside of the practice was scanned and attached to patient medical records. This included care and risk assessments, care plans, discharge records and test results. Information such as NHS patient information leaflets were also available and could be printed out and given to patients. Information was shared with other services appropriately, for example when people were referred to other services.

Are services effective?

(for example, treatment is effective)

The practice had invited both health and social care providers to attend their meetings and the first introduction meetings had taken place. Future meetings to understand and manage the range and complexity of patient needs with the planning required for on-going care and treatment was in development and recorded in the meeting minutes.

Supporting patients to live healthier lives

Patients who may need additional support were identified by the practice. These included patients in the last 12 months of their lives, patients who were carers, and those at risk of developing a long-term condition. These patients were identified on the practice medical records system to prompt staff members they needed extra support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 94% and five year olds from 87% to 94%. Flu vaccination rates for the over 65s were 66% compared to the national average of 73%, and at risk groups 42% compared to the national average of 52%.

Are services caring?

Our findings

We did not need to review this domain on the day of the inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We did not need to review this domain on the day of the inspection.

Are services well-led?

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

Our findings

Vision and strategy

The practice had produced a plan for the future which was displayed with the previous report to show patients the work and improvements being undertaken. The practice had discussed this with staff members who were aware of their responsibilities regarding the improvement work.

Governance arrangements

The practice had worked hard to improve and update their policies, procedures, and processes to ensure the governance framework supported the delivery of good quality care. This work was also discussed in practice meetings to ensure it was embedded and understood by staff members.

- Staff members had been issued with new job descriptions; these were signed and updated to include all the responsibilities of each person's role.
- The practice performance was a standing item on the agenda for each team meeting to ensure they had a comprehensive understanding of the practice quality achievement.
- There was an external commissioned system to identify record and manage practice risks and issues. This was monitored daily and provided a reminder system to implement any mitigating actions.

Leadership, openness and transparency

The GP partners in the practice had the experience, and capability to run the practice. With the recruitment of a practice manager the GPs now had more capacity to ensure high quality care, which was evidenced in the improved data collected at the practice.

The practice could evidence monthly comprehensive practice team meetings and greater communication with staff members. Staff members told us they felt they had been given greater involvement in the improvement work being undertaken at the practice and the interaction with management and GPs was also improved.

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

Although staff told us during the last inspection they were comfortable to give feedback and discuss concerns or issues with colleagues or GPs, during the follow-up inspection they felt this had improved and was now evidenced in the monthly practice meeting minutes. The actions taken since the previous inspection were promoted within the practice waiting room to ensure patients knew the improvement work they were undertaking. There was also information with regards to the return visit of NHS England in November 2016 to inform patients of the timeframe for the agreed service improvements with the commissioners.

The practice had investigated new telephone system suppliers, and was due to have a new system installed to improve patient experience when accessing the practice by telephone. This had been in response to comments made in the most recent patient survey published in January 2016.

The practice manager told us about the initial plans they had made to set up a patient participation group (PPG) to ask patients their views regarding the service provided.(A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). Posters had been developed and were on display in the waiting room/reception area and on the practice website to invite patients to join. The practice had also become members of the National Association of Patient Participation to support their efforts to develop their own group.

Innovation

They GPs told us they now had more opportunity to focus on continuous improvement since the recruitment of the practice manager. They GPs told us they could see the improvements that had been already been achieved, and this now encouraged them to continue to innovate for the future. The practice actions taken against the action plan and issues raised at the previous inspection show they were proactive and keen to improve patient service quality and experience. They still had on-going improvements that were being undertaken, and could see further work to be instigated for the future.