

Walton Surgery

Inspection report

Suffolk GP Federation C.I.C.
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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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

The practice is rated as Inadequate overall. The practice was previously inspected in June 2017 and rated as good.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Walton Surgery on 23 January 2019 (referred to in this report as 'the Practice') as part of our inspection of Suffolk GP Federation C.I.C., the registered provider of this service. Suffolk GP Federation C.I.C is a community interest company and is the registered provider of three other locations and services are provided from various sites across Suffolk.

Our judgement of the quality of care at this service is based on a combination of what

- we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found:

- Patients were supported, treated with dignity and respect and were involved in decisions about their care and treatment.
- Results from the national GP patient survey published in July 2018 were in line with local and national averages. Results for access were above local and national averages.
- Patients' needs were met by the way in which services were organised and delivered. For example, Suffolk GP Federation C.I.C. had worked with two other local practices and had access to two full time mental health nurses and a paramedic. The three practices worked together to deliver an 'on the day' service from 3pm to 6.30pm to offer urgent appointments for patients.
- Feedback from patients on the day of inspection, including CQC comment cards, was positive about the care received by the practice.

We rated the practice as inadequate for providing **safe** services because:

- There was insufficient attention to safeguarding. They practice held a register of patients where safeguarding concerns had been raised, although the safeguarding lead was not aware of this and did not know how to access it, and they did not hold regular safeguarding meetings.
- The information needed to plan and deliver safe care, treatment and support was not available at the right time. For example, patient correspondence was not managed in a timely way. The practice had 358 items of outstanding correspondence; some patients had not been followed up in a timely way, major, significant health needs had not been coded on their medical record and diagnostic reports had not been reviewed or coded.
- There was not a failsafe system to monitor cervical cytology.
- The practice did not have adequate systems and processes in place to ensure appropriate monitoring was in place before medicines were reissued.
- We found some of the medical equipment for one of the GPs had not been calibrated.
- The external clinical waste bin was not locked and the practice did not have a spill kit for cleaning up mercury.

We rated the practice as inadequate for providing **effective** services, and across all population groups, because:

- There was not a system at the practice level to ensure safeguarding was managed effectively.
- The information needed to plan and deliver effective care, treatment and support was not available at the right time. We were not assured that care and treatment decisions were always based on accurate information, due to the outstanding correspondence, which included some patients with major, significant health needs who had not been coded on their medical record and diagnostic reports which not been reviewed or coded.
- Evidence based practice was not always followed in relation to monitoring and review of patient medicines.
- There was no regular documented monitoring of the work of nurses and the advanced nurse practitioner. We found recent examples when a clinician had worked outside of their competency.
- There was limited monitoring of the outcomes of care and treatment at practice level. Performance for

Overall summary

diabetes was below the CCG and England averages and the exception reporting for mental health was above the CCG and England averages. The clinical lead at the practice was not aware of this and was not able to explain this.

- Older people who were identified as frail, did not receive a clinical review.
- Three out of nine eligible patients with a learning disability had received a health review in the last 12 months.
- There was no palliative care register or clinical oversight of patients with palliative care needs.

We rated the practice as inadequate for providing **well-led** services because:

- Despite the Suffolk GP Federation C.I.C. having systems and processes in place to try and ensure leadership and governance across the organisation, this was not effective as there was a lack of clinical leadership and oversight at the practice level to ensure that the service operated safely and effectively.
- There was a lack of systematic performance management of individual staff to ensure safe practice was being observed.
- There was a lack of oversight from Suffolk GP Federation C.I.C. to ensure that systems and processes were being followed. We identified that governance systems and processes in place were not always followed by staff which did not support the safe and effective care of patients.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue to work with the CCG in relation to prescribing, particularly with the prescribing of broad spectrum antibiotics.
- Review the system for tracking prescription stationery.
- Continue to improve the uptake of health checks for people with a learning disability.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Walton Surgery

- The name of the registered provider is Suffolk GP Federation C.I.C. (Suffolk Fed). The provider is a community interest company, limited by shares. There is a Suffolk GP Federation C.I.C board which is made up of the registered manager, a Caldicott guardian, a GP, an accountable officer for controlled drugs, safeguarding and information governance leads. The provider is also registered to provide regulated activities at three other locations.
- The address of the location is 301 High Street, Felixstowe, Suffolk, IP11 9QL.
- The provider is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- Walton Surgery provides services to approximately 4,300 patients in a semi-rural area in Suffolk.
- In addition to the staff from Suffolk GP Federation C.I.C. the practice has two salaried GP partners (one female and one male). There is a management team including a service manager, supported by a team of administration staff. The practice employs one advanced nurse practitioner, one practice nurse, and one health care assistant. They had recently interviewed and appointed a second practice nurse and health care assistant.
- The practice holds a General Medical Services contract with NHS England.
- Walton Surgery is open from Monday to Friday. It offers appointments from 8am to 6.30pm daily. On Tuesdays, the practice is open until 8.30pm. Appointments can be booked six weeks in advance with urgent appointments available on the same day. The practice, in collaboration with two local practices, offered same day appointments at differing locations. The practice was also part of a GP+ service; patients were able to be seen for evening or weekend appointments at Felixstowe community hospital and a location in nearby Ipswich.
- Out of hours care is provided by Integrated Care 24 via the NHS 111 service.
- We reviewed the most recent data available to us from Public Health England which showed that the practice population has a higher than average number of patients aged 45 and over and lower than average number of patients aged under 40 years, compared to the national average. 23% of the practice population is aged 65 years and over. The practice has a low level of deprivation. Income deprivation affecting children and adults is in line with the local and national averages.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users.</p> <p>In particular:</p> <p>The practice was not able to provide evidence that patients with safeguarding needs were proactively discussed and reviewed within the practice or with other health and social care professionals.</p> <p>They did not hold regular safeguarding meetings.</p> <p>The practice did not have a system to identify, monitor and review patients who had safeguarding needs.</p> <p>The practice had a safeguarding register of children and vulnerable adults, but the safeguarding lead was not aware of it and did not know how to access it.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>Appropriate monitoring and review was not undertaken before medicines were re-issued.</p> <p>Evidence based guidance for prescribing and monitoring was not always followed.</p> <p>Patient's records were not always coded in a timely way, so we were not assured that care and treatment decisions were always based on accurate information.</p> <p>There was not an effective 'failsafe' system to monitor cervical cytology.</p> <p>Not all the people providing care and treatment had the qualifications, competence, skills and experience to do so safely.</p> <p>In particular:</p> <p>There was no regular documented monitoring of the work of nurses and the advanced nurse practitioner. We found examples when a clinician had worked outside of their competency.</p> <p>The equipment being used to care for and treat service users was not safe for use. In particular:</p> <p>Some of the medical equipment in one of the GPs room had not been calibrated.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

There was not an effective system in place to safeguard service users from abuse and improper treatment.

There was a lack of clinical leadership and oversight, and governance systems were not all implemented effectively in the practice, which resulted in issues that threatened the delivery of safe and effective care.

There was not an effective system to manage incoming patient correspondence and there was no clinical oversight of this system.

There was not an effective 'failsafe' system to monitor cervical cytology.

The systems and processes in place to monitor and review patients' medicines were not effective.

There was a lack of system in place to demonstrate the ongoing monitoring of clinical staff to ensure they were competent.

There was no oversight of all equipment calibration.