Hotwells Surgery

Quality Report

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Hotwells
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Date of inspection visit: 7 September 2016
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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	Requires improvement
Are services safe?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Hotwells Surgery on 7 September 2016. This was to check compliance to the serious concerns we found during a comprehensive inspection of Hotwells Surgery on 18 May 2016 which resulted in the Commission issuing a Warning Notice in regard to Regulation 12, Safe Care and Treatment. Other areas of non compliance found during the inspection undertaken on 18 May 2016 will be checked by us for compliance at a later date.

Following our inspection undertaken on 18 May 2016 we rated the practice overall as requires improvement. The domain of caring was assessed as being one that provided good services. The domain of safe was rated as inadequate and the domains of effective, responsive and well led required improvement. These ratings will remain in place until we have been assured these concerns have been rectified and a further inspection to check compliance will be undertaken .

Our key findings across all the areas we inspected at the previous inspection 18 May 2016 were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Improvements are required in respect of practice management. The practice had a limited number of policies and procedures to govern activity. Key policies and procedures were not in place to direct and guide staff and to further ensure that all staff were aware of their role and responsibilities. Risks to patients care and treatment were assessed and well managed with the exception of those relating to recruitment checks.
- Data showed patient outcomes were similar to the national average.
- Patients said they were treated with compassion, dignity and respect. Patients told us they felt cared for, supported and listened to and involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was equipped to treat patients and meet their current needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We also identified the areas where the provider must make improvements were:

- The provider must ensure there are documented key policies and procedures, such as medicines management, Patient Group Directions and business continuity plans, to ensure all staff were aware of their role and responsibilities and were working effectively and safely to deliver the service.
- The provider must implement recruitment practices and ensure they are carried out effectively in order that safe recruitment processes being followed.
- The provider must implement a robust process to ensure that staff have the necessary training, supervision and appraisal to carry out their roles.
- The provider must ensure there is an overarching recorded approach to meeting health and safety at the practice including meeting legislative requirements relating to Control of Substances Hazardous to Health (COSHH), fire safety, and risk assessments in regard to the safety of people and the environment of the building.

The areas where the provider should make improvements are:

- The provider should implement an effective system of recording minutes of meetings so that discussions and decisions can be effectively shared, other than by verbal handover.
- The provider should implement an effective system of identifying carers in order to provide the most appropriate support they require.
- The provider should have an effective system in place for regularly seeking patient's opinions about the service.
- The provider should have an effective system of ensuring that practice opening hours in line with what the expected NHS England contracting agreements for core hours between 8am and 18:30pm Monday to Friday, the exception being Bank Holidays, Saturdays and Sundays.

At this inspection we checked the progress the provider had made to meet the outstanding significant areas of concern as outlined in the Warning Notice, for a breach of Regulation 12 (safe care and treatment). This Warning Notice was issued by us on 24 June 2016. We gave the provider until 30 August 2016 to rectify concerns . This Warning Notice had been issued because we found there were inadequate systems, processes and practices to keep patients and visitors safe. The other key lines of enquiry in this area will be reassessed by us at a later date when the provider has had sufficient time to meet the outstanding issues.

The outstanding issues are:

- A lack of safeguarding training for staff.
- Poor medicines and prescription management
- Insufficient recruitment and employment processes
- Poor systems for the monitoring of risks to patients and staffs safety
- Gaps in the arrangements for responding to emergencies did not fully ensure patient safety.

We found at this inspection that the provider had made adequate initial steps towards implementing improvements in regard to the significant concerns identified in the Warning Notice, for a breach of Regulation 12(safe care and treatment). We will check that these steps have been sustained at the next inspection process when we will assess that the other outstanding issues have been met.

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?

Inadequate 

The practice is rated as inadequate for providing safe services and improvements must be made.

- The gaps in documented key policies and procedures, such as medicines management, Patient Group Directions and business continuity plans, which provided direction to staff and ensured staff worked effectively and safely to deliver the service had begun to be addressed by the practice. However, these require further development and the systems, processes and staff understanding of these areas require embedding into the practice.
- Recruitment practices had improved and there was some evidence to show that these practices were being carried out effectively in order to ensure appropriate staff were employed.
- A process to ensure that staff had the necessary training to carry out their roles effectively and safely had been commenced.
- We found an overarching recorded approach to meeting health and safety at the practice including meeting legislation relating to Control of Substances Hazardous to Health (COSHH), fire, and risk assessments in regard to the safety of people and the environment of the building had been started. There was no evidence at this point that these would be sustained.

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

Requires improvement

This inspection was conducted in order to further review issues that were found at the comprehensive inspection carried out on 18 May 2016. Overall the practice was rated as requires improvement. The domain of caring was assessed at being good. The domain of safe was rated as inadequate and the domains of effective, responsive and well led required improvement. These ratings will remain in place until we have been assured these concerns have been rectified.

People with long term conditions

Requires improvement

This inspection was conducted in order to further review issues that were found at the comprehensive inspection carried out on 18 May 2016. Overall the practice was rated as requires improvement. The domain of caring was assessed at being good. The domain of safe was rated as inadequate and the domains of effective, responsive and well led required improvement. These ratings will remain in place until we have been assured these concerns have been rectified.

Families, children and young people

Requires improvement

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Working age people (including those recently retired and students)

Requires improvement

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Summary of findings

People whose circumstances may make them vulnerable

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Requires improvement

People experiencing poor mental health (including people with dementia)

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Requires improvement

Hotwells Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Hotwells Surgery

The provider is Dr Nicholas Ring, who provides a service at Hotwells Surgery; this is located in the Hotwells area of Bristol. There are approximately 3103 patients registered at the practice who live within the Hotwells area of Bristol.

The practice operates from one location:

2 Charles Place

Hotwells

Bristol

BS8 4QW

The Hotwells Surgery is situated in an adapted building close to the residential areas of Hotwells and one of the main routes into the city of Bristol. There are two consulting rooms, a treatment room, reception and waiting room on the ground floor. On the first floor there are offices, staff kitchen and areas for storing records. There is no patient parking, although there is a free public car park a short distance away.

The practice is provided by an individual GP (male) who employs a small team of staff including regular locums. The practices core team of employed staff include one salaried GP (female), a practice nurse, three receptionists, a secretary and a clerk. Two male locum GPs and one locum practice nurse (female) supplemented the clinical team.

Hotwells Surgery is open from 8.30am until 1pm, Monday to Friday, with the exception of Thursday when it closes at 12noon. In the afternoons Monday, Tuesday and Wednesday the surgery reopens at 3pm until 6.30pm, and on Friday it is open from 3pm until 5pm. Appointments are available from 9am to 11am and 4pm to 6pm every day. The exception is Friday which is 3pm to 5pm. Patients are directed to the out of hour's service during the day when the practice is closed. Since the last inspection undertaken on 18 May 2016 we have been informed by the provider their contractual arrangements have been reviewed by NHS England. This was in regard to the information provided by the practice to patients about the opening hours. At the time of this report we did not have access to the outcome of this review.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, immunisations and unplanned hospital admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website. Patients can call the practice and speak to a receptionist or dial directly the GPs mobile during the day when the practice is closed.

Patient Age Distribution

0-4 years old: 5% (the national average 5.9%)

5-14 years old: 7.6% (the national average 11.4%)

Under 18 years old: 14.4% (the national average 20.7%)

65-74 years old: 11.2% (the national average 17.1%)

75-84 years old: 4.5% (the national average 5.9%)

Detailed findings

85+ years old: 1.1% (the national average 2.3%)

Other Population Demographics

% of patients with a long standing health condition is 46.6% (the national average 54%)

% of patients in paid work or full time education is 75.7% (the national average 61.5%)

7.2% of the practice population was from a Black and Minority Ethnic background.

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 14.7 (the national average 21.8). The lower the number the more affluent the general population in the area, is.

Income Deprivation Affecting Children (IDACI): is 10.2% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 13.7% (the national average 16.2%)

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service 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 7 September 2016.

During our visit we:

- Spoke with the principal lead GP. The practice nurse was not present.
- Reviewed documents and information.

Inadequate

Are services safe?

Our findings

At this inspection we checked progress in respect of a Warning Notice, this was issued by us in respect of a breach of Regulation 12, safe care and treatment, on 24 June 2016. Within this Warning Notice the provider was required to have rectified the concerns by 30 August 2016. This Warning Notice was issued by us because we found there were inadequate systems, processes and practices to keep patients and visitors safe. The other key lines of enquiry in this area will be reassessed at a later date when the provider has had sufficient time to meet the outstanding issues. A further inspection will be conducted to check provider compliance in these areas.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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. The lead GP was trained to child protection or child safeguarding level three. During the last inspection undertaken in May 2016 we had found that the practice had not sought, held information or had knowledge of the level of training for safeguarding both adults and children for the locum staff employed. We found at this inspection there had been a change in regular GP locums. For those locum staff employed we saw details of their safeguarding training, this had been undertakenat the required level for these posts, at level three child protection training. The locum nurse had yet to complete updated training to level three and this will be reviewed by us at our next inspection.
- During the previous inspection we had found the practice had no written medicines management policies. Medicines were not securely stored within locked cupboards or within a lockable fridge. Areas where medicines were stored were not kept securely as administration, locum and contract cleaning staff had full access to the key to the treatment room. During this inspection visit we were provided with copies of policies and procedures relating to safe medicine management and the recording and practice requirements pertaining to vaccine fridge temperatures. We found that medicines were now kept secure, locking facilities had been added to the vaccines fridges and the cupboard where medicines were kept. Medicines stored in the treatment room and those requiring refrigeration, were stored safely at the correct temperature. A stock check list was in place of medicines held and the number of medicines kept at the practice had been reduced. ,
- At the last inspection we were informed by administration staff and the principal lead GP there was a system of managing blank prescription forms and pads which were stored securely when not in use. However, we had found during the inspection that blank prescription forms provided within a prepared locum GP pack were not stored securely and we found blank prescription forms in a printer in an unattended office. When we informed staff these were removed and stored securely immediately. During our last inspection we also found that there was no system to log prescription serial numbers to specific rooms or staff. And as a result of this there was no audit trail of prescription forms. We found at this inspection steps had been taken to address these concerns with a new policy and procedure in place and a prescription paper logging system had been implemented. Consulting and the treatment rooms were locked when not attended by staff during the day, administration staff and the lead GP ensured that prescription paper was logged and distributed at the start of the working day and removed and logged at the end of the day.
- During the inspection in May 2016 we found there was no documentary information to support that patient group directions (PGDs), which are documents (National Health Service) that permit the supply of prescription-only medicines (POMs) to groups of patients, without individual prescriptions, were in place. We found at this inspection the concern had been addressed; paper copies of PGDs had been obtained, appropriately signed and dated by the principal lead GP and the designated nurse who carried out the immunisations at the practice.
- When we reviewed three personnel files of staff working at the practice during the inspection in May 2016, two of these three employment records related to staff who

had been employed before GP services were required to register under the Health and Social Care Act 2010. We had found there was very limited information apart from contracts of employment. For one member of administration staff who acted as a chaperone a check through the Disclosure and Barring Service (DBS) had been made. Although for this member of staff and others there was no proof of identity, photograph, work history or evidence that references had been sought. There was no DBS check for the practice nurse or recent check to ensure that they were registered to practice with Nurse and Midwifery Council (NMC).

- At the previous inspection we looked at the information held at the practice for a locum nurse and four GP locums. Of these four GP locums, three were at the time providing support at the practice. We found inadequate documentary evidence that appropriate recruitment checks had been undertaken prior to employment or that information about regular locum staff had been retained. There was only recruitment identification in regard to two GP locums. There were no references or evidence of the decision about the suitability of prospective locum staff. Copies of professional qualifications had not been obtained, and although there were copies of entry of registration with the appropriate professional body, the General Medical Council (GMC) for the GPs. There was no evidence of any checks carried out on the nursing staff's entry on the NMC register. There was no evidence that further checks had been carried out to ensure that they remained on the GMC or NMC register at the time they were engaged to work at the practice. We saw there was information to show that two locum GPs had provided copies of DBS checks that had been carried out either at their previous or main employment. There was no evidence that checks had been made to ensure they remained on the NHS Performers List. However we saw copies of the locum GPs immunisation status and their membership of the insurance indemnity were in place.
- During this inspection we found some steps had been taken to address these areas of concern regarding safe recruitment and employment of staff. We were told there had been changes in the GP locums employed. We found that new locums had been secured and the necessary details of their qualifications, current registrations, identity and immunisation status had been obtained. Checks had been made to ensure they were on the NHS England performers list and they had provided information to show they had appropriate indemnity insurance. A new salaried GP was in the process of being employed and we found that appropriate information had been taken including their full work history, references, proof of identity, and copies of training and immunisation information. There was evidence that DBS checks had been applied for and the practice were still waiting for these to be completed. There was evidence to show that checks on current employee's registration with professional bodies such as the NMC and GMC had been undertaken.

Monitoring risks to patients

- During the last inspection we found there were some procedures in place for monitoring and managing risks to patient and staff safety. The practice did not have an overall health and safety policy available and there was no identified local health and safety representative to lead the practice in providing a safe service. We found during this inspection the staff handbook had been updated to include fundamental health and safety topics and the principal lead GP was identified as the named health and safety representative.
- Previously at the last inspection we had been told by the practice staff they had carried out in house fire risk assessments and regular fire drills, however, there were no records available to support this. We were also told the provider engaged an external contractor on an annual basis to carry out a fire risk assessment and fire safety check. We had seen the document supporting the previous assessment March 2015 and had been told the practice had delayed engaging an external contractor to undertake the fire safety risk assessment (which had been due in March 2016) because of impending changes in the provider ownership and a move to other premises. This had not occurred as planned as the changes in the ownership were not completed. We found at this inspection that an external contractor had been to carry out a risk assessment, fire testing and a safety check on fire extinguishers in July 2016. We also saw that a fire drill and fire training for staff had been carried out in August 2016.
- At the last inspection in May 2016 we had found the practice had a minimal number of risk assessments in place to monitor safety of the premises. Written risk assessments such as the control of substances hazardous to health, the overall environment of the building, disability access and slip, trips and falls risk

assessments were not in place. There were risk assessments and policies and procedures for lone working, infection control and moving and handling. A very brief legionella initial risk assessment document had been completed by the provider in July 2015 but there was no documented evidence that safety checks on showers and water outlets, identified as actions to reduce the risk, had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection we found that risk assessments had been carried out for key areas of risk or potential of risks such as parking, display screens, and moving and handling. These risk assessments had greater detail and included specific information of how the practice planned to reduce or mitigate the risks. The risk assessments and protocols for infection control, control of substances hazardous to health (COSHH) and legionella had been reviewed and updated where required. Staff had made sure that accompanying supporting information such as the manufacturer's data sheets for any chemicals (COSHH) used at the practice were available should a spillage occur. Documented protocols were in place for maintaining cleaning regimes had been implemented for items such as blood pressure machine cuffs. Protocols were now in place for staff should there be spillage of bodily fluids.

Arrangements to deal with emergencies and major incidents

- During the last inspection in May 2016 we identified there was insufficient information to show that appropriate training for basic life support, responding to a medical emergency , training had been completed by all staff. We had found the principal GP and a receptionist had received basic life support (BLS) training during 2015. Information regarding the other staff was not available. There was information in two of the locum GPs records that they had completed basic life support training at other employment. Our concern that when the staff who had completed the training were not on the practice premises other staff did not have the skills and competencies to respond appropriate should a medical emergency occur. Since the last inspection visit, changes in the locum GP team had occurred and training information regarding BLS had been obtained and kept. This meant that there was always a trained member of staff on duty to respond effectively should the need occur.
- At the last inspection we had found there were no emergency medicines available in the treatment room other than adrenaline to respond to anaphylactic shock. We were told and saw that the principal GP kept some emergency medicines in their bag which they took with them on home visits. The medicines we saw in the principal GP's bag were stored appropriately and within the manufacturer's expiry date. There was no recorded method of checks for these medicines. During this inspection we were informed and saw that changes had taken place and emergency medicines were now kept in the practice premises. They were kept secure, all staff knew where they were stored and there were systems in place to check they were satisfactorily stored, available for use and within expiry date.
- We had found at the last inspection the practice had a defibrillator available on the premises and oxygen with adult and children's masks. The equipment also included portable suction. All had been checked by the supplier or appropriate contractor or engineer. However, there was no recorded information available at the time of the inspection to show that routine checks of this equipment by staff were carried out. At this inspection the practice staff had instigated a recording tool to show when routine checks were carried out on the emergency equipment. We saw, that although recently commenced that there was a schedule of checks planned for the future.

At the last inspection we identified that the practice did not have a written business continuity plan in place for major incidents such as power failure or building damage. The principal GP had told us what actions they would take if the building was unable to be used or the safe delivery of the service was compromised. However, there was no recorded information for other staff to follow if the principal GP was unavailable. At this inspection we were provided with a copy of the business continuity plan which included detail of all the support services, the location changes should it be required and the actions to be taken by staff.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.