Kington Medical Practice

Quality Report

The Surgery
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Date of inspection visit: 7 February 2017
Date of publication: 31/05/2017

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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kington Medical Practice on 26 November 2015. The overall rating for the practice was good. The full comprehensive report on the November 2015 inspection can be found by selecting the 'all reports' link for Kington Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 26 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice rating remains good and is unchanged following this inspection.

Our key findings were as follows:

- Risks had been assessed and managed. Significant events were recorded and we saw evidence of the learning and action that had taken place as a result. The practice was aware of the requirement to inform CQC of certain events and had done so following an incident involving the dispensary.
- All required employment checks were completed for non-clinical staff carrying out chaperone duties or for staff who had unsupervised access to patients.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that relevant historical information about patients is available for clinicians. Patients' notes had not been summarised prior to 2003.

In addition the provider should:

- Review the provision of regular clinical meetings to facilitate sharing of information and best practice.
- Continue to use the results of the national GP patient survey and other patient feedback to inform further improvements in respect of access to the service.
- Communicate effectively with the practice team the roles and responsibilities of the external healthcare organisation which supports the practice.

Summary of findings

In September 2015 the practice had entered into an arrangement with an external healthcare organisation. The intention of this was to stabilise the practice by gaining support with finance, administration, governance and GP recruitment. In November 2015 we found that communication with the practice team regarding the details of these arrangements had been limited.

These areas were highlighted following our inspection in 2015. We found that these areas had not been addressed in our inspection in February 2017.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- The practice had fully recorded all significant events and kept a risk register which detailed risks raised, details of action taken and a date for review. Events had been discussed with the practice manager who had then disseminated information to other staff.
- Recruitment procedures had been reviewed and reflected legal requirements. We saw records that confirmed the practice had obtained Disclosure and Barring Services (DBS) checks for non-clinical staff who carried out chaperone duties or had unsupervised access to patients.
- We found that records dated pre-2003 had not been summarised and no plans had been available to show how the practice intended to address this. We also found that not all clinical staff were aware and therefore had not always had access to full patient medical histories during consultations. There was also a risk that incomplete information could be passed to out of hours or to secondary care providers. Following the inspection the provider had taken action to ensure all clinical staff were alerted to historical paper patient notes with plans in place for completion.
- Shared clinical meetings with GPs and the nursing team were not being held. Patient care and treatment had not been reviewed, shared, monitored and evaluated regularly to ensure that safe practise was maintained.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure that relevant historical information about patients is available for clinicians. Patients' notes had not been summarised prior to 2003.

Action the service SHOULD take to improve

- Review the provision of regular clinical meetings to facilitate sharing of information and best practice.
- Continue to use the results of the national GP patient survey and other patient feedback to inform further improvements in respect of access to the service.
- Communicate effectively with the practice team the roles and responsibilities of the external healthcare organisation which supports the practice.

Kington Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector and a GP specialist advisor.

Background to Kington Medical Practice

Kington Medical Practice is located on the edge of the Herefordshire market town of Kington. It has 7,250 patients spread over a catchment area of 600 square miles in rural Herefordshire and Powys. The practice provides primary medical care to people living in two care homes in Kington and another in the nearby village of Lyonshall. The practice has on site car parking with spaces for patients with disabilities nearest to the entrance. The practice has a higher than average population of patients in all age groups over 50 and a lower than average population of patients under 40 years. The practice catchment is not in an area of significant social and economic deprivation but has significant challenges. These are due to the geography of the area making some outlying areas difficult to reach in both distance and terrain, particularly in bad weather.

The practice moved in 2012 from town centre premises they had occupied for many years to a purpose designed building on the outskirts of the town. At the time of its conception the practice's vision for the building was to provide a spacious, well designed community resource. In addition to the GP practice and dispensary the building contains a fully equipped dental practice and consultation rooms for other health professionals. Unfortunately the project encountered numerous problems and only the GP practice and dispensary are in full time use. A number of GPs had left the practice and the remaining three partners had been unable to recruit. This had impacted on the practice's ability to maintain access to appointments for patients and provide continuity of care. The practice had closed two branch surgeries because they were unable to provide GP cover across three sites.

In September 2015 the practice entered into an arrangement with an external healthcare company to gain support with administration, governance and GP recruitment. Two GPs from this company were intending to become executive partners of the practice. At the time of this follow up inspection the remaining GP partners were due to leave the practice and the external healthcare company were making arrangements to ensure adequate GP cover was maintained, with changes to the partnership and registration arrangements as a result.

There are two nurse practitioners, four practice nurses and a health care assistant. The clinical team are supported by a practice manager and a team of administrative staff and receptionists. The practice is a dispensing practice and has an experienced team of dispensary staff.

The practice is open between 8.30am and 6pm from Monday to Friday. The dispensary is open from 9am to 6pm Monday to Friday. The advanced nurse practitioners run a walk in clinic for patients with minor illnesses five days a week from 8.30am to 4pm. The practice provides patients with information about Taurus Healthcare, an organisation owned and managed by a federation of Herefordshire GPs which provides extended hours GP services between 6pm and 8pm on weekdays and from 8am to 8pm at weekends from three locations in the county.

The practice provides a range of minor surgical procedures. The practice has a patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Detailed findings

The practice has a General Medical Services (GMS) contract with NHS England. The practice does not provide general out of hours services although it does provide some out of hours cover for patients nearing their end of life. Information for general out of hours cover is provided for patients. This service is provided by Primecare, a national health care provider. The service is accessed by using the NHS 111 telephone number. Primecare operate from a number of sites across Herefordshire, one of which is in Kington town centre.

Why we carried out this inspection

We undertook a comprehensive inspection of Kington Medical Practice on 26 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection in November 2015 can be found by selecting the 'all reports' link for Kington Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Kington Medical Practice on 7 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our inspection we:

- Spoke with the practice manager and deputy manager.
- Reviewed information provided by the practice prior to the inspection.
- Spoke with GPs, nursing, reception and administration staff.
- Spoke with directors of the external care organisation.
- Spoke with patients
- Reviewed comment cards received

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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 26 November 2015 we rated the practice as requires improvement for providing safe services. The arrangements regarding protecting patients were not adequate in terms of recording and learning from significant events, recruitment procedures and the physical security of the dispensary.

Overview of safety systems and process

The follow up inspection showed that improvements had been made:

- The practice had fully recorded all significant events and kept a risk register which detailed risks raised, details of action taken and a date for review. This included a risk assessment following the dispensary break-in which showed the practice had reviewed their systems and the security of the premises. However, staff we spoke with told us they had only attended one significant event meeting in the past year. Events had been discussed with the practice manager who had then disseminated information to other staff. This was confirmed by the practice manager.
- Recruitment procedures had been reviewed and reflected legal requirements. We saw records that confirmed the practice had obtained DBS checks for non-clinical staff who carried out chaperone duties or had unsupervised access to patients.

However, before the inspection we had received information which suggested that patient records had not been summarised prior to 2003. We spoke with a range of clinical and non-clinical staff and looked at records, including a practice development plan which confirmed that improvements were needed to patient records. We found that records dated pre-2003 had not been summarised and no plans were available to show how the practice intended to address this. We also found that not all clinical staff were aware and therefore had not always had access to full patient medical histories during consultations. There was also a risk that incomplete information could be passed to out of hours or to secondary care providers. We discussed this with the providers and they confirmed that immediate action had been taken to add alerts to patient records so that all clinicians were aware that they may need to access additional patient records. Following the inspection the provider had confirmed that an action plan had been developed to address and complete summarising of all outstanding and ongoing patient notes. The scheduled date for completion was 5 May 2017.

We spoke with clinical and non-clinical staff on the day of the inspection. They told us they were committed to their patients and only wanted to provide the best services they could. They told us they provided excellent clinical care which was confirmed by the patients we spoke with and aligned with the views on three comment cards we received. The nurse led minor illness walk in clinic had been introduced following the previous inspection. This service was available for five days a week and was very popular with patients. Patients had praised staff as helpful, caring and professional.

We found however, that regular clinical meetings, training and shared learning opportunities had not been implemented. Minutes of meetings showed that the nursing team held regular clinical nursing team meetings and shared learning within their team. There was however, no evidence to show that shared clinical meetings with GPs at the practice had taken place during the last year. Minutes of meetings had not been available. Clinical staff confirmed that the meetings had not taken place.

We were given a presentation about the services provided by members of the external healthcare organisation and the practice manager at the beginning of this inspection. We were told that fortnightly service delivery team meetings were held, attended by the lead GP, senior nurse, advanced nurse practitioner, practice and deputy manager, plus administration and dispensary supervisors. We were unable to see minutes of these meetings and staff we spoke with confirmed these meetings had not taken place for some time (the past year). We were told this was because of staff shortages and staff working different days which had meant that they had insufficient time to hold regular meetings. Clinical staff told us they had taken on additional administrative tasks to help reduce the workload of administrative staff. The lack of GP and nurse clinical meetings meant there was limited formal opportunity to share information, discuss clinical cases and monitor patient care, promote learning, evaluate and monitor skills. Clinical staff told us they needed more time to discuss patient cases more formally.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12** • The provider had not ensured that patients had been prevented from receiving unsafe care and treatment and prevent avoidable risk of harm. The provider had not recognised that failing to summarise patient notes prior to 2003 meant they had not taken reasonable steps to minimise risks to patients. Information about patients medical history was not available electronically to all clinical staff including out of hours and secondary care services.