The Staunton Group 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.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services responsive to people's needs?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 11 May 2016. Overall the practice is rated as good.

We carried out an announced comprehensive inspection of the practice on 25 August 2015, when we found breaches of legal requirements. We served two requirement notices relating to the breaches. We also found aspects of care relating to patients' telephone access and the appointments system which required improvement.

Following the inspection, the practice wrote to us to say what it would do to meet the legal requirements in relation to the breaches of regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Safe care and treatment and Fit and proper persons employed.

We undertook this focussed inspection on 11 May 2016 to check that it had implemented its action plan and to confirm that it now met the legal requirements. This report covers our findings in relation to those requirements and to the improvements needed to provide a responsive service. We found that the practice had taken appropriate action to meet the requirements of the two notices.

We saw that improvements had been made regarding the appointments system, with extended hours being introduced. This included appointments being available during weekday evenings and on Saturdays.

We found that there remained problems regarding patients having easy access to the service by telephone, due to ongoing technical issues. The problems with the telephone system were being monitored by the practice and steps had been taken to improve this aspect of the service. Data showed that most of the patients who had responded recently to the Friends and family Test would recommend the practice. We have revised the overall rating for the practice, which is now good. However, we have again rated the practice as requires improvement for providing a responsive service, as we would like to see the progress sustained and for further improvement to be made.

The provider should –

Summary of findings

- Continue working to sustain improvement in relation to patients' telephone access to the service and the appointments system.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Staunton Group Practice on our website at www.cqc.org.uk.

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?

Good

The practice is rated as good for providing safe services.

- The practice had taken appropriate action to address the issues found at our comprehensive inspection in August 2015.
- All staff had up-to-date training in safeguarding and infection control.
- An infection control audit had been carried out and the infection control protocol had been reviewed and updated.
- Electrical equipment and wiring had been inspected and certified.
- Staff records were up-to-date, evidencing that that the practice carried out necessary pre-employment checks.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- Steps had been taken by the practice to improve the appointments system.
- Work was ongoing to resolve issues with the practice's telephone system.
- However, the data available showed the practice's results relating to patient access remained below average and the improvements need to 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
The practice is rated as good for the care of older people.

As the practice was now found to be providing good care for safe services this affected the ratings for all the population groups we inspect against.

Good

People with long term conditions
The practice is rated as good for the care of people with long-term conditions.

As the practice was now found to be providing good care for safe services this affected the ratings for all the population groups we inspect against.

Good

Families, children and young people
The practice is rated as good for the care of families, children and young people.

As the practice was now found to be providing good care for safe services this affected the ratings for all the population groups we inspect against.

Good

Working age people (including those recently retired and students)
The practice is rated as good for the care of working age people (including those recently retired and students).

As the practice was now found to be providing good care for safe services this affected the ratings for all the population groups we inspect against.

Good

People whose circumstances may make them vulnerable
The practice is rated as good for the care of people whose circumstances may make them vulnerable.

As the practice was now found to be providing good care for safe services this affected the ratings for all the population groups we inspect against.

Good

People experiencing poor mental health (including people with dementia)
The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good

Summary of findings

As the practice was now found to be providing good care for safe services this affected the ratings for all the population groups we inspect against.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Continue working to sustain improvement in relation to patients' telephone access to the service and the appointments system.

The Staunton Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector carried out this inspection.

Why we carried out this inspection

We had previously carried out a comprehensive inspection of the practice on 25 August 2015 and found that it was not meeting some of the legal requirements associated with the Health and Social Care Act 2008 and regulations made under that act. From April 2015, all health care providers were required to meet certain Fundamental Standards, which are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 relates to the fundamental standard of Safe care and treatment; Regulation 19 relates to Fit and proper persons employed.

At the comprehensive inspection, we had found that the practice was failing to meet the requirements of regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served two notices requiring the provider to take action, as follows –

1) We found that provider had not protected people against the risk associated with staff not receiving suitable training in infection control and by failing to carry out regular infection control audits.

Further, the provider was not able to evidence that all staff had appropriate qualifications, competence, skills and experience to provide care safely.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (1), 12 (2) (c) and 12 (2) (h)

2) The provider's staff records did not consistently contain the information listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, such as proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 19 (2) and 19 (3) (a)

We also noted aspects of care that required improvement, relating to patients having problems accessing the service by telephone and their getting appointments.

Following our comprehensive inspection in August 2015 the practice sent us a plan of the actions it intended to take to meet the legal requirements. Our follow up inspection on 11 May 2016 was carried out to check that the actions had been implemented and improvements made.

We inspected the practice against two of the questions we ask about services: Is the service safe? Is the service responsive?

In addition, we inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe and responsive would affect the rating given previously for all the population groups we inspect against.

Detailed findings

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 11 May 2016.

During our visit we:

- Spoke with the one of the partners, who was the registered manager, together with the acting practice manager and two senior members of the administrative team.
- Looked at records relating to governance and staff files.
- Reviewed data relating to the practice, for example the lasted published results of the GP Patient Survey and the most recent Friends and Family Test results.

Good

Are services safe?

Our findings

Overview of safety systems and processes

At our comprehensive inspection in August 2015, staff we spoke with had demonstrated they understood their responsibilities and told us they had received training in safeguarding children and vulnerable adults. However, the practice was not able to provide evidence of all staff receiving training, as it was in the process of updating its training records system. Following the inspection, the practice has provided us with further evidence relating to some staff members, but the records remained incomplete. The practice was not able to provide evidence to show that electrical equipment had been PAT tested since February 2014.

At our follow up inspection in May 2016, we were shown that the practice was now making use of an online training system. The system provided detailed records of training undertaken by staff. We saw that all staff had up to date training in safeguarding; the GPs and nursing staff to level 3; the acting practice manager to level 2; and the remaining staff to level 1. The training system alerted the acting practice manager when any refresher training was overdue. We saw that electrical equipment on the premises had been inspected and certified (PAT tested) in December 2015 and fixed wiring had been inspected and tested in April 2016.

Cleanliness and infection control

At our comprehensive inspection in August, we were told that one of the practice nurses was the lead for infection control and prevention. However, from our discussions with staff this was not clear. We saw the practice's infection control protocol, which had been written in January 2015 and stated that one of the GPs was lead for infection control. Not all staff we spoke with were aware of the latest policy. There had been no infection control audit carried out for several years. The practice was in the process of updating its training records and was not able to provide evidence of all staff having received recent infection control training appropriate to their role.

At our follow up inspection in May 2016, we were shown the infection control protocol which had been reviewed and updated in January 2016. It stated that one of the partner GPs had been appointed lead on infection control. Two of the practice nurses had left since our last inspection; their work was being covered by locums. The remaining employed nurse assisted the partner GP on infection control issues. We saw that a full infection control audit had been carried out in January 2016 by NHS England. This had been followed by a deep clean of the premises in February. A risk assessment relating to legionella, a particular bacterium which can contaminate water systems in buildings, was carried out in March. We saw records from the practice's online training system, confirming that all staff had undertaken up-to-date infection control training. The acting practice manager was able to use the system to monitor future training needs.

Staffing and recruitment

At our comprehensive inspection in August 2015, we had checked five staff files and found the records were inconsistent and incomplete. We were not able to establish that appropriate pre-employment checks - for example, proof of identification and references - were obtained. During our discussions with partner GPs and the acting practice manager, it was openly conceded that partners had relied too heavily on the ex-practice manager. The ex-manager had been at the practice for many years and had their own style of records-keeping and methods of working. The acting practice manager told us that this included the maintenance of staff files. At the time of the inspection, the records were being transferred to a new system used across the CCG, but the records were not in a suitable state for us to assess. Some further evidence was given to us after the inspection, but the records remained incomplete.

At our follow up inspection, we reviewed eight staff files. These had been brought up to date and we saw evidence that necessary pre-employment checks had been carried out.

We found that the practice had taken appropriate action to meet the requirements of the regulations.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our comprehensive inspection in August 2015 we had noted from comments on the NHS Choices website and the GP patient survey results that patients had concerns with contacting the practice by phone and the waiting time for appointments. The discussed this with staff who told us that the practice was working to improve patient outcomes. Problems with the telephone system had been an issue for some time. A new telephone operating system had been obtained, which was to have come into use earlier in the year, but had been delayed due to technical issues. It was due to be running around the time of our inspection. We were subsequently told of ongoing problems, which the practice and telephone service provider were working to resolve.

Comments left by patients on the NHS Choices website and results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. For example the cumulative GP survey results for the periods July - September 2014 and January - March 2015 showed -

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 69% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 85%.
- 42% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 44% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59% and national average of 65%.

In preparation for our follow up inspection we reviewed the most recent cumulative GP patient survey results. These covered the period January - March 2015 and July - September 2015. Replies had been received from 128 patients, representing 0.82% of the patient list of approximately 15,500. They showed there had been a fall in patient's satisfaction.

- 39% describe their experience of making an appointment as good, compared to the CCG average of 66% and the national average of 73%.
- 36% find it easy to get through to this surgery by phone, compared to the CCG average of 70% and the national average of 73%.
- 41% usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 57% and the national average of 65%.

We discussed the figures with staff, having noted that they related to the period before our comprehensive inspection, and would not reflect any action taken since by the practice to improve telephone access and the appointments system.

We asked if there was other data relating to patients' satisfaction with the service and were given the latest results from the Friends and Family Test. These covered the period January to March 2016 and 285 patients had responded, being 1.83% of the patient list. The figures showed that 80 patients (28%) were extremely likely to recommend the practice, while 83 (29%) said they were likely to recommend it; the combined figure being 57%. The data showed that 99 patients (34%) would not recommend the practice; 23 patients (8%) said they did not know if they would recommend it.

Staff told us there were ongoing problems with the telephone system. Around the time of our comprehensive inspection, the technical issues meant that the old and new systems were both operating at the same time, which had made the situation worse. We saw that the practice was continuing to monitor performance and was actively working with the patient participation group to provide guidance and updates to patients, including information being published on the practice website. We checked the website and saw this had been done, together with guidance being given on when best to call the practice for routine and emergency appointments, test results, etc. It was hoped that by patients following the advice, the current strain on the system would be reduced. The practice had noted that between 8.30 am and 10.00 am was a particularly busy time and was putting in place arrangements for extra staff to cover the phones during that period. This had been delayed slightly whilst employment contract issues were addressed. In addition, from the end of May 2016, the phone lines would be open all day, without shutting down at lunchtime. The practice was in regular discussion with the telephone system provider and had been assured that a new, improved, software-based system upgrade would be available shortly.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us that from April 2016, the practice had been operating an extended access service up to 8.00 pm on Monday to Friday, which included some appointments with GPs, nurses and the healthcare assistant being available on Saturday mornings and Bank Holidays. Staff showed us data confirming that 75 appointments had been offered for the first Saturday of operating, which had then risen to 115 for each of the following three Saturdays. Initial feedback from 128 patients who had used the service had been very positive.

In addition, the practice was soon to change its clinical computer system which would generally improve the operating of the practice in all aspects.