

Craneswater 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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at Craneswater Group Practice on 10 November 2016 to follow up on a warning notice.

The location was previously known as Waverley Road Surgery.

Our previous inspection in April 2016 was a comprehensive inspection and we rated the practice inadequate overall.

The full report is on our website. The practice was rated as follows:

Good in Caring and Responsive.

Requires Improvement in Effective.

Inadequate in Safe and Well led.

Summary of findings

As a result of the inspection a warning notice was served. The timescale given to comply with the warning notice was 30 September 2016.

The warning notice served related to regulation 17 Health and Social Care Act: Good governance.

The areas which did not meet the regulatory requirements were:

- The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).
- Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.
- Systems and processes for ensuring all staff were suitably trained did not ensure that all staff had the necessary skills and competencies to carry out their role.
- We found there were no systematic processes in place to ensure that practice policies and procedures were appropriately reviewed and updated to ensure their content was current and relevant. This did not enable staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Systems for monitoring and reviewing significant incidents did not ensure that learning from these incidents was consistently shared with all relevant staff to improve practice.
- Systems in place to monitor risk were not sufficiently robust to ensure that actions needed to minimize risk were in place. Risks assessments for areas such as fire and infection control had been carried out, but there was a failure to monitor and act on the findings of the assessments.
- Systems in place to monitor the cleanliness of the premises did not sufficiently protect patients from risk of infection.

- We found that emergency boxes did not contain the emergency equipment stated on the list, such as cannulas. We also found that the checking system did not monitor sterile use by dates of some emergency medicines to ensure items were replaced as needed.

At our inspection on 10 November 2016 we found the provider had complied with the warning notice and was now compliant with the regulation 17 as set out in the warning notice.

Our Key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Risks assessments for areas such as fire and infection control had been carried out, and there was a system to monitor and act on the findings of the assessments.
- Practice policies and procedures were now appropriately reviewed and updated to ensure their content was current and relevant.
- Systems and processes for ensuring all staff were suitably trained had been addressed and the practice had ensured that all staff had the necessary skills and competencies to carry out their role.
- Systems were now in place to monitor the cleanliness of the premises and protect patients from risk of infection.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

We have not reviewed the ratings for the practice as part of this inspection.

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?

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Risks to patients were assessed and well managed.

Are services effective?

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Practice policies and protocols had been reviewed and updated.

Are services caring?

Are services responsive to people's needs?

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Craneswater Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Craneswater Group Practice

Craneswater Group Practice is the registered location for the provider created by a merger of two practices. The main location is at 34-36 Waverley Road, Southsea, Portsmouth, PO5 2PW and the provider has branch at Salisbury Road Surgery. The two practices are known collectively as the Craneswater Group Practice.

At the time of our visit in April 2016 the practice inspected was known as Waverley Road Surgery. Since then the provider has changed the name of the practice to Craneswater Group Practice.

A branch location is situated at: Salisbury Road Surgery, Southsea, Portsmouth, PO4 9QX. The branch has undergone recent extensive refurbishment including a new reception area, new clinical and treatment rooms and a lift to the first floor of the building. At this inspection we visited both the registered location and the branch practice.

Craneswater Group Practice provides general medical services, with staff working across both. Patients can access services on both sites.

Craneswater Group Practice at Waverley Road is situated towards the end of Portsea Island, Southsea, close to university student flats, older people's flats and homes of multiple occupancy. The current practice population is 10,662, with around 50% of this being working age people

(25-64 years). The population is classed as having a fifth higher deprivation score than the average for England. The mix of ethnicities includes small groups of Indian and Polish families, with the majority of patients identifying themselves as White British.

There are five GP partners, two of whom are female and three are male who work across both sites. The practice also employs three salaried GPs. This equates to 6.5 whole time equivalent doctors, all salaried GPs work part time between four and six sessions per week. Craneswater Group Practice is a training practice for doctors who are training to be GPs.

Craneswater Group Practice is also supported by four practice nurses and three health care assistants. The clinical team are supported by a business manager and an operations manager. Also at Craneswater Group Practice Waverley Road, there are 10 reception and administration staff.

The Craneswater Group Practice Waverley Road is located in two converted Victorian houses. The practice is accessed via a ramp and automatic doors at the front. There are stairs up to one treatment room and one clinical room. There is no lift; staff told us they come downstairs to see patients who cannot manage stairs. There is a second waiting room on the first floor.

Reception has a lowered desk area for wheelchairs users. From reception there is a second door through to the main waiting room with several steps down, with a small lift to enable disabled access.

A further clinical room is located up another small set of stairs. The nurse's rooms and the triage clinical room are off one corridor, on the same level as the ground floor waiting room.

The practice is open from 8am until 6.30pm with appointments starting at Craneswater Group Practice

Detailed findings

Waverley Road at 9.00am to 12.45pm every morning and 3.15pm to 6.15pm daily. There are pre-bookable appointments which are routinely 15 minutes long, apart from one salaried GP who only offers ten minute appointments. The urgent appointment system is managed using a walk-in system. Any patient can walk-in between 9am and 11am and wait to see a duty GP. Patients can attend either site and urgent appointments are also available in the afternoon. There are extended opening times in the week and on some Saturdays as follows:

The practice offered extended hours on Monday and Tuesday evenings until 8.00pm aimed at patients who could not attend during normal opening hours. Early opening is also offered on Wednesday and Thursday morning from 7.30am and one Saturday morning surgery per month.

Patients are directed to use the NHS 111 system when the practice is closed.

Why we carried out this inspection

At the inspection carried out on 12 April 2016, we made a requirement to address shortfalls with;

Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We asked the provider to send a report of the changes they would make to comply with the regulation they were not meeting at that time.

We carried out this inspection to make sure that the necessary changes have been made. We found the provider

was meeting the regulation included within this report. This report should be read in conjunction with the full inspection report for Craneswater Group Practice published on 31 October 2016.

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 10 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice manger and administrators.
- Reviewed policies and protocols.
- Reviewed evidence supplied by the practice to show that they were compliant with the regulation.
- Reviewed the practice action plan to ensure that they had completed the actions they told us they would implement to become compliant with the regulation.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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.

Are services safe?

Our findings

Safe track record and learning.

There was an effective system in place for reporting and recording significant events.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example we saw that significant events were an agenda item at a recent practice meeting. The requirements for recording significant events were explained by GPs. An explanation was given as to what was a significant event and how it should be recorded, reviewed and any learning points disseminated through the practice to the relevant people. There was a key message that the process was not to attribute blame on staff but about providing a mechanism for improvement and learning.

Overview of safety systems and processes.

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

- 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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 practice had updated its chaperone policy and had completed an audit of the staff to establish that they were aware of the Chaperone policy. The policy detailed that only clinical staff would act as chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The latest infection control audit, conducted by the infection control nurse for Solent NHS Trust, had taken place on 14 October 2016 with a score of 98%; this was an increase of 9% to the previous score in August 2016 of 89%. We saw that discussion had taken place over minor improvements that could be made and these had been actioned and completed.
- The practice had updated its control of substances hazardous to health policy and had undertaken a risk assessment for the practice. The practice had standardised its products used in cleaning and introduced a matrix for identification of product and review date along with the relevant data sheets with instructions of what to do in case of spillage.
- The practice had worked with the cleaning company they had contracted to produce cleaning schedules and check list. There was a monthly “floor walk” to check that cleaning was at the correct standard.
- We reviewed one personnel file of a nurse employed since our last visit in April 2016 and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also saw that the recruitment policy for the group had been fully reviewed and updated along with a new recruit welcome induction checklist on 2 September 2016.

Monitoring risks to patients.

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice

Are services safe?

had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the recommendations made as a result of the legionella assessment had been completed.

Arrangements to deal with emergencies and major incidents.

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date, stored securely and the emergency equipment was complete.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice was reviewing and updating policies and procedures. The operations manager showed us a practice policy renewal date's matrix that was being worked to and a number of policies and procedures that had been reviewed and updated since our last inspection, for example: Checking emergency drugs, Fire marshall policy, Chaperone policy and fire risk assessment check list policy.

Effective staffing.

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw training certificates confirming that nurses had attended diabetes study days and foundation in diabetes training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We saw evidence of a training matrix which details staff training and dates for refresher training.

Are services caring?

Our findings

This domain was previously rated as Good.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This domain was previously rated as Good.

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 a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a mission statement which was displayed in the practice and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements.

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.