

The Little Surgery

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

Inadequate 

Are services safe?

Inadequate 

Are services well-led?

Inadequate 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Little Surgery Stamford on 30 June 2016. The overall rating for the practice was requires improvement. Safe and Well-led were requires improvement. Effective, Caring and Responsive were rated as Good. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for The Little Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 March 2017 and a further visit on 13 March 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 30 June 2016. This report covers our findings in relation to those requirements, additional improvements made since our last inspection and any areas concerns since the last inspection.

Following the most recent inspection we found that overall the practice was rated as inadequate. We found that both Safe and well-led were now also rated as inadequate.

- Patients were at risk of harm because some of the systems and processes in place were not effective to keep them safe. For example, in the areas of significant events, management of high risk medicines, medication reviews, recall of patients with long term conditions, and staff training.
- Not all risks were assessed and well managed.
- We found that in some cases medication reviews were not being carried out appropriately to ensure the safe prescribing and monitoring of continued prescribing of medicines for patients. Patient care records in relation to some medication reviews were not found to be factually accurate and did not represent the actual care and treatment of patients.
- The system in place to monitor the training of the GPs and staff within the practice was not effective. For example, not all clinical staff had received appropriate training in safeguarding to ensure they were up to date with current procedures.
- Formal governance arrangements needed to be reviewed to ensure they were effective.

The areas where the provider must make improvements are:

Summary of findings

- Assess, monitor and improve the quality and safety of the services provided. For example, For example, in the areas of significant events, management of high risk medicines, medication reviews, recall of patients with long term conditions, and staff training
- Assess, monitor and mitigate the risk relating to the health, safety and welfare of service users and others who may be at risk, For example, fire, legionella and electrical safety.

The areas the provider should make improvements are:

- Ensure there is information for carers available in the practice.
- Regularly review standard operating procedures to ensure they remain fit for purpose.
- Implement a lone working policy for the dispensary.
- Perform regular competency assessments for dispensary staff.
- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.

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.

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?

The practice is rated as inadequate for providing safe services.

- Patients were at risk of harm because some of the systems and processes in place were not effective to keep them safe. For example, in the areas of significant events, management of high risk medicines, medication reviews, recall of patients with long term conditions, and staff training.
- Not all risks were assessed and well managed.
- We found that in some cases medication reviews were not being carried out appropriately to ensure the safe prescribing and monitoring of continued prescribing of medicines for patients. Patient care records in relation to some medication reviews were not found to be factually accurate and did not represent the actual care and treatment of patients.

Inadequate



Are services well-led?

The practice is rated as inadequate for being well-led.

- Since our inspection in June 2016 we found that the practice had not made sufficient improvements. We found a lack of leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety.
- The governance framework in place did not fully support the delivery of the strategy and good quality care.
- The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions needed further work to ensure patients were kept safe.
- The practice system in place for reporting, recording and monitoring significant events and incidents was not clear or consistent.
- Some improvements had been made in relation to the induction process for staff, numbers of carers on the practice register had increased and an audit of minor surgery had taken place.
- The process in place to review or target the areas of low achievement within Quality and Outcomes Framework (QOF) which included patient reviews for long term conditions required further work. For example, an effective process in place for the recall of patients with long term conditions.

Inadequate



Summary of findings

- The system and process in place for training did not ensure all staff training was monitored all staff were up to date with training appropriate to their role. For example, safeguarding adult and children, fire safety, basic life support, infection control and information governance.

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

We carried out an announced comprehensive inspection of the practice on 30 June 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12 and 17.

We undertook a focussed inspection on 7 March and a further visit on 13 March 2017 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from June 2016 by selecting the 'all reports' link for The Little Surgery on our website at www.cqc.co.uk

Following the most recent inspection we have now rated the practice as overall inadequate. Safe and well-led services were also now rated as inadequate. These ratings applied to everyone using the practice, including this population group.

Inadequate



People with long term conditions

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Summary of findings

Families, children and young people

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Inadequate



Working age people (including those recently retired and students)

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Inadequate



People whose circumstances may make them vulnerable

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We undertook a focussed inspection on 7 March and a further visit on 13 March 2017 to check that they had followed their action

Inadequate



Summary of findings

plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from June 2016 by selecting the 'all reports' link for The Little Surgery on our website at www.cqc.co.uk

Following the most recent inspection we have now rated the practice as overall inadequate. Safe and well-led services were also now rated as inadequate. These ratings applied to everyone using the practice, including this population group.

People experiencing poor mental health (including people with dementia)

We carried out an announced comprehensive inspection of the practice on 30 June 2016. A breach of legal requirements was found. After the comprehensive inspection the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach of Regulations 12 and 17.

We undertook a focussed inspection on 7 March and a further visit on 13 March 2017 to check that they had followed their action plan and to confirm they now met their legal requirements. This report only covers our findings in relation to those requirements. You can read the last comprehensive inspection report from June 2016 by selecting the 'all reports' link for The Little Surgery on our website at www.cqc.co.uk

Following the most recent inspection we have now rated the practice as overall inadequate. Safe and well-led services were also now rated as inadequate. These ratings applied to everyone using the practice, including this population group.

Inadequate



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Assess, monitor and improve the quality and safety of the services provided. For example, For example, in the areas of significant events, management of high risk medicines, medication reviews, recall of patients with long term conditions, and staff training
- Assess, monitor and mitigate the risk relating to the health, safety and welfare of service users and others who may be at risk, For example, fire, legionella and electrical safety.

Action the service **SHOULD** take to improve

- Ensure there is information for carers available in the practice.
- Regularly review standard operating procedures to ensure they remain fit for purpose.
- Implement a lone working policy for the dispensary.
- Perform regular competency assessments for dispensary staff.
- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.

The Little Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to The Little Surgery

We undertook an announced focussed inspection of The Little Surgery on 7 March 2017 and a further visit on 13 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 30 June 2016 had been made. We inspected against two of the five questions we asked about the service:

- Is the service Safe and Well-led?

This is because the service was not meeting some legal requirements.

On the 1st July 2016 The Little Surgery Stamford became part of Lakeside Healthcare. (There are now three surgeries in Stamford who joined to formally merge in to a single 'super-practice along with GP practices in Northamptonshire from 1 July 2016).

At the inspection on 7 and 13 March 2017 we found that the practice had not made significant improvements since the last inspection to assure us that patients were kept safe from harm.

The Little Surgery is one of three surgeries in Stamford who merged with Lakeside Healthcare on 1 July 2016. At the time of the inspection discussions were taking place as to whether they are correctly registered with the Care Quality Commission.

Why we carried out this inspection

We undertook a comprehensive inspection of The Little Surgery on 30 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for The Little Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of the Little Surgery on 7 March 2017 and a further visit on 13 March 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 visit we:

- We spoke with GP partner, a practice manager and members of reception/dispensary staff.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

Detailed findings

- Looked at information the practice used to deliver care and treatment plans.
- We reviewed healthcare records, policies and procedures relating to the clinical and general governance of the service.

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

At our previous inspection in June 2016 we rated the practice as requires improvement for providing safe services as the arrangement in place for the assessment of risks to the health and safety of service users who received care or treatment were not effective. We found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety such as a process for the monitoring of high risk medicines.

These arrangements had not improved when we undertook a follow-up inspection on 7 March 2017 and a further visit on 13 March 2017 and we found concerns in relation to significant events, assessing and monitoring of risk in relation to medication reviews, fire, legionella and electrical safety. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

The practice had a system in place but we found that it was not consistent or clear in regard to significant events. There was limited evidence of dissemination of learning from significant events to all staff in order to improve safety in the practice. Therefore we could not be assured that the practice could evidence a safe track record over the long term. The practice had recorded and we looked at all five significant events since the last inspection.

We found that the recording and analysis of all five did not demonstrate a clear account of what had happened, was not in-depth and records of the actions taken were brief. For example, one patient had visited the practice for a blood test. We found that the practice had received the blood results which required further investigation but had not followed up these results due to the practice having a procedure of waiting for patient/relative to ring for the results. There was limited evidence on what actions had taken place.

We found on this significant event record reference to a second patient but we were unable to find any information in relation to the outcome of this event, when it had been discussed or what learning had been shared. In the significant event summary of events for 2013-2016 it was documented that a member of staff had been designated

to contact patients who had abnormal blood results. On the day of the inspection we were unable to ascertain who this was and whether they had commenced this new process.

The dispensary had a process in place to record near misses. A “near miss” record (a record of errors that have been identified before medicines have left the dispensary) was in place. This allowed the practice to identify trends and patterns in errors and take action to prevent reoccurrence. Learning was disseminated to all staff. There were arrangements in place for the recording of significant events which involved medicines. The practice had acted to adequately investigate these incidents or review dispensing practices to prevent reoccurrence. We also saw records relating to recent medicine safety alerts, and the action taken in response to them was satisfactory.

Management of Medicines

At this inspection we reviewed the arrangements in place for the management of medicines. Medicines were dispensed at The Little Surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), however these were overdue a review in March 2015. Dispensary staff told us that on some occasions the GPs were not on site whilst dispensing medicines. However, a policy was not in place to give guidance to staff. There was a process in place to ensure that repeat prescriptions were signed before being dispensed.

There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, however there were no ongoing checks of their competency.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had a standard operating procedure (SOP) in place which covered all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.

Are services safe?

Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within their expiry date and fit for use, and there was an SOP to govern this activity. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected.

We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of oxygen and a defibrillator. There were stocks of emergency medicines and processes were in place to ensure they were fit for use.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

Blank prescription pads were recorded upon receipt into the practice and stored securely; however, prescriptions for use in printers were not tracked through the practice in accordance with national guidance.

At the inspection in June 2016 we identified that not all patients prescribed with high risk medicines had been subject to regular monitoring and review to ensure their health needs and requirements were met. At this inspection we found that the system was still not effective, did not protect the health and safety of patients and was not in accordance with national guidance. Since the last inspection in June 2016 audits had been undertaken by a GP partner.

We found that the number of patients identified in the 2016 audits did not match the number of patients on the patient electronic record system who had high risk medicines prescribed. For example, we reviewed 25 patient electronic records and found that some patients had not received appropriate blood monitoring, and no alert was in place to ensure prescribers had a full record of medicines a patient was being given.

We looked at the process the practice had in place for medication reviews. Medication reviews were carried out to make sure a patient is on the correct medicines for their medical conditions.

In some cases medication reviews were not being carried out appropriately to ensure the safe prescribing and monitoring of continued prescribing of medicines for patients. Prescriptions did not contain the number of issues for each specific medicine to ensure that staff were aware when a patient required a medication review. We looked at a sample of patient care records and noted that the practice had failed to ensure that an accurate, complete and contemporaneous record was maintained for every patient.

Monitoring risks to patients

At the inspection we found that not all risks to patients were assessed and well managed. Since the inspection the practice had sent the Care Quality Commission (CQC) further evidence that it had reviewed how it assessed and managed risks within the practice. A full health and safety audit had been carried out on 24 April 2017. Actions had been identified but the practice were still in the process of implementing an action plan to ensure they were completed.

At this inspection we found that the practice did not have suitable arrangements in place relating to the management of legionella. We looked at the legionella risk assessment carried out by an external contractor on 23 March 2015. The risk assessment identified actions that the practice needed to take. We did not see any evidence in the practice that these had been completed. There was no legionella policy to provide guidance to staff and the practice did not have any evidence that they had carried out regular temperature monitoring monthly checks of the water supply to reduce the risk of infection to staff and patients as documented in the risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Since the inspection the practice had sent further evidence that an external company had carried out a risk assessment on 16 March 2017 and commenced monitoring of water temperatures. They had also ensured that a legionella policy had been put in place to provide guidance to staff.

There were no suitable arrangements in place in respect of fire safety in accordance with the Regulatory Reform (Fire Safety) Order 2005. We looked at the fire risk assessment carried out by an external company on 17 August 2015. We found recommendations had been made but no evidence that these had been completed. The practice did not have any emergency lighting or any rechargeable torches to aid

Are services safe?

staff and patients in the event of a fire. The fire policy did not provide sufficient guidance to staff in regard to fire safety. The practice did not have a visitors book in order for visiting personnel to complete which would be used in the event of a fire to ensure all personnel as well as staff and patients had been evacuated from the building. Since the inspection the practice had sent further evidence that they had reviewed their fire safety arrangements. A visitor's book had been implemented. Rechargeable torches had been installed and would be checked on a weekly basis.

A fire risk assessment had been carried out by an external contractor and the practice were waiting for the written report. A fire drill had taken place and no issues had been identified.

The practice fire safety policy had been reviewed and updated and fire safety training was planned with a completion date of the end of May 2017.

On the day of the inspection the practice we asked to look at the five year Electrical Installation Condition Reports (EICR). We saw an Electrical Installation Condition report dated 25 April 2015. We saw a letter dated July 2016 from external contractors in which they told the practice they would commence the remedial work on 16 July 2016 but the practice were unable to show us a five year certificate or evidence that the work had been completed.

Are services well-led?

Inadequate 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 30 June 2016, we rated the practice as requires improvement for providing well-led services as we found that arrangements to improve the quality and safety of services provided required improvements in oversight and monitoring of governance arrangements.

We issued a requirement notice in respect of these issues. We undertook a follow-up inspection on 7 March 2017 and a further visit on 13 March 2017. We found that some of the issues had not significantly improved and also found further areas of concern.

The practice is now rated as inadequate for being well-led.

Leadership and culture

At our inspection in June 2016 we found a lack of leadership and governance relating to the overall management of the service and at the time the practice was unable to demonstrate strong leadership in respect of safety. At our most recent inspection we found that the clinical leaders were not always aware of what was happening during all day-to-day services and there was a lack of clinical oversight for some aspects of the service. However, when we fed back our concerns on the day of inspection, the senior partner and practice manager demonstrated they had the willingness to run the practice and to take appropriate steps to ensure patients remained safe.

The management team at The Little Surgery told us following our visit that they would address these issues and put some immediate procedures in place to manage the risks. We have since been sent evidence to show that improvements are being made.

Governance arrangements

At this follow-up inspection we found that the practice had a limited governance framework and not all processes and procedures were effective. We found there were issues that threatened the delivery of safe and effective care and these were not well managed. However since the inspection the provider assured us following our visit that they would address some of these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show that the practice have taken action and made some improvements to the governance arrangements that related to the problems identified at the

inspection. These actions had not had time to be implemented yet or not had time to be embedded but demonstrated that the practice had awareness of the need for change. We have noted the information and it will be reflected once we carry out a follow up inspection at the practice.

The system in place in relation to significant events was not clear or consistent.

Risks to patients were not adequately assessed and well managed. We found that the system and processes in place in regard to legionella, fire safety and the electrical installation of the building were not effective.

In records we looked at patients who were prescribed high risk medicines did not have the appropriate monitoring and reviews were not always completed in accordance with best practice guidance.

Since the last inspection the practice had put a new induction programme policy in place. It included a general induction with a further role specific induction. For example, receptionist, dispenser.

The practice had monitored the processes in place for minor surgical procedures. A minor surgery audit had been completed on 11 September 2016. The practice carried out mainly steroid injections and removal of skin tags. 73 patient records were reviewed. No patients had experienced complications and the practice had avoided 60 patients being referred to secondary care for treatment.

At the inspection in June 2016 we found that the practice did not have a process in place to review or target the areas of low achievement within Quality and Outcomes Framework (QOF) which included patient reviews. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/16 were 91% of the total number of points available with 8.2% overall exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

At this inspection we did not see a policy or an effective process in place for the recall of patients with long term conditions. We reviewed data supplied by the practice which had not been validated only 52% of patients who had medicines and only 48% of patients on four medicines

Are services well-led?

Inadequate



(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

or more had been reviewed. We found that some areas such as COPD and Dementia figures were low compared to local and national averages and required further work to ensure that these were reviewed on a regular basis. For example, Performance for COPD related indicators was 76% which was a 1% drop from 2015/16 results. Performance for Dementia related indicators was 71% which was a 5% drop from 2015/16 results. Since the inspection the practice have sent in an action plan and identified this as an area for improvement. Since the inspection the practice had sent the Care Quality Commission (CQC) further evidence that it had reviewed the process for the recall of long term conditions. Data supplied by the practice on 6 May 2017 which had not been validated showed that 82% of patients who had medicines and 94% of patients on four medicines or more had been reviewed.

At the inspection in June 2016 we found that the practice did not have an effective process in place for the identification of carers. At this inspection we were told that they had increased the number of carers from 0.7% to 1.26% of the practice list. We spoke to staff and asked how they identified patients or relatives as carers. They told us that they asked when a patient or relative visited the practice. When we looked at the current process for

registration we found that it did not include any reference to carers and there was no written information in the practice to direct carers to the various avenues of support available to them, including adult social care and independent living teams. The practice procedure for Carers was dated July 2015. It stated that the practice would identify those patients of any age who provide unpaid support to family or friends.

At this inspection we saw that the process to monitor training needs of staff was not consistent. A training system called Blue stream academy was in place and some staff had undertaken the modules. However, where gaps were found there was not a process where the practice could see at a glance where the gaps were and what action had been taken. For example, gaps in staff training for safeguarding adults and children, fire safety, basic life support, infection control and information governance. Since the inspection the practice had sent the Care Quality Commission (CQC) further evidence that it had reviewed the process for the mandatory and recommended training requirements of all staff. A training matrix had been put in place in order to ensure training was completed to meet the needs of the practice.

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.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider had failed to ensure that systems and processes they had in place were established and operated effectively.
Maternity and midwifery services	The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others.
Surgical procedures	This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	