

Victoria Cross 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

In February 2016 a comprehensive inspection of Victoria Cross Surgery was conducted. The practice was rated as requires improvement for safe, effective and well led, and good for caring and responsive. Overall the practice was rated as requires improvement. During that inspection we found concerns related to: the investigation and actions following significant events; the recording of discussions and actions during practice meetings; the training for safeguarding children and adults; the child protection register; the security of blank prescriptions; recruitment checks; the system of clinical audit; the mandatory training and appraisals; the governance arrangements for infection control; fire safety arrangements; and legionella risk assessment.

We advised the practice they should: improve the cervical screening uptake and smoking cessation advice uptake; develop and implement a clear action plan to improve the outcomes for learning disabilities patients and patients experiencing poor mental health; and ensure that complaints information is updated.

The report setting out the findings of the inspection was published in March 2016. Following the inspection we asked the practice to provide an action plan detailing how they would improve on the areas of concern.

We visited the practice and carried out an announced focused inspection of Victoria Cross Surgery on 25 August 2016 to ensure the changes the practice told us they would make had been implemented and to apply an updated rating.

We found the practice had made significant improvement since our last inspection on 10 February 2016. At the inspection undertaken in February 2016 we rated the practice as requires improvement for providing safe, effective and well led services. For this reason we have only rated the location for the key questions to which this related. The practice is now rated as good for providing safe, effective and well led services. This report should be read in conjunction with the full inspection report of 10 February 2016.

At this inspection we found:

- Risks to patients were assessed and managed.
- Systems were in place to monitor the outcomes for patients.

Summary of findings

- Recruitment and training records were up to date and monitored.
- Significant events were investigated and any actions undertaken and learning shared.

The areas where the practice should make improvements are:

- Ensure an on-going system including audits to monitor and improve outcomes for patients.

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 good for providing safe services.

Good



- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, however there is no ongoing clinical audit programme.

Are services well-led?

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

Good



- 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.
- There was a focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was higher (74%) than the national average (73%).
- The premises were accessible to those with limited mobility. However, the front door was not automated and the practice did not provide a low level desk at reception.
- There was a register to manage end of life care and unplanned admissions.
- There were good working relationships with external services such as district nurses and community navigator.

Good



People with long term conditions

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

There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.

- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice had updated and were monitoring the child protection register.
- Immunisation rates for the standard childhood immunisations were above the locality average.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 74%, which was below the national average of 82%, however the uptake was already considerably higher for this year.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice was providing youth counselling and sexual health clinics.

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).

The needs of the working age population, those recently retired and students had been identified.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered at the practice premises. In addition, the practice offered extended hours appointments as part of the clinical commissioning group overflow service arrangements at two different clinics in the Swindon area which opened from 7am to 8pm (Monday to Friday).

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.

- The practice held a register of patients living in vulnerable circumstances including circumstances including those with a learning disability.

Good



Summary of findings

- There were no arrangements to allow patients with no fixed address to register or be seen at the practice. However, the practice ensured patients with no fixed abode wishing to register with the practice, were signposted to another local practice who provided a specialist service for these patients.
- The practice offered annual health checks for patients with learning disabilities.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice signposted vulnerable patients to various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant services.

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).

85% of patients with dementia had been reviewed in the last 12 months, which was above the national average of 84%.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

The practice signposted patients experiencing poor mental health how to access various support groups and voluntary organisations.

The practice offered in house counselling support as well as support through local support groups.

Opportunistic health checks and care were offered where possible.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the practice should make improvements are:

- Ensure an ongoing system including audits to monitor and improve outcomes for patients.

Victoria Cross Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 10 February 2016 and published a report setting out our judgements. We undertook a focused follow up inspection on 25 August 2016 to check that the practice had taken the actions they told us they would make to comply with the regulations they were not meeting at the previous inspection.

We have followed up to make sure the necessary changes had been made and found the provider was now meeting the fundamental standards included within this report. The focused inspection also enabled us to update the ratings for the practice.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We undertook a focused follow up inspection at Victoria Cross Surgery on 25 August 2016. This was carried out to check that the practice had completed a range of actions they told us they would take to comply with the regulations we found had been breached during an inspection in February 2016.

During our visit we:

- Spoke with one of the GPs, one of the nursing team, the practice manager and two members of the administration staff.
- Reviewed records, policies and procedures and meeting minutes.
- Reviewed staff files and audits.

Because this was a focused follow up inspection we looked at three of the five key questions we always ask:

- Is it safe?
- Is it effective?
- Is it well led?

Are services safe?

Our findings

When we inspected in February 2016 we found the safety systems and processes were not robust in the recording and learning from significant events, the management and security of blank prescriptions. Safeguarding children and adults training was not fully completed, and the child protection register was not maintained. The necessary recruitment checks were not in place to include carrying out Disclosure and Barring Scheme (DBS) checks. The practice had not ensured all staff had undertaken all mandatory training. There was no induction pack available for locum GPs. The practice needed to ensure there were formal governance arrangements in place and staff were aware how these operated to ensure the delivery of safe and effective services.

Following publication of our report of the inspection, the practice told us in their action plan of the changes they would complete and implement. Subsequently they provided us with: evidence of the changes in blank prescription management and security, legionella, fire safety and evacuation measures; changes to recruitment processes to ensure the correct DBS checks were in place; updates to mandatory and safeguarding training undertaken; improvements to the governance arrangements; and introduction of a locum pack. The practice sent us a detailed action plan and evidence of improvements made.

We visited on 25 August 2016 to review these systems and ensure the improvements had been completed. On our follow up inspection we found:

Safe track record and learning

There was an open and transparent approach and we saw a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

There was evidence that the practice had investigated the incidents thoroughly and learned from some significant events and evidence of changes implemented as a result. The significant event policy had been reviewed in February 2016 and improvements made which was shared across the practice team in March 2016.

Significant events were a standing item on the weekly practice meeting agenda so any learning or areas for action were identified. We looked through meeting minutes and saw evidence that lessons learnt were shared with staff. For example following an incident the GP saw an area to improve the prescribing criteria within the computer system to reduce any future reoccurrence. The practice implemented the change and shared the learning with the clinical team.

The practice completed a yearly review of all significant events to identify any themes or areas for improvement, learning or action. We saw safety records and national patient safety alerts were shared with the team. We spoke to members of staff who confirmed they were told of any learning from significant events or incidents. The nurse we spoke to received safety alerts directly and confirmed the communication between the staff teams was effective.

Overview of safety systems and processes

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

The practice had safeguarding policies and they 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 attending safeguarding meetings where possible. The practice had reviewed and updated their child protection policy and maintained a child protection register. The practice had introduced processes to ensure the correct alerts were recorded and communicated as required. The practice had liaised with the NHS England safeguarding team to ensure the practice processes were meeting best practice guidelines. The GPs were all trained in safeguarding adults and to safeguarding children level three, the nursing team were trained to safeguarding children level two and the administration team were all trained to a minimum of level one. The practice manager was trained to level three. We saw records to confirm recent updates had been undertaken. Staff demonstrated how to recognise signs of abuse in older patients, vulnerable adults and children

A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS

Are services safe?

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 completed a risk assessment for the staff carrying out these duties and ensured that those who had not completed a DBS check were not undertaking chaperone duties. This included staff whose DBS checks were still in progress no longer undertaking chaperoning duties until the completed check had come through.

The practice had undertaken DBS checks for all the clinical staff. The practice's recruitment procedures had been updated and included when DBS checks should be completed.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nursing team had recently become the infection control clinical lead and was undertaking further training in the role. They were aware of the local infection prevention teams to keep up to date with best practice. Staff had access to the infection control policy and most 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.

Blank prescription forms were handled in accordance with national guidance and these were tracked through the practice at all times.

Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line

with legislation. The practice had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations. Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure.

Monitoring risks to patients

Risks to patients were assessed and managed.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 policy in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out by an external specialist company, which had recommended a number of measures to reduce any risk to patients. The practice had introduced a system to ensure they were complying with the recommendations and undertaking the necessary checks and monitoring procedures. We saw the logs to show the actions were being followed. The practice had carried out fire risk assessments, recently reviewed the assessment and completed the last fire drill in July 2016. All the staff had undertaken fire safety training in 2016.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected in February 2016 we found no evidence that audit was driving improvement in performance to improve patient outcomes and there was no planned programme of future audits.

We found that the practice had areas related to management, monitoring and improving outcomes for people where they should improve. Specifically to ensure a system including audit to monitor and improve outcomes for patients.

Following publication of our report of the inspection, the practice told us in their action plan of the changes they would complete and implement. Subsequently they provided us with evidence of the changes they had implemented and how they were monitoring and working to improve outcomes. This included a detailed action plan and improvements made. We visited on 25 August 2016 to review these systems and ensure the improvements had been completed. On our follow up inspection we found:

Management, monitoring and improving outcomes for people

During our follow up visit we found the practice had engaged with a clinical commissioning group initiative and audit for the outcomes for patients with diabetes. This included searching for patients at risk of developing diabetes and identifying those who may need support. The audit had been incorporated into the practice's recall system to help monitor the care and treatment for these patients.

The practice had undertaken three audits since our previous inspection, two of which were second cycle audits to ensure the correct treatment was in place, for example for patients over 75 on multiple medicines. The third audit the practice had conducted following a significant event. The GP had identified the need to audit the care for patients taking a certain antibiotic and, following an audit, implemented a change in the prescribing process to reduce any future incidents and shared the learning with the clinical team.

The practice could not however evidence a plan for ongoing continuous audit.

The practice had reviewed their systems for ensuring that health checks were encouraged for those with learning

difficulties and mental health needs, including a specialist template and follow up phone calls, including follow ups with carers to try to encourage uptake of health checks and offer at a time which best suited the patient and any carers or families. The practice had undertaken extra training for the health care assistant to improve the health checks and outcomes. The practice offered an appointment with a nurse followed by an appointment with the GP for those with learning difficulties to ensure their whole health needs could be reviewed in one visit.

Effective staffing

The staff had the skills, knowledge and experience to deliver effective care and treatment. We found that staff had completed mandatory training.

The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We noted an induction pack was available to locum GPs.

The learning needs of some staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors.

All staff had an appraisal within the last 12 months. Staff had access to and made use of e-learning training modules and in-house training. We saw training records confirming staff had undertaken mandatory training and were signed up to a system of continuing training. Staff told us they were able to get the training and development for their needs. For example one of the nursing team had recently undertaken updates in immunisations and vaccines, yellow fever, ear syringing and undertaking Dopplers (a test to check circulation usually in lower limbs) and cervical smears.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking.

Are services effective?

(for example, treatment is effective)

Patients were able to receive advice within the practice for smoking cessation and/or signposted to the relevant external services where necessary such as local carer support group.

The practice offered opportunistic health promotion advice where possible, or offered a further appointment if any health advice need was identified. The practice team used a number of local support services so patients could access help locally for example the practice offered in house counselling support, bereavement support and patients could self-refer for some mental health support. The practice referred patients to a local heart clinic locally for advice and blood pressure checks.

The in house counsellor could access specialist services for follow on care and liaised with the GPs and nurses to ensure the correct care pathways were in place.

The practice's uptake for the cervical screening programme had been below the national average (2014/15 uptake had been 74% below the national average of 82%), however the practice had reviewed and updated their procedures and were undertaking phone call and letter follow ups from the practice team to improve uptake. The practice had already achieved 73% uptake at the time of our visit in August 2016 which was a considerable improvement as this was only part of the way through the year. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening respectively.

Are services well-led?

Good 

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

Our findings

When we inspected in February 2016 we found the governance arrangements were not robust. Specifically: mandatory training had not been completed; there was minimal evidence of completed audit; the child protection register had not been maintained; and safeguarding children and adult training was not completed, which was putting patients at risk. Legionella risk assessment had not been undertaken, fire risk assessments were not reviewed and regular fire drills were not carried out. Infection control protocol had not been reviewed regularly and most of the staff had not received infection control training. Blank prescription forms were not tracked in accordance with national guidance and regular first aid box checks were not carried out. The practice had not undertaken all the required Disclosure and Barring Scheme (DBS) checks and lessons learned from significant events and incidents were not always communicated widely enough to ensure risks were managed appropriately.

Following publication of our report of the inspection, the practice told us in their action plan of the changes they would complete and implement. Subsequently they provided us with evidence of the changes in child protection procedures and registers, significant event processes, blank prescription security and fire safety, drills and legionella risk assessments. The practice advised us of the changes to recruitment policy and processes including DBS checks and updates to the mandatory training including safeguarding training. This included a detailed action plan and improvements made.

We visited on 25 August 2016 to review these systems and ensure the improvements had been completed. On our follow up inspection we found:

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had undertaken a number of improvements since our previous visit, including the implementation of a system to track blank prescriptions received into the practice and issued to GPs and nurses; fire alarm system service and recent fire evacuation drills undertaken; legionella assessments; and systems to monitor the required checks and safety measures.

The practice had undertaken child protection level two safeguarding training for the nursing team; the GPs had completed level three. All staff had completed adult safeguarding training and the required mandatory training for all staff. The practice had reviewed their systems and procedures for updating and monitoring the child protection register which was maintained and effectively communicated.

The practice had introduced a locum pack, updated policies including infection control, cold chain, chaperone, complaints, grievance, legionella, health and safety and the recruitment policy including DBS checks.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. For example: the practice had reviewed the needs of the patients against their previous skill mix and employed a nurse with experience and skills in long term conditions to support the needs of the patients and ensure a system to undertake the appropriate care reviews were in place .

The practice had liaised with external agencies to ensure they were following best practice guidance for example they had liaised with NHS England safeguarding lead.

The practice worked with a clinical commissioning group pharmacist to undertake medicine reviews and ensure treatment plans were following best practice guidelines.

Are services well-led?

Good 

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

The clinical and non-clinical staff had completed their mandatory training. We also saw that a current reception supervisor had started as a receptionist and was supported to develop and secure a management position.