

Dr Ildiko Spelt

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 previously carried out a comprehensive inspection at the practice on 25 June 2014 at a time when the Care Quality Commission did not rate practices. We found a number of concerns at the practice and issued them with compliance actions to improve.

We then carried out a comprehensive inspection on the practice on 23 June 2015 using our new inspection methodology to rate the practice and to check whether

the improvement areas identified in the June 2014 inspection had been actioned. At this inspection in June 2015 we found that the areas for improvement had not been satisfactorily actioned and consequently we rated the practice as inadequate for safe, effective and well-led and requires improvement for caring and responsive. They were rated as inadequate overall and placed into special measures on 05 November 2015.

At the inspection in June 2015 we identified some immediate concerns in relation to the regulations for care

Summary of findings

and treatment, governance and staffing. We issued warning notices to the provider to make improvements in these areas within three months of the date of those notices. This was in addition to being placed into special measures. We carried out an announced focused inspection at Dr Ildiko Spelt on 21 December 2015 in order to see whether the practice had complied with the concerns raised within our warning notices.

The inspection on 21 December was therefore focused on identifying whether the improvements in relation to the warning notices had been achieved.

Our key findings across the areas we inspected were as follows:

- The practice had a system in place to act on patient safety and medicine alerts. An audit trail was in place which reflected that patients affected by the alerts had been identified and appropriate reviews had taken place, followed up by an audit process to ensure that systems were effective
 - The practice had an effective system in place to monitor and review those patients on high-risk medicines. This included identifying those affected and ensuring that they received a review in line with guidance and regular blood tests where required.
 - The fridge used at the practice for the storage of vaccinations and medicines was being effectively monitored. A system was in place to record fridge temperatures and act when they fell below the recommended ranges for the storage of medicines.
 - Emergency medicines in use at the practice were being monitored to ensure they did not expire. Records were being kept of the checks made.
 - The practice had undertaken a health and safety risk and legionella risk assessment and the risks were being reviewed regularly.
 - A system was in place to record, investigate and analyse significant events and safety incidents. Information was shared with staff to identify improvement opportunities and learning cascaded. Records were being maintained on appropriate forms and in minutes of team meetings and an audit trail was in place that reflected that action had been taken in a timely manner.
 - A complaints manager was in place and records had been kept of all complaints affecting the practice. These were analysed and investigated and staff were involved in identifying where improvements might be achieved. There was clinical and managerial oversight of the complaints and an annual review was taking place to identify themes and trends.
 - The practice had responded to patient feedback by undertaking a patient survey. This included seeking the views of patients about the appointment system.
 - A member of the nursing staff had received training to carry out consultations for minor illnesses and was going through a period of supervised assessment to ensure they were competent to carry out the role unsupervised.
 - Clinical staff undertaking reviews of patients on blood thinning medicines had received appropriate training and were receiving ongoing supervision and support from a GP who had also received an appropriate level of training. A system was in place to ensure that changes of dosage were reviewed by a clinical member of staff with sufficient training and experience to do so. Written policies and protocols were in place to support staff.
 - The practice had now responded to the compliance actions issued by the Care Quality Commission from the inspection in June 2014.
 - All staff had now received an annual appraisal and an assessment of their competency. A system was in place to identify the training that staff should undertake to meet the needs of the patients at the practice and this was being monitored.
 - The leadership at the practice had improved. The provider was working more closely with the practice manager and the quality of the systems in place were being monitored and improved to ensure patients received appropriate care and treatment.
- We found that the warning notices issued after the inspection in June 2015 had been complied with to a satisfactory standard. The practice will remain in special measures for a period of six months from 05 November 2015 when a further comprehensive inspection will be carried out.

Professor Steve Field CBE FRCP FFPH FRCGP

Summary of findings

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?

We found that the practice had achieved the necessary improvements to comply with the warning notices issued in relation to this domain.

Are services effective?

We found that the practice had achieved the necessary improvements to comply with the warning notices issued in relation to this domain.

Are services caring?

This domain did not require inspection at the time of our visit.

Are services responsive to people's needs?

We found that the practice had achieved the necessary improvements to comply with the warning notices issued in relation to this domain.

Are services well-led?

We found that the practice had achieved the necessary improvements to comply with the warning notices issued in relation to this domain.

Dr Ildiko Spelt

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Ildiko Spelt

The practice is known as Dr Ildiko Spelt and is situated in Clacton On Sea, Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group (CCG) area. The practice has a Primary Medical Services (PMS) contract with the NHS. There are approximately 7700 patients registered at the practice.

The practice has one lead GP who is the provider. There are two additional full-time salaried GPs and they are supported by a locum GP. There is a mixture of male and female GPs. The GPs are supported by two practice nurses, one additional practice nurse in training and three health care assistants. There is a practice manager, a reception manager, an office manager and a number of support staff who undertake various duties.

All support staff at the practice work a range of different hours including full and part-time. The practice is open between 8.30am and 7.30pm on a Monday, 8.30am and 8pm on Tuesdays and Wednesdays and 8.30am to 6.30pm on Thursdays and Fridays. They are closed at weekends. The GPs have morning and afternoon surgeries daily and there are three late evening sessions each week until 8pm. The practice has opted out of providing 'out of hours' services which is now provided by Harmoni, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

We inspected this practice on 25 June 2014 as part of our new methodology for the inspection of GP practices. This practice was not rated on the day of that inspection as this was not part of the Care Quality Commission methodology at the time. We found that the practice was non-compliant with the regulations. Accordingly we issued compliance actions for Regulation 10 (assessing and monitoring the quality of service provision), Regulation 21 (requirements relating to workers) and Regulation 23 (supporting workers) of the Health and Social Care Act (Regulated Activities) Regulations 2010.

The practice was given a period of time to become compliant with the regulations and they wrote to us in March 2015 to confirm that they had completed the improvements required. We then carried out a comprehensive inspection of the practice on 23rd June 2015 to rate the practice in line with our new methodology and to see whether the practice had made the required improvements identified at the inspection in June 2014.

On the day of this inspection we found that the practice had not made all of the improvements that were required of them following our June 2014 inspection and other breaches of the regulations were identified. The practice was then rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. They were rated as inadequate overall and placed into special measures on 05 November 2015.

At the inspection in June 2015 we identified some immediate concerns in relation to the regulations for care and treatment, governance and staffing. In September 2015 we issued warning notices to the provider to make improvements in these areas within three months of the date of those notices. This was in addition to being placed into special measures.

We carried out an announced focused inspection at Dr Ildiko Spelt on 21 December 2015 in order to see whether

Detailed findings

the practice had complied with the concerns raised within our warning notices. This inspection was focused on the issues identified in the warning notices and to check whether the practice had taken the necessary action for improvement. The practice remains in special measures at this time.

Why we carried out this inspection

We inspected this service to carry out a focused inspection to establish whether the practice had responded appropriately to the warning notices issued to them in September 2015.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

How we carried out this inspection

During our visit we:

- Spoke with two GPs, two nurses, the practice manager, assistant practice manager and a member of the administration staff
- Reviewed policies, procedures, protocols and other documentation relevant to our inspection and the warning notices that had been issued.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff spoken with were aware of the procedures to follow and were involved in identifying areas for improvement. We reviewed safety records and incident reports and found they had been completed to a satisfactory standard.

Team meetings were used to discuss significant events and these had been recorded. There was an audit trail where actions for improvement had been identified and achieved. Lessons were shared with staff at the practice but not always recorded on team meeting minutes.

Overview of safety systems and processes

The practice now had a system in place to manage patient safety and medicine alerts. They were received at the practice and patients affected by the alerts were identified from the computerised patient record system. Once identified the GPs were responsible for acting on the alerts by reviewing the medicines being taken by the patients and amending or changing them where appropriate. Clinical meetings took place where the alerts were discussed. Nurses did not attend these meetings but minutes were available for them to read. The nursing staff at the practice would benefit from attending these meetings, particularly as one nurse had received training in providing consultations for minor illnesses and was qualified to prescribe medicines. Audits should take place to ensure all patients affected by these alerts have been identified and the appropriate action taken.

A system was now in place to monitor and review patients taking high-risk medicines. A protocol was in place for GPs to follow that included the frequency of blood and other tests and the circumstances in which repeat prescriptions could be issued. These were being monitored through audits to ensure that the procedures and protocols were being followed.

A new repeat prescription protocol had been introduced by the practice and a flow chart was available for staff to follow. This followed the published guidance in relation to the issuing of repeat prescriptions, the frequency of reviews and the action to take if patients did not attend for their review.

Monitoring risks to patients

The practice had undertaken a health and safety and legionella risk assessment. These identified the risks in place to both patients and staff at the practice and the steps to take to reduce those risks. We found that records had been kept which reflected that the risks were being monitored and acted on where necessary.

Arrangements to deal with emergencies and major incidents

The practice had a system in place to monitor the stocks and expiry dates of emergency medicines in use at the practice. Records were now being kept of the checks undertaken and on the day of our inspection we found that the medicines were all in date.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

One member of the staff had now been trained to provide consultations for minor illnesses and was going through a supervised competency period to ensure they were competent for the role. They were also qualified to prescribe and had been registered accordingly. The practice took action immediately after our inspection in June 2015 and stopped the carrying out of these types of consultations until appropriate training and competency had been achieved. The nurse was being mentored by one of the GPs at the practice and was in the process of completing a performance booklet to evidence the supervised consultations they had undertaken. The supervising GP met with them to discuss consultations to provide feedback and learning and in time it was anticipated that the nurse would be carrying out consultations for minor illnesses without the need for supervision.

Nurses at the practice managed patients on blood thinning medicines. This included monitoring blood tests results and adjusting the dosage taken by the patient. Since the last inspection the nurses had undertaken formal training to equip them for the role and the practice had introduced a protocol for them to follow. We found evidence that training had been undertaken by the nurses carrying out this role.

One of the GPs had also undertaken training that enabled them to monitor and supervise the nurses in this role and evidence of this training was available for us to view. This GP reviewed patients on this type of medicine and supported and guided the nurses in the decisions made around the adjustment of the dosages taken by patients. Any proposed changes to the dosage were referred to the GP for a decision. The nurses undertaking these duties told us that they were supported by the GPs who were readily available for advice and guidance.

Effective staffing

The lead GP had now carried out appraisals for the lead nurse and the practice manager. We viewed the appraisals and found that performance, training needs and development had been discussed including training needs. One such training need for the practice manager had been requested and approved in relation to managing a GP practice and a course had been arranged for the near future. The practice manager was also receiving support locally from other practice managers in the local area.

The practice had undertaken a training needs analysis for the staff working at the practice. This had identified the type of training required, whether the practice had graded it as mandatory and the frequency in which it should be undertaken. We viewed the training matrix and found that it was clear and identified the training members of staff had undertaken, what they should or must undertake and the frequency of it. This training was being monitored by the practice manager.

Are services caring?

Our findings

This domain did not require inspection at the time of our visit.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

The practice had conducted a patient survey in relation to the appointment system. This had been undertaken on a monthly basis since the last inspection in June 2015 and involved approximately 30 patients each month. Improvements had been identified including having more staff available at peak times, action taken to reduce the number of patients failing to attend for their appointment and the use of a trained nurse to undertake consultations for minor illnesses. We recognise that this is ongoing work and that it needs to be fully assessed over a period of time.

Listening and learning from concerns and complaints

A complaints manager had been appointed and all complaints were being recorded, investigated and analysed. Timely replies were being sent to patients that included an explanation and apology where appropriate. Staff spoken with were aware of the complaints process and how they could support patients. A form was available for the purpose and a complaints leaflet was available in the reception area. An annual review had been undertaken to identify themes and trends. The lead GP at the practice provided clinical oversight of relevant complaints and worked with the practice manager to identify improvements. Staff spoken with told us they were asked for their feedback about the complaints that had been made and learning was cascaded to them at team meetings, the minutes of which had been recorded.

Are services well-led?

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

Our findings

Leadership and culture

The lead GP at the practice had undertaken some leadership training and now had more general oversight of issues affecting the practice such as complaints, significant events and setting standards for staff to follow. They were working more closely with the practice manager and held regular clinical meetings to share performance issues and the vision of the practice. The practice was also working closely with NHS England and the Royal College of General Practitioners to embed effective systems and processes at the practice.

Seeking and acting on feedback from patients, the public and staff

Regular clinical and team meetings were now taking place. Minutes had been kept and these included any action taken and the person responsible for it, including an audit trail. There were standing agenda items discussed at these meetings including safety incidents, complaints, significant events, safeguarding and performance.

Staff spoken with had the opportunity of providing feedback and were now more aware of issues affecting the practice. We looked at the minutes of two meetings held in September and December 2015 and found that they contained sufficient detail to evidence that issues affecting the practice were being discussed and cascaded to staff.