

Sutherland Lodge Surgery

Inspection report

113-115 Baddow Road
Chelmsford
Essex

CM2 7PY

Tel: 01245351351

www.sutherlandlodesurgery.co.uk

Date of inspection visit: 04 July 2018

Date of publication: 10/08/2018

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 location

Are services safe?

Are services effective?

Are services responsive?

Are services well-led?

Overall summary

Sutherland Lodge Surgery was previously inspected in December 2017 and received a rating of inadequate overall. We found the practice was inadequate for providing safe, effective, responsive and well-led services. As a result, we issued a warning notice for regulation 17, good governance, to ensure the practice made appropriate improvements.

We carried out an announced focused inspection at Sutherland Lodge Surgery on 04 July 2018. The focused inspection was to review whether the provider had made improvements and was compliant with the warning notice. We also looked at the governance arrangements and the leadership of the practice. The practice was not rated at this inspection.

At this inspection we found:

- The practice had systems in place to safeguard adults and children. Progress was being made to strengthen links with other agencies to appropriately share knowledge of risk.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. We found that not all staff were familiar with reporting a significant event.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Complaints were investigated appropriately and learning shared. Although, the sharing process for this could be improved as evidence of review in meeting minutes was minimal.
- There was stronger leadership and governance in place and the leaders had a clear oversight of clinical performance and risks to patients.
- The overall culture was improving however, some staff spoken with did not feel their views were always listened to.

The areas where the provider should make improvements are:

- Continue to monitor and review the new systems and processes to ensure that improvement can be sustained over the long term.
- Continue to develop systems to ensure that learning from significant events and complaints is shared with all staff. Ensure all staff are aware of the reporting procedure for a significant event.
- Continue to seek and act on the views of staff where relevant, to improve services.

The practice had made effective improvements and had complied with the warning notice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Sutherland Lodge Surgery

Sutherland Lodge is a GP practice located in Chelmsford and is part of the Mid Essex Clinical Commissioning Group. Services are provided from: 113-115 Baddow Road, Chelmsford, Essex, CM2 7PY. Online services can be accessed from the practice website:

Sutherland Lodge Surgery is managed by the provider organisation Virgin Care Services Limited. The company took over the contract to provide NHS primary care services at Sutherland Lodge on 01 July 2016. The company currently manages 18 primary care services across the country, including GP practices, walk in centres and urgent care centres.

The practice provides primary medical services to approximately 11,000 patients. The practice has a slightly higher elderly population than the national averages with 32% of the practice list aged over 65 years compared to the national average of 27%.

The practices population is in the fourth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly white British with; 1.8% mixed, 3.4% Asian, 1.4% black.

Are services safe?

During our previous inspection, on 07 December 2017, we found that:

- It was not possible to establish if there was an effective system in place to safeguard service users from abuse and improper treatment. Staff had not been trained to an adequate level in safeguarding. The process for highlighting vulnerable patients on the information systems was unclear to staff.
- There were no formal systems or processes in place to ensure regular safeguarding information sharing meetings took place.
- There were no processes in place to ensure new clinical staff had the appropriate training, qualifications or indemnity cover.
- Systems or processes to ensure information relating to people who use the service was up to date, accurate and had been properly analysed, were not effective.
- There was no clinical oversight to ensure that tasks assigned to clinical staff were completed.
- Systems or process designed to identify levels of risk to patients who use the service were not effective.
- There was a lack of clinical and non-clinical meetings to discuss issues, learning or to receive feedback from staff.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse and improper treatment.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training at a level appropriate to their role. One member of staff's training for safeguarding children had expired, however there were no concerns regarding this GP's ability to refer concerns appropriately. The GP had already been booked onto the next available safeguarding training. Staff knew how to identify and report concerns. Learning from safeguarding incidents was available to staff.
- There were registers of vulnerable patients and icons on the information system to show a patient was on a register.
- Closer links with other agencies and multidisciplinary team meetings to discuss vulnerable patients were in the process of being set up. The creation of formal information sharing protocols was part of this process. Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. These included checks relating to: training, qualifications and professional indemnity cover.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- The practice acknowledged that staffing levels were not currently optimal however they were in the process of recruiting staff at all levels across the practice. In the interim, agency administrative staff and clinical locums were being employed. Clinical and management support was also available from Virgin Care Services Limited, with a view to new management staff receiving mentoring to try to ensure sustainability of any local structure changes.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Systems or processes to ensure information relating to people who use the service was up to date, accurate and had been properly analysed, were effective.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- Systems relating to monitoring and analysis of test results and recall of patients were in place. The clinical lead had oversight of this and used a combination of a shared mailbox and daily communication with colleagues to ensure they were completed in a timely manner.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Are services safe?

- The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice had regular meetings which now included complaints and outcomes of clinical incidents on the

agenda. However, we found that the records of the minutes of meetings held, did not assure us that all the relevant significant events had been discussed and learning shared.

Please refer to the evidence tables for further information.

Are services effective?

During our previous inspection, on 07 December 2017, we found that:

- There was no clear or effective system or process in place for evidence based guidelines and standards to be shared with staff.
- The process for the review of patients with a long-term condition was not effective.
- There was no central training record for staff and the provider failed to identify that non-clinical staff had not received up to date training in key areas.
- There were no systems in place to assess, monitor or identify improvements to the quality and safety of the service.
- There was no programme of clinical or internal audit to monitor quality and operational processes; there were no systems to identify where action should be taken.
- The practice was failing to collate accurate and up to date information about clinical effectiveness. Therefore, improvement to care or treatment was not being identified or monitored.

Effective needs assessment, care and treatment

The practice had a clear system to share current evidence-based practice with clinical staff. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

People with long-term conditions:

- There was now an effective system in place for the review of patients with a long-term condition.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice's performance on quality indicators for long term conditions was comparable with Clinical Commissioning Group (CCG) and national averages for most indicators. For one long term conditions indicator

linked to asthma the practice performance was lower than the CCG and national average. The practice viewed their performance figures daily and highlighted to clinicians where reviews were required.

Monitoring care and treatment

There was now a system in place to assess, monitor and identify the quality and safety of the service.

- The practice had implemented a programme of quality monitoring activity and was starting to review the effectiveness and appropriateness of the care provided.
- The practice collated accurate and up to date information about their clinical effectiveness. This information was used to make improvements to care and treatment.
- The practice was involved in quality monitoring activities, such as, clinical audit. This activity identified where action was required. We saw evidence that this action had either taken place or was in progress.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- There was a central training log for all staff, which clearly identified which staff were due a training update. The log showed that staff had received up to date training in core areas.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

During our previous inspection, on 07 December 2017, we found that:

- The system or process relating to complaints handling was not effective. Complaints were not handled in a timely manner; investigation did not identify what caused the complaint and no action was taken to prevent similar complaints. Complaints were not monitored to identify trends or potential areas of risk. There was no system or process to learn from mistakes.

Listening and learning from concerns and complaints

The system for handing complaints was effective.

- Information about how to make a complaint or raise concerns was readily available.

- The complaint policy and procedures were in line with recognised guidance.
- Complaints were responded to in a timely manner and investigated to identify the cause of the complaint.
- The practice learned lessons from individual concerns, complaints and from analysis of trends. It used this information to improve the quality of care and prevent similar complaints occurring. However, we found that the records of the minutes of meetings held, did not assure us that all the relevant complaints had been discussed and learning shared.

Please refer to the evidence tables for further information.

Are services well-led?

During our previous inspection, on 07 December 2017, we found that:

- The system for ensuring compliance with the regulations was not effective.
- There were no structures, processes or systems at the practice that identified clinical accountability and there was a lack of focus on leadership and governance.
- The provider did not have systems in place to enable them to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality of services. They understood the current challenges to the practice and were addressing them.
- Leaders at all levels were visible and approachable. Some of the leaders were temporary and brought in to offer support following our previous inspection. They had started working closely with staff and others to make sure that staff had shared ownership of improvements to the policies and procedures with a view to sustainability as the service stabilised.
- Leaders had implemented systems designed to ensure ongoing compliance with the regulations.
- It was too early to assess whether the practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. However, there was a sustainability project in place with a clear plan for the current clinical leader to mentor any new staff employed in a leadership capacity.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management had now been put in place. The changes so far were effective. There was still further progress to be made to embed this to ensure that they were fully understood by staff and effective in the long term.

- There was a clear structure to identify clinical accountability. Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had established policies, procedures and activities to ensure safety. Ongoing review was required to assure themselves that they were operating as intended.

Managing risks, issues and performance

There were now clear systems and processes in place for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current risks including risks to patient safety.
- The practice had implemented processes to manage current performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit was beginning to have a positive impact on quality of care and outcomes for patients. Performance had improved since the last inspection. There was evidence of action to change practice to improve quality, and the systems they had put in place were effective.
- The practice was aware of the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality was discussed in relevant meetings where staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were evolving plans to address any identified weaknesses.
- The practice had improved the use of information technology systems to monitor and improve the quality of care.
- The practice had systems in place to submit data or notifications to external organisations as required.

Are services well-led?

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with staff

The practice had started to involve staff more to support high-quality sustainable services.

- Staff views and concerns were encouraged and heard.
- Although there was some change in culture around staff engagement, staff expressed mixed views as whether these were acted on. We found some evidence to show

that staff views were used to shape services. We also found that some staff did not feel confident that if they expressed their views they would be acted on. This appeared in part to be due to a lack of acknowledgement when concerns or suggestions were raised.

- There were also mixed views about how well the practice would be supported by Virgin Care Services Limited senior management once a more permanent staff had been employed and the immediate areas of concern were resolved.

Please refer to the evidence tables for further information.