

Longfleet House Surgery

Quality Report

Longfleet House Surgery
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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



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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an inspection at Longfleet House Surgery on 8 and 13 September 2017. The overall rating for the practice was inadequate and the practice was placed into special measures. The full comprehensive report can be found by selecting the 'all reports' link for Longfleet House Surgery on our website at www.cqc.org.uk.

Following the inspection two warning notices were served which related to regulations 12 Safe care and treatment and 17 Good governance of the Health and Social Care Act 2008. Shortfalls were identified in relation to:

Assessment, monitoring, management and mitigating risks to the health and safety of patients who used the service. In particular:

- Failure to identify risks associated with a lack of GP appointments
- A lack of risk assessments in relation to water safety; fire safety; and lone working.

Systems and processes to enable the registered provider to assess, monitor and improve the quality and safety of services provided were not adequate. There were shortfalls in governance arrangements to support the delivery of good quality care including:

- Lack of clear clinical leadership.
- Acting on pathology and cervical smear results.
- Staff training and appraisal arrangements.

- Ensuring an adequate number of appointments were available.
- Acting on feedback from staff and patients.

This inspection was an announced focused inspection carried out on 29 November 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the warning notices served after our previous inspection on 8 and 13 September 2017. This report covers our findings in relation to those warning notices only.

Our key findings were as follows:

Systems and processes to enable the registered provider to assess monitor and improve the quality and safety of services provided had improved.

- Safeguarding policies were in place and were accessible to staff on the shared drive of the practice's computer system.
- A risk assessment had been put into place for when there was a sole clinician working on the premises.
- Risk assessments for fire safety and legionella control had been reviewed and updated. Actions had been taken to minimise risk; with the exception of details how to keep people safe if the exits from the first floor were blocked preventing escape.
- There was information on staff roles and responsibilities and who the clinical lead GP was.
- Staffing levels were reviewed and planned for. The practice nurse position was vacant and being recruited

Summary of findings

into and until this happened a practice nurse from another practice provided appointments on two mornings per week. An advanced nurse practitioner also provided appointments all day on Tuesdays.

- The practice had recommenced extended hours appointments on a Monday evening, since a salaried GP had been recruited in October 2017. However, the practice website had not been updated to reflect this, at the time of inspection, this has now been done.
- Verbal as well as written complaints had been recorded.
- Pathology and cervical screening test results were now being handled in a timely manner and acted upon.
- Systems for staff training and appraisals were in place.
- The appointments system had been reviewed and urgent on the day appointments and routine bookable appointments were available.
- A schedule for meetings had been introduced to sharing learning and good practice, but meeting minutes did not fully demonstrate actions taken and ongoing monitoring.

- A staff survey had been carried out and was due to be fully analysed followed by an action plan place to address concerns raised.
- Work had started on engaging with the patient participation group.

The provider should:

Further develop systems for maintaining an oversight of shared learning as well as training provision to include when overdue training would be provided and how it would be monitored.

The Care Quality Commission has found that improvements have been made and the warning notices are met.

The full report published on 21 November 2017 should be read in conjunction with this report. The practice remains in special measures until a full comprehensive inspection is carried out by the Care Quality Commission. Therefore the overall rating remains inadequate.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Longfleet House Surgery

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 second CQC inspector.

Background to Longfleet House Surgery

The practice is situated in the town of Poole in Dorset in a purpose built practice building that is privately owned. Longfleet House Surgery is working closely with another practice and are sharing staff including for nursing and practice manager hours

The current patient list is approximately 4,200 and covers a diverse age group, with a larger than average percentage of elderly patients aged 80 years and over. The practice has recently undergone some staff and operational changes, with two long serving GP partners retiring in the last two years leaving two male GP partners registered at the practice. One of the remaining partners has retired from general practice but still attends the practice in an advisory role.

The other GP partner, who is also the registered manager, carries out some clinical sessions at the practice when needed. There are three male salaried GPs.

Currently there are between 16 and 20 GP sessions offered each week in total, with an average of 18 sessions per week. Extended hours appointments are provided on Monday evenings.

There is also a pharmacist that works two mornings per week, an advanced nurse practitioner (employed by the

other practice) who works one day per week, and a health care assistant who works 26 hours per week. The practice nurse position is currently vacant. The practice also uses a regular advanced nurse practitioner locum.

In addition there is a practice manager and a deputy manager who both work two days a week at the practice. There is also a team of reception and administration staff.

The practice is supported by Integral Medical Holdings Ltd (IMH) who also provides personnel and training services to the practice.

The practice has a General Medical Services contract with NHS England. The practice provides regulated activities from the main site at:

56 Longfleet Road, Poole, Dorset.

BH15 2JD.

Why we carried out this inspection

We undertook a comprehensive inspection of Longfleet House Surgery on 8 and 13 September 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate and placed into special measures. The full comprehensive report following the inspection in September 2017 can be found by selecting the 'all reports' link for Longfleet House Surgery on our website at www.cqc.org.uk.

We undertook a follow up afocused inspection of Longfleet House Surgery on 29 November 2017. This inspection was carried out to review in detail the actions taken by the practice following two warning notices which were served for regulations 12 and 17, with a timescale for compliance of 24 November 2017.

Are services safe?

Our findings

At our previous inspection on 8 and 13 September 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of health and safety in relation to patient care, such as: staffing levels, staff safety when working alone and appointment availability were not adequate. Improvements were also needed in relation to the safety of premises, in particular fire and water safety; and acting on and learning from significant events.

We issued a warning notice in respect of these issues with a timescale for compliance of 24 November 2017.

The practice is rated as inadequate for providing safe services until a further comprehensive inspection takes place. However, there were areas of improved practice:

Safety systems and processes

Safeguarding policies were in place and were accessible to staff on the shared drive of the practice's computer system. All staff had been reminded of where the policy was held and information was also included in the GP locum pack. Changes in GPs who worked at the practice had resulted in not all staff being clear on who the safeguarding lead was in the practice, but there were protocols available with this information on. We noted that the GP responsible had recently changed.

At this inspection we found that a risk assessment had been put into place for when there was a sole clinician working on the premises. This covered when a clinician was providing treatment in the form of an injection to patients. The assessment included information on what steps the clinician should take if a patient had an adverse reaction to the injection and included calling the emergency services if needed.

Risk assessments for fire safety and legionella control had been reviewed and updated. The fire risk assessment of the premises was carried out in October 2017 and showed that actions had been taken to minimise risk; with the exception of details how to keep people safe if the exits from the first floor were blocked preventing escape. There were no details on where safe areas were, which would enable people who were trapped to wait until the emergency services were on the scene. This was discussed with the

practice at the time of the inspection. The practice had carried out a fire drill on 28 November 2017 and all people in the building were evacuated within two minutes. There were records of regular testing of fire alarms and emergency lighting systems.

Arrangements had been made for a specialist company to carry out checks on the water system and to monitor the water temperature within the practice in November 2017. Documentation showed that water temperatures were maintained within safe limits and risks from legionella were minimised. There was now a contract in place to ensure that appropriate checks would be carried out in the future to maintain safety.

Risks to patients

At this inspection we found that staffing levels were reviewed and planned for. We looked at copies of rotas for the two weeks prior to and the three weeks after the inspection. These showed that on average the practice offered 18 GP sessions per week. We checked the appointment system and found that routine appointments with a named GP were available within one week. The practice had a minimum of one GP and one advanced nurse practitioner on each day. The practice had recommenced extended hours appointments on a Monday evening, since a salaried GP had been recruited in October 2017.

The practice nurse position was vacant and being recruited into and until this happened a practice nurse from the other practice provided appointments on two mornings per week. An advanced nurse practitioner also provided appointments all day on Tuesdays. In addition there was a pharmacist who worked two mornings a week and locum GPs and a locum advanced nurse practitioner was also employed when needed to provide care and treatment.

Lessons learned and improvements made

We reviewed safety records, incident reports, national patient safety alerts and some minutes of meetings. The practice had a log of significant events and also used a computer software programme to record significant events and incidents. This new system had commenced in August 2017 and needed to have six months' worth of data to be able to run a report to identify trends and themes.

The system would also allow the practice to report concerns directly to external bodies. The significant events

Are services safe?

logged included details of what actions had been taken, for example a prescription had been taken to a pharmacy by a member of staff and therefore was not available at the practice when the patient came to collect it. Staff were

reminded of the importance of not taking prescriptions to pharmacies and this was recorded in meeting minutes, but there were no details on how this would be monitored in the future.

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 8 and 13 September 2017, we rated the practice as inadequate for providing well led services. The practice did not have suitable systems and processes in place to show that there was clear leadership and clinical responsibility structures. Governance processes were not established to manage risks and performance; and to engage with staff and patients. We issued a warning notice in respect of these issues with a timescale for compliance of 24 November 2017.

The practice is rated as inadequate for providing well led services until a further comprehensive inspection takes place. However, there were areas of improved practice:

Leadership capacity and capability

Since our previous inspection the practice had clarified which GP had responsibility for being clinical lead on an interim basis whilst a decision was made on who would have ongoing responsibility and adequate cover was being provided in the interim. It had been agreed that one of the salaried GPs would be the clinical lead for the practice from 1 December 2017 and they were in the process of becoming a partner in the practice.

Staff were provided with information on GPs who were working in the practice on a daily basis and support with GP sessions had also been provided on Fridays from the registered manager, who was one of the GP partners. This GP was also contactable when they were away from the practice.

Governance arrangements

Governance arrangements had been reviewed since our previous inspection and the practice had put into place systems and processes to monitor practice performance, but these were not fully embedded to show how improvements made would be sustained. For example:

- We found that routine bookable appointments were available with a named GP within one week and on average the practice offered 18 GP sessions per week. Urgent on the day appointments were available on the day of inspection. The release of future appointments was controlled to enable routine and urgent

appointments to be offered in response to patient need. GPs and the advanced nurse practitioner were able to override the appointment system to offer continuity of care and appropriate follow up care, for example for patients with long term conditions.

- Verbal as well as written complaints had been recorded. The verbal complaints log showed that four concerns had been received and had been dealt with in a satisfactory manner. There had been no identification of themes and trends of concerns raised and minutes of meetings did not fully demonstrate how learning had been shared and what monitoring systems would be used to minimise reoccurrence of similar concerns.
- The practice was not demonstrating fully that they were monitoring and assessing staff competency to carry out their role and relied on staff feedback to inform training plans. Systems for maintaining an oversight of training provision had been reviewed. The practice had a training matrix in place which showed what training staff had received and what training was overdue. However, there was limited detail on when overdue training would be provided and how it would be monitored. For example, staff had told us at our previous inspection that they were not confident with the appointment triage system used and needed further training. The practice manager had emailed members of staff to ascertain their training needs. Only two responded and stated that they were confident in using the system, an assessment of competency in using the protocols had not been carried out by the provider to determine whether they were being used correctly and therefore the practice could not demonstrate that staff were competent.
- The learning needs of staff were identified through appraisals, however, there was no information on when the next appraisal would be and how learning needs would be met. We looked at a completed appraisal form and found that learning needs had been identified, but the section on how these would be met and monitored was incomplete.
- Longfleet House Surgery has a register of patients receiving palliative care, but there was no information on how this was shared with other relevant health

Are services well-led?

Inadequate 

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

professional. Minutes of meetings did not demonstrate that there was communication between the practice and other health professionals such as the hospice or palliative care team to promote shared care.

Managing risks, issues and performance

Systems and processes in place to manage risks and performance had been reviewed, but were not yet fully embedded in daily practise. For example:

- The numbers of clinical staff were consistent and enabled staff to respond to patients needing an on the day appointment; respond to results and correspondence received. One GP said they had two pending results to address and confirmed their working hours were more manageable.
- Home visits for patients who needed them were offered and the GP locum handbook included an expectation that locum GPs would be available to carry out two home visits per day when requested. Longfleet House Surgery employed a regular locum GP to promote continuity of care.
- Reviews for long term conditions had been carried out and appropriate action taken. The practice had noted that when the computer system changed 12 medicines reviews were categorised as one, which meant that some patients were overdue a medicine review. This was being addressed by the pharmacist and GPs.

Appropriate and accurate information

At our previous inspection in September 2017 we found that cervical screening results had not been acted upon and medicine requests had not been actioned. There was also a backlog of pathology results. Systems had been reviewed and the roles and responsibilities of GPs were clarified to ensure that they acted upon pathology results and ensured medicine request were completed. The

advance nurse practitioner took responsibility for checking and filing cervical smear results. Locum staff employed by the practice were expected to check results and ensure they were acted upon.

Engagement with patients, the public, staff and external partners

A schedule of staff meetings had been implemented since our previous inspection in September 2017. These included clinical and non-clinical meetings and multi-disciplinary meetings. Health visitors were based in the practice building and they told us they would have regular communication with GPs when needed, as well as at meetings. A standard agenda had been developed for clinical and non-clinical meetings and included items such as health and safety; learning outcomes; and evaluation of practice performance and training needs.

Minutes of meetings gave an overview of what was discussed, but lacked detail of actions taken and ongoing monitoring. For example, at a meeting on 9 October 2017 a safeguarding concern was noted about a patient, but there was no indication on who was responsible for monitoring the referral to social services.

A staff survey had been carried out in November 2017. We looked at results for seven members of staff who responded. Results from this were mixed and showed that there were concerns with areas such as workload and communication within the practice. This recent survey was due to be fully analysed followed by an action plan place to address concerns raised.

Contact had been made with the patient participation group (PPG), of which there were three members. Efforts were being made to attract a larger membership number, via emails sent out to patient who had previously expressed an interest in being part of the group.

All NHS Choices comments had been responded to.