

Dalston Medical Group

Quality Report

The 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

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
What people who use the service say	4
Areas for improvement	4
Outstanding practice	4

Detailed findings from this inspection

Our inspection team	5
Background to Dalston Medical Group	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	6
Action we have told the provider to take	12

Overall summary

This was a follow up inspection of the practice. Dalston Medical Group provided services from The Surgery. The Surgery provided a weekday service for over 5000 patients in the Carlisle area. The Surgery open Monday to Friday from 08:30 to 18:30 and had 07:30 appointments but the days this was available varied each week. The service was responsible for providing primary care, which included access to GPs, minor surgery, family planning as well as ante and post natal care. Cumbria Health on Call (CHOC) provided an out of hours service for patients who used the Surgery.

The patients we spoke with were extremely complimentary about the care and treatment being provided. Patients reported that all the staff treated them with dignity and respect.

They found the doctors and nurses had a good understanding of their needs.

We found that action was needed to improve the provider's involvement of patients in the development of the service.

We found that staff required appropriate training. Clinical governance processes needed to cover checking competency of clinicians. Recruitment procedures needed to be strengthened.

The arrangements for maintaining the building to a safe standard needed to be in place. The service was not cleaned to an appropriate standard.

Governance and risk management measures were not in place and many quality assurance systems needed to be developed. We found that the provider was not meeting eight of the regulations.

We told the provider they must make a number of improvements. At this inspection in September 2014 we checked whether the practice had taken action to address the enforcement actions. We found that the practice had taken action to ensure they improved the processes for monitoring the service, the records and access to training.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

In May 2014 the service was not safe. At this inspection we found that action had been taken to ensure staff were appropriately trained and that staff identified incidents.

Are services effective?

In May 2014 we found that overall the service was effective but improvements were needed. At this inspection we found that action had been taken to ensure the staff at the practice monitored the performance of the service.

Are services caring?

Overall the service was caring. All the patients who responded to our comment cards and those we spoke with during our inspection were complimentary about the service. They all found the staff to be kind and compassionate and felt they were treated with respect.

Are services responsive to people's needs?

In May 2014 the service was responsive to patients' needs but improvements were needed. At this inspection we found action was now being taken to improve the complaints system and patients' views were being sought.

Are services well-led?

In May 2014 the service was not well led. At this inspection we found that staff were receiving training and systems were in place to monitor the service.

Summary of findings

What people who use the service say

At the May 2014 inspection we received six completed patient comment cards and spoke with 19 people on the day of our visit. We spoke with people from different age groups, including parents and children, and those people with different health conditions.

Patients we spoke with said the practice was very person-centred and they were extremely satisfied with service. They told us all the GPs were considerate and took the time to make sure their health condition was fully explored and treated. They were aware that last year there had been issues within the practice. They commented that it had impacted the overall service at the time but felt it was now getting back to the previous good standard.

All the patients we spoke with were extremely complimentary about the overall friendliness and behaviour of all staff. They all said the doctors and nurses were competent and knowledgeable about their treatment needs. They felt that the service was exceptionally good at ensuring they could easily access appointments.

We saw that during 2013 patients had completed a national patient survey and the results showed the practice was rated as performing better than most.

Patients reported that they felt all the staff treated them with dignity and respect.

Areas for improvement

Action the service MUST take to improve

They must ensure staff consistently follow best practice. That staff identified when errors should be reported and use significant events to learn lessons. We considered this was a breach of regulation 9: Care and welfare of service users.

They must ensure the building was clean and infection control measure were effective. We considered this was a breach of regulation 12: Infection control.

They must ensure medicines within the main practice were subject to appropriate levels of oversight and were stored safely. We considered this was a breach of regulation 13: Management of medicines.

The provider failed to ensure the building was maintained in a manner which protected patient's safety, privacy and dignity. We considered this was a breach of regulation 15: Safety and suitability of the premises.

They must recruit staff safely. We considered this was a breach of regulation 21: Requirements relating to workers.

Outstanding practice

The provider had set up processes whereby patients with long-term health conditions were asked to send in information about how they thought the clinical team could assist them to improve their management of the condition and therefore improve their quality of life.

Dalston Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP, and a practice manager.

Background to Dalston Medical Group

The Dalston Medical Group registered as a company who provide primary medical services and one of the GP's acted as the registered manager, which meant they were legally responsible for making sure the practice met CQC requirements.

The Dalston Medical Group provided a weekday service for over 5000 patients in the Carlisle area. Out of hours provision was provided by Cumbria Health On Call (CHOC).

The Surgery opened Monday to Friday from 08:30 to 18:30 and had recently introduced appointments at 07:30 but the days this was available varied each week. The service was responsible for providing primary care, which included access to GPs, minor surgery, family planning as well as ante and post natal care.

We visited the Surgery as a part of this inspection.

Why we carried out this inspection

We inspected this practice to check if action had been taken to make improvements to the areas of significant risk we identified in the May 2014 inspection.

How we carried out this inspection

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. When they registered with CQC the Dalston Medical Group declared they met all of the our expectations. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us.

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We carried out an announced visit on 9 September 2014 and the inspection team spent 6 hours inspecting the practice.

We reviewed all areas of the building including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with the practice manager, registered manager, two GPs (who were also partners in the company), a nurse, three administrative staff and the clinical lead for infection control.

We observed how staff handled patient information and dealt with patients making appointments. We reviewed how GPs made clinical decisions. We also talked with carers and family members.

Are services safe?

Our findings

Safe Patient Care

At our last inspection we found that staff were not appropriately identifying incidents and therefore failed to classify some as significant events. They did not see that incidents that had not directly harmed a patient needed to be reported and investigated. The staff were not recognising that they could learn lessons for near misses and by investigating these matters reduce the risk of this happening again.

We found no evidence to confirm that, as individuals or as a team, staff were actively reflecting on their practice and learning lessons from incidents. During the previous year we saw that a complaint and two significant events had been reported and investigated. We found no evidence to show that information from these incidents was used to identify any trends or lessons that could be learnt.

Staff were readily able to discuss what constituted a child and adult safeguarding concern. They told us about incidents when they had either raised safeguarding or child protection alerts, in relation to care provider by others. However, they were unclear about what actions they should take if the allegation related to members of the practice staff and the provider had not reported this to relevant authorities. We found no evidence to confirm that staff had received safeguarding and child protection training.

We were told that the provider had ensured all the GPs could readily understand the needs of each patient. However we found that since one GP had left the oversight of that person's patient list was not consistent or comprehensive. This had led to staff not picking up that patients needed to be reviewed.

Staff were not able to provide us with any evidence to show that the provider and practice manager regularly reviewed the demands on the practice. For example, the number of patient appointments being used; number of patients who did not attend and whether patients had expressed concerns that they could not see a particular GP or nurse. They could not provide any information to confirm staff competency and that their ability to practice was regularly

reviewed or that when clinicians needed to have their practice supervised this was occurring or that the supervisor was satisfied with the clinical decision they made.

9 September 2014 inspection

Following our last inspection the practice sent us an action plan outlining their plans to improve. We carried out this inspection to check that improvements had been made and found that the practice manager and new registered manager who was also the new lead GP had made significant improvements. They had introduced comprehensive systems for monitoring incident and events within the practice and these we found were effective.

Staffing & Recruitment

At our last inspection we found that there was no evidence on the files to confirm that they had successfully completed the training necessary for their role.

9 September 2014 inspection

Following our last inspection the practice sent us an action plan outlining their plans to improve. We carried out this inspection to check that improvements had been made and found that the practice manager had ensured all staff had received mandatory and role specific training. She had also developed a training and supervision plan to ensure staff continued to receive appropriate support and training.

Dealing with Emergencies

At the last inspection we found that there were no plans in place to deal with emergencies that might interrupt the smooth running of the service. For example the practice did not have a fire risk assessment or a contingency planning document, which details what action to take in all manner of events such as a power failure. We found no evidence to show that staff who would use the defibrillator were regularly tested to ensure they remained competent in its use.

The provider had not developed any system for checking that the building was well-maintained and fit for purpose. No action had been taken to ensure servicing and routine tests were completed on an annual basis. For example we found that the boiler had not had an annual service for over two years.

We found there was no fire risk assessment in place and limited information to show that fire equipment had been

Are services safe?

checked or that staff had completed fire drills, which meant patients could not be confident that sufficient fire fighting equipment was available or staff knew what action to take in the event of a fire.

9 September 2014 inspection

Following our last inspection the practice sent us an action plan outlining their plans to improve. We carried out this

inspection to check that improvements had been made and found the practice manager had ensured all maintenance checks had been completed and all risk assessment were in place. When she identified actions these were dealt with in a prompt manner by the new registered manager and all areas of the practice were safe.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

At the last inspection we found that the staff could not demonstrate that the team was making use of clinical audits tools or clinical supervision to assess the performance of staff and check how well they delivered the service. We found that the practice did not have formal mechanisms in place to monitor the performance of the practice or any other records to show this occurred. The staff we spoke with discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. However there were no records to confirm this was the case.

The staff files we reviewed did not contain any records to show that the GPs received both internal appraisal and external professional appraisal. The nursing staff files showed that they had not had access to clinical supervision. The appraisals had not routinely occurred.

From our review of information about staff training, we found there was no information showing what training and induction staff had received. There were no copies of staff's qualifications or certificates from training courses. The provider had no policies in place to show what their

expectations around refresher training were and we found that the current system and processes meant that training was not completed in line with national expectations. We found no evidence to confirm that the provider ensured that the clinicians had access to training resources.

The practice manager had recently arranged for the practice to purchase an e-learning training resource, which meant all staff could readily update both mandatory and non-mandatory training. We saw that the mandatory training on this package included fire awareness, information governance, emergency trolley, sharps boxes, handling samples, and equality and diversity. This was yet to be introduced. The practice manager had also created a training matrix, which she intended to use to monitor whether staff were completing the appropriate training. At the time of the inspection there was no information to assist in determining when staff last attended any of the mandatory or clinical specific training.

9 September 2014 inspection

Following our last inspection the practice sent us an action plan outlining their plans to improve. We carried out this inspection to check that improvements had been made and found that the practice manager had introduced an effective system for monitoring the practice and ensuring staff received appropriate training and supervision.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

At the last inspection we found that two of the GPs had left their rooms unlocked with the doors stood open whilst their computers were on and logged onto the system.

We found that although the provider had not ensured staff received training around the use of the Mental Capacity Act 2005 the clinical staff understood how to make 'best interest' decisions for people who lacked capacity and sought approval for treatments such as vaccinations from children's legal guardian.

The patients we spoke with confirmed that their consent was always sought and obtained before any examinations

were conducted. We found that where patients had capacity to make their own decisions, appropriate consent was obtained for example for the minor surgery completed in the practice.

9 September 2014 inspection

Following our last inspection the practice sent us an action plan outlining their plans to improve. We carried out this inspection to check that improvements had been made and found that action had been taken to make sure confidentiality of patient information was maintained and staff had received training around the use of the Mental Capacity Act. We saw that the practice manager monitored GP behaviour and with the support of the registered manager ensured GPs were fully aware of their responsibilities.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Access to the service

At the last inspection we found that there was no evidence to show that the practice had completed a patient survey and no comments had been posted on NHS choices website. The six patients who completed our comment cards and spoke to us on the day of inspection told us they found booking appointments was easy and they could get to see a GP of their choice in non-urgent situations. Patients could book appointments either face-to-face or over the telephone.

The provider did not operate a patient participation group (PPG) and could not produce evidence to confirm they had asked patients views about the operation of the service.

We found there was no evidence to show patient surveys had been completed. This meant that patients were not being encouraged to share their views about the service with the provider.

9 September 2014 inspection

Following our last inspection the practice sent us an action plan outlining their plans to improve. We carried out this inspection to check that improvements had been made and found that improvements have been made to how the practice monitored and assessed their performance. Feedback was routinely obtained from patients and complaints were thoroughly investigated. Action had been taken to make sure clinical conditions were monitored and that clinicians took appropriate action to call patients in for reviews.

Are services well-led?

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

Our findings

Governance Arrangements

At the last inspection we found that the governance structures were not in place for managing risks or monitoring the performance of the service. None of the GP partners took a leadership role for overseeing that the systems in place. We found that the lack of oversight led to inconsistent practice; poor medicine management; poor identification of information about incidents; poor oversight of clinical supervision arrangements; no action being taken to ensure staff were recruited and trained appropriately and a lack of team cohesion.

We found that although complaints and two incidents highlighted over the last year were investigated no system was in place to analyse them in order to find out if lessons could have been learnt. We saw that incidents were not identified or significant events and therefore they were not investigated. We found staff did not understand when they would need to escalate a concern or inform the provider they had made a mistake. This meant the provider could not be assured that staff were raising and investigating incidents.

The provider was not encouraging patients to be involved in shaping the service and we found no information was available to show that the senior management team, and staff used information from patients to look at how to improve the service being delivered.

The practice manager oversaw the day-to-day operation but had only been in post nine weeks. She recognised that the governance arrangements were unsatisfactory but had not had the opportunity to create mechanisms to ensure regular reviews occurred and the service was improved.

9 September 2014 inspection

Following our last inspection the practice sent us an action plan outlining their plans to improve. We carried out this inspection to check that improvements had been made and found that the practice manager and new registered manager had thoroughly reviewed all the systems for monitoring the practice performance and ensure they were fit for purpose. They had set up a patient participation group and were using feedback from patients to improve services. They had ensured staff formally reviewed incidents and we found evidence that lessons were being learnt.

We found that in the four months since our last inspection they had made significant changes and improvements to the practice.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The provider had not taken the proper steps to ensure patients were protected against the risks of receiving treatment that was inappropriate or unsafe because processes for planning and delivering care were ineffective. Regulation 9 (1) (b)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

Cleanliness and infection control. The provider did not operate effective systems to assess the risk of and to prevent, detect and control the spread of a health care associated infection. Regulation 12 (1) and (2)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Management of medicines. The provider did not protect patients against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used by clinicians. Regulation 13

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

This section is primarily information for the provider

Compliance actions

Safety and suitability of the premises. The provider had not ensured that patients and others had access to premises that were adequately maintained. Regulation 15 (1) (c)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

Requirements relating to workers. The provider did not operate effective recruitment procedures which ensured staff were fit to undertake their role. Regulation 21