Locking Hill Surgery

Quality Report

Locking Hill Surgery
Locking Hill
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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?	
Are services effective?	
Are services well-led?	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This report covers the focused inspection we carried out at Locking Hill Surgery on 15 November 2017.

Previously, we carried out an announced comprehensive inspection on 14 January 2015, when the overall rating for the practice was good. However, we found they required improvement for the delivery of safe services. We carried out another announced comprehensive inspection at Locking Hill Surgery on 9 May 2017 to follow up on the previous inspection and found further breaches in the regulations. Overall we rated the practice as Inadequate and issued three warning notices. The warning notices we served related to Regulation 12 –Safe Care and Treatment, Regulation 17 - Good Governance, and Regulation 18 – Staffing, of the Health and Social Care Act 2008. The practice was required to correct the regulatory breaches set out in the warning notice relating to Regulations 12 and 18 by 1 September 2017 and Regulation 17 by 27 October 2017. The full comprehensive report of the 9 May 2017 inspection can be found by selecting the 'all reports' link for Locking Hill Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 15 November 2017 to confirm that the practice had met the legal requirements with regard to the warning notices served following the comprehensive inspection in May 2017. This report covers our findings in relation to those requirements. Due to the focused nature of this inspection the ratings for the practice have not been updated. We will conduct a comprehensive inspection at a later date to determine their compliance with all requirements of the Health and Social Care Act 2008.

We found the practice had reviewed and revised many systems and processes. They had worked with a range of groups including, Gloucestershire Clinical Commissioning Group, NHS England and their patient participation group to achieve this. We found they had made significant improvements and were now meeting most of the regulations they had previously breached that had led to the issuing of the warning notices. We found that some systems had been introduced too recently to enable us to make an adequate assessment of their continued effectiveness in meeting the regulations previously breached.

Our key findings were:

- The practice had revised its governance arrangements and management meetings now included team managers. They had reviewed and clarified the roles and accountability of the partners and team managers.
- There was a new two year strategy in place.

Summary of findings

- We saw evidence the practice had reviewed and revised many of their policies and procedures and introduced some new ones, such as a whistleblowing policy.
- We were informed the practice had worked with all the teams within the practice and had achieved a more inclusive and supportive culture. We spoke to a number of staff who confirmed this.
- The practice had appropriate systems to assess, monitor, manage and mitigate risks to the health and safety of patients who used their services. This included fire safety and legionella. In some cases the practice system for recording actions taken to deal with issues identified was unclear.
- We were told all staff had received an appraisal in the last year and we saw documentary evidence to support this. The practice had also introduced a system of staff having monthly or bi-monthly one-to-one sessions with their line manager.
- We saw evidence staff had received essential training appropriate to their role.
- The practice was in the process of introducing a new IT management system to help manage and record a range of issues including staff training and appraisals. We were told this system had not been fully introduced and that the process of transferring records was ongoing.
- The practice had reviewed and revised their system for dealing with complaints. Although patients were given information on how to escalate complaints if they were not satisfied with the practice response, this information was not always included in the final letter from the practice, as recommended in guidance.

The areas where the provider should make improvements are:

- Review management systems to record actions taken and completed in relation to areas identified as requiring action, such as those from a risk assessment or infection control audit.
- Review the complaints process so that patients are given information on how to escalate a complaint if they are not satisfied with the practice response.
- Continue to work to ensure recent improvements and changes made become embedded in the practice.

The Care Quality Commission is satisfied that the areas within the warning notices have been addressed adequately and the practice is now compliant with regard to the notices. 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

Locking Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a lead CQC Inspector and a second CQC Inspector.

Background to Locking Hill Surgery

Locking Hill Surgery is a GP practice located in the Gloucestershire town of Stroud. It is one of the practices within the Gloucestershire Clinical Commissioning Group and has approximately 9,700 patients. There are five GP partners and two salaried GPs, supported by two minor illness nurse practitioners, two practice nurses, one health care assistant and an administration team of 20 led by a practice manager.

The practice building is purpose built with all patient services located on the ground floor. These include; six consulting rooms, three treatments rooms, an automatic front door, a self-check in appointment system and a toilet with access for people with disabilities.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally. The practice has a slightly higher than average patient population over 45 years old. Average male and female life expectancy for the area is 80 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and a range of health lifestyle management and advice including asthma management, diabetes, heart disease and high blood pressure management.

The practice is a teaching and training practice. (Teaching practices take medical students and training practices have fully qualified doctors undertaking final experience before becoming a GP, who are usually referred to as registrars). At the time of our inspection they had one registrar working with them.

The practice is open between 8am and 6.30pm Monday to Friday. Routine GP appointments are available between 8am and 11am, 1.30pm to 3pm and 4.30pm to 6pm every weekday. A duty doctor is available from 8am to 6.30pm to deal with emergencies. Extended hours morning appointments are offered from 7am to 8am on Monday and Thursdays, and evening appointments on alternate Monday and Wednesday from 6.30pm to 8pm. Appointments can be booked over the telephone, via the internet or in person at the surgery. The practice is also able to make appointments for patients at the local Choice+ clinics if this was appropriate. (Choice + clinics provide additional appointments to patients following strict criteria, at several locations across Gloucestershire.)

When the practice is closed patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by Care UK and can be accessed by calling NHS 111.

The practice has a Personal Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following site:

- Locking Hill Surgery, Locking Hill, Stroud, Gloucestershire, GL5 1UY

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Locking Hill Surgery on 9 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate. The full comprehensive report following the inspection in May 2017 can be found by selecting the 'all reports' link for Locking Hill Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Locking Hill Surgery Centre on 15 November 2017. This inspection was carried out to review in detail the actions taken by the practice to meet the legal requirements of the Health and Social Care Act 2008 that had been breached in May 2017 and subject to the issue of three warning notices. The warning notices that related to Regulation 12 (Safe Care and Treatment); Regulation 17 (Good Governance); and Regulation 18 (Staffing), of the Health and Social Care Act 2008 were followed up at this inspection.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff, including three GPs, the practice manager, the reception team manager and one practice nurse.
- Looked at a range of documentary management records held by the practice.

Are services safe?

Our findings

What we found at our previous inspection in May 2017

At our previous inspection we rated the practice as inadequate for providing safe services. The practice was issued a warning notice under Regulation 12 - Safe care and treatment, of the Health and Social Care Act 2008. The regulatory breaches which we set out in the warning notices relating to the provision of safe services were:

- The practice was failing to do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who used their services. For example,
- They had not assessed the risk of legionella
- There was no evidence that issues identified in the last infection control audit had been addressed or actioned.
- On the day of our inspection they did not have an up to date fire risk assessment.
- They did not have a health and safety policy
- On the day of our inspection there was no health and safety poster displayed giving staff statutory information.
- They had not carried out any fire drills so were unable to adequately assess whether their evacuation plan would be effective in an emergency.
- The practice arrangements for storing vaccines were not in line with recognised guidance. They did not record the maximum or minimum temperatures of the vaccine fridges or reset the thermometer daily.
- The practice did not have an adequate range of emergency medicines available.
- Not all medicines were kept securely.

- The practice did not ensure that all medicines and medical equipment was in date and able to be used.
- The practice did not have an effective system to ensure all correspondence received from out of hours services was appropriately actioned.
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What we found on this inspection

On this inspection we found the practice had made improvements and had taken action to now meet the regulations they had previously breached that had led to the issuing of the warning notice. For example;

- The practice had commissioned an external contractor to carry out a legionella risk assessment and had completed many of the recommended actions. They had a lead member of staff for this and a system to ensure the routine checks that had been recommended were carried out. However, we found the practice system for recording actions taken to meet the recommendations were not always clear. They had developed a new policy for legionella prevention.
- We saw evidence they had completed an infection control audit and taken appropriate action on issues identified.
- The practice had commissioned an external contractor to carry out a fire risk assessment and had completed many of the recommended actions. Some of the recommendations related to routine ongoing actions, such as testing the fire alarms, while other were non-routine actions, such as ensuring fire doors met the required standards. They had a lead member of staff for fire prevention and a system to ensure the routine checks that had been recommended were carried out. However, we found the practice system for recording the actions taken to meet some of the initial non-routine recommendations were not always clear. The practice had revised their fire policy to ensure it reflected correct procedures.
- The practice had revised their health and safety policy. The practice planned to give a copy to all staff in the form of a booklet. There was a health and safety poster displayed in the staff meeting room giving staff statutory information.
- The practice had revised their procedures for storing vaccines. We saw evidence they were recording maximum and minimum temperatures of the vaccine fridges and resetting the thermometer daily in line with recognised guidance to ensure vaccines were safe and effective to use.
- We saw evidence the practice had revised their processes for medicines safety. All medicines and medical equipment was in date and able to be used. We looked at the practice systems for checking medicines and equipment and we checked their emergency medicines to ensure they were all in date.
- We saw evidence the practice had assessed which emergency medicines they should stock.

Are services safe?

- The practice had a policy on how correspondence received from out of hours services should be dealt with. Administration staff had been trained in the new procedure and we saw examples of correspondence being dealt with appropriately.

We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in May 2017

At our previous inspection we rated the practice as inadequate for providing effective services. The practice was issued a warning notice under Regulation 18 - Staffing, of the Health and Social Care Act 2008. The regulatory breaches which we set out in the warning notices relating to the provision of effective services were:

- People employed by the practice were not receiving such appropriate support, training, supervision and appraisal to enable them to carry out the duties they were employed to perform.
- The practice did not ensure all staff had the recommended essential training appropriate to their role.
- The practice did not have any induction training / information ready for locum GPs.

What we found at this inspection in November 2017

On this inspection we found the practice had made improvements and were now meeting the regulations they had previously breached that had led to the issuing of the warning notice. Specifically;

- The practice had reviewed and revised their system for ensuring all staff received appropriate support, training, supervision and appraisal. We were told all staff had received an appraisal in the last year and we saw evidence to support this. We saw they had also introduced a system of staff having monthly or bi-monthly one-to-one sessions with their line manager. Staff we spoke to valued this.
- The practice was in the process of introducing a new IT management system to help them manage and record a range of issues including staff training and appraisals. We were told this system had not been fully introduced and the process of transferring records into it was ongoing.
- We saw evidence staff had received essential training appropriate to their role. For example, all staff had received child safeguarding training to a level appropriate for their role, and all staff had recieved training the the Mental Capacity Act, information governance and infection control.
- The practice had introduced a new locum GP induction pack. This meant that locums could readily familiarise themselves with the systems and processes in the practice to provide effective care.

We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

Are services well-led?

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

Our findings

What we found at our previous inspection in May 2017

At our previous inspection we rated the practice as inadequate for providing well-led services. The practice was issued a warning notice under Regulation 17 - Good governance, of the Health and Social Care Act 2008. The regulatory breaches which we set out in the warning notices relating to the provision of well-led services were:

- The practice was failing to assess the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and have adequate measures to minimise those risks. The omissions we found on our inspection had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have adequate arrangements for governance oversight and management to ensure all staff received the essential training appropriate to their role and the practice was unable to demonstrate that staff had the skill, knowledge and training to carry out their roles. The omissions we found on our inspection had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have adequate arrangements for governance oversight and management to ensure all staff received regular appraisal. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice was failing to maintain adequate records, such as policies and procedures and staff recruitment records.
- The practice did not have an effective system to ensure all safety and medicines alerts were actioned where appropriate. This omission had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have an effective system for reporting, investigating and learning from significant events and informing patients where appropriate. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have an appropriate or effective system for recording, investigating and responding to complaints. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.
- The practice did not have effective systems to assess, monitor and carry out quality improvement activity. For example, there was no plan or policy in relation to audits and other quality improvement activity. These omissions had not been identified and acted upon as part of a system or process established and operated effectively to ensure compliance with the requirements.

What we found at this inspection

On this inspection we found the practice had taken action to meet the conditions of the warning notice. In some areas not enough time had elapsed since the introduction of new systems to allow an adequate assessment of their effectiveness to be made. We have not re-rated the practice because they will be subject to a further inspection to determine their compliance with all requirements of the Health and Social Care Act 2008.

Vision and strategy

The practice had revised their vision statement and values. We were told the whole staff team and been involved in these. There was a new two year strategy in place.

Governance arrangements

- The practice had revised their governance arrangements. Management meetings now included team managers and they had reviewed and clarified the roles and accountability of the partners and team managers.
- The practice had assessed the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and we saw evidence they had taken appropriate measures to minimise those risks.
- The practice had introduced a new system for managing a range of activities including, staff training, staff appraisals and risk management.
- We saw evidence the practice had reviewed and revised many of their policies and procedures and introduced

Are services well-led?

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

some new ones, such as a RIDDOR policy setting out how they will meet the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 and a whistleblowing policy. Some revised policies, such as their recruitment policy had been reviewed but not yet formally adopted. We heard the practice had developed a system called "Policy of the Month", to help them ensure all staff were aware of the new policies being introduced and the key changes in those that had been revised.

Leadership and culture

We were told the practice had worked with all the teams within the practice and had achieved a more inclusive and supportive culture. We spoke to a number of staff who confirmed this.

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

The practice had reviewed and revised their system for dealing with complaints. The practice manager was responsible for doing any investigations which were required in response to a complaint. We looked at two complaints they had received since our last inspection and found they had been appropriately dealt with. However, although patients were given information on how to escalate the complaint if they were not satisfied with the practice response, this information was not always included in the final letter from the practice, as recommended in national guidance.

Continuous improvement

- The practice had introduced a new Quality Improvement protocol and reporting forms.
- The practice had revised their system for reporting, investigating and learning from significant events and informing patients where appropriate. We reviewed minutes from a Significant Event meeting held in August 2017 and two significant event reports and saw appropriate action had been taken and learning points identified.
- The practice had appointed an Audit Clerk to help the practice coordinate the clinical and non-clinical audits undertaken by practice staff.