

New Longton Surgery

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.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This is a focused desk-top review of evidence supplied by New Longton Surgery, for areas within the key question safe. This review was completed on 1 December 2016.

On review of the documentation provided by the practice, we found the practice had not made sufficient improvement in providing safe services. Overall, the practice is rated as good.

The practice was previously inspected on 26 August 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At that inspection, the practice was rated 'good' overall. However, within the key question safe several areas were identified as 'requires improvement'. No requirement notices were issued at that time, although the report identified a number of areas where the practice should make improvements.

At the inspection in August 2015 we found that while the practice was visibly clean and tidy, neither infection

control nor cleaning audits had been carried out and the practice's cleaning policy had not been fully implemented, as there were no cleaning schedules stipulating what needed to be cleaned and when. Clinical equipment was calibrated to ensure that it was functioning properly. However, not all electrical appliances on site had been tested as frequently as required to ensure they were safe, for example equipment in reception and the treatment room was due to be tested in January 2015 but we did not see evidence that this had occurred.

Additionally the practice's recruitment policy had not been fully followed when appointing a new member of staff; the interview had not been documented.

Other issues noted during the inspection included:

- Training around the Mental Capacity Act 2005 had not been accessed by all relevant staff.

Summary of findings

- Although some audits had been carried out, we did not see evidence that audits were driving improvement in performance to improve patient outcomes as we were informed these were reflected on personally but not shared within the practice.
- There was no risk assessment relating to reception staff carrying out chaperoning duties and reception staff who acted as chaperones had not received disclosure and barring service checks (DBS) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice was not required to supply a formal action plan but did provide documents subsequent to the inspection demonstrating improvement actions carried out. In November 2016, the practice supplied a range of documentation for review.

These included a cleaning schedule, copies of an infection prevention and control audit, an audit on reception completing tasks as requested by GPs, a risk assessment for DBS checks on chaperones and confirmation staff had completed safeguarding training and understood the Mental Capacity Act.

The practice also demonstrated improvement in the other areas identified in the report from August 2015 which did not affect ratings. The evidence provided by the practice for review did not provide assurance that governance arrangements had improved adequately around providing safe care and monitoring and improving the quality of care.

The areas where the practice must make improvement are:

- Provide assurance that the practice recruitment policy will be followed for all recruitment including keeping records of interviews.
- Ensure all electrical equipment is tested for safety in line with guidance and records are kept.
- Ensure the risk assessment for staff who act as chaperones adequately reflects the guidance issued by the General Medical Council and Care Quality Commission and addresses potential risks to patient safety.
- Introduce formal quality improvement procedures including regular two cycle clinical audit of clinical care.

Professor Steve Field (CBE FRCP FFPH FRCGP)

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?

In line with agreed timescales the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to staffing and good governance since the inspection carried out in August 2015.

Evidence supplied by the practice included a number of policies and key documents which showed where improvements had been made, including:

The cleaning schedules and a copy of an infection prevention and control audit in September 2016, with actions taken.

The Mental Capacity Policy and confirmation staff attended safeguarding training which included identification of people who lacked capacity.

A protocol for the use of the nebuliser.

A two cycle audit of administration staff completing actions for tasks sent by GP's for patient appointments.

A risk assessment regarding the use of administrative staff as chaperones

However, at the time of the desk top follow up inspection, the practice was unable to provide evidence to demonstrate that improvements had been made to assure that records of recruitment interviews would be kept. We were informed that portable appliance testing (PAT testing to give assurance electrical equipment is safe) was due to be carried out in November 2016 although no evidence was provided that this was completed and there was no evidence provided to say that items which had not been tested in August 2015 were tested subsequently to the first inspection.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services well-led?

The practice is rated as good for providing well-led services.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health.

This rating was given following the comprehensive inspection in August 2015. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

Areas for improvement

Action the service **MUST** take to improve

- Provide assurance that the practice recruitment policy will be followed for all recruitment including keeping records of interviews.
- Ensure all electrical equipment is tested for safety in line with guidance and records are kept.
- Ensure the risk assessment for staff who act as chaperones adequately reflects the guidance issued by the General Medical Council and Care Quality Commission and addresses potential risks to patient safety.
- Introduce formal quality improvement procedures including regular two cycle clinical audit of clinical care.

New Longton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who reviewed and analysed the documentary evidence submitted by the practice.

Background to New Longton Surgery

New Longton Surgery is a small practice in the residential area of New Longton, on the outskirts of Preston. It provides primary medical care for a list size of 1,655 patients. The patient population of the practice contains a higher proportion of older people than is the average across England (29% are aged over 65 years, compared to the national average of 17% and 12% are aged over 75 years compared to the national average of 8%). Conversely, there is a lower proportion of younger patients in the practice population; 4% are aged between 0 and 4 years (compared to the national average of 6%) and 10% are aged between 5 and 14 (compared to the national average of 11%).

The practice is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a General Medical Services (GMS) Contract.

The staff team is made up of two partner GPs (one male and one female) and a female salaried GP. The GPs are supported by a practice nurse. Non clinical staff included a practice manager and three reception and administration staff. The practice manager also undertakes the responsibility of medicines coordinator.

Information published by Public Health England rates the level of deprivation within the practice population group as

ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The proportion of the practice's patient population who are unemployed is 2%. This is lower than the national average of 6%. The number of disability allowance claimants (per 1000) on the practice's patient list is 36, compared to the national

average of 50. The practice population has a slightly lower proportion of patients suffering with a long-standing health condition than is the average nationally; 48% compared to 54%.

The practice is open between 8:00am until 6:30pm Monday to Friday, except for Thursdays when the opening hours are 8:00am until 1:00pm. Appointments with the GPs are available between 9:00am to 11:30am and 3:30pm to 5:00pm on weekdays other than Thursday, where appointments run between 9:00am and 11:30am. The practice also offers extended opening on a Sunday morning between 8:00am and 11:00am. The practice nurse works for 10 hours per week split between Mondays and Fridays. A phlebotomist (provided by an external NHS Trust) runs a three-hour weekly clinic in the practice on a Wednesday morning.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Go to Doc.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 16 November 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action to improve in line with the Health and

Detailed findings

Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How we carried out this inspection

At the inspection in August 2015, we found that safe care and treatment required improvement. The practice was not required to submit a formal action plan to CQC but did provide evidence to show that they were addressing the issues identified during the inspection.

In November 2016, the practice provided a range of electronic documentation for review. This included policies, cleaning schedules and details of training.

We also spoke with the practice manager who explained what improvement actions had been taken by the practice.

We reviewed the report of the inspection in August 2015 and documentation submitted by the practice and made an assessment of this against the regulations.

Are services safe?

Our findings

At the inspection in August 2015 we found that while the practice was visibly clean and tidy, neither infection control nor cleaning audits had been carried out and the practice's cleaning policy had not been fully implemented, as there were no cleaning schedules stipulating what needed to be cleaned and when. Clinical equipment was calibrated to ensure that it was functioning properly. However, not all electrical appliances on site had been tested as frequently as required to ensure they were safe, for example equipment in reception and the treatment room was due to be tested in January 2015 but we did not see evidence that this had occurred. Administrative staff acted as chaperones, though they had not had disclosure and barring service (DBS checks identify whether a person has a criminal record or is on an official list of people barred for working in roles where they may have contact with children or adults who may be vulnerable) and no risk assessment had been carried out to identify and mitigate potential risks.

Additionally the practice's recruitment policy had not been fully followed when appointing a new member of staff; the interview had not been documented.

During November and 1 December 2016, the practice provided the following documents:

- The cleaning schedules.
- An infection prevention and control audit in September 2016, with actions taken.

- The Mental Capacity Policy and confirmation staff had attended safeguarding training which included identification of people who lacked capacity.
- A two cycle audit of administration staff completing actions for tasks sent by GP's for patient appointments. There was no evidence provided of clinical audit carried out by clinicians reviewing aspects of clinical care.
- A risk assessment regarding the use of administrative staff as receptionists and the necessity for disclosure and barring service checks. This document cited cost and risk of not providing a chaperone as reasons for not conducting DBS checks. Upon review, this did not provide assurance that the provider was actively mitigating potential risks to patients.

The practice had not recruited any staff since the inspection in August 2015 and was unable to provide evidence to demonstrate that improvements had been made to assure that records of recruitment interviews would be kept.

We were informed that portable appliance testing (PAT testing to ensure electrical equipment is safe for use) was due to be carried out in November 2016 although no evidence was provided for PAT testing subsequent to the inspection in August 2015.

The practice had made some improvements which had not affected the report ratings also. These included changes to the recording and monitoring of complaints and the introduction of a protocol for the use of the nebuliser.

We discussed the work which had been done to increase engagement with patients and develop a patient participation group.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

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

Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe.

However, the practice submitted documentation which demonstrated some changes had been made in other

areas including improving the way in which complaints were recorded, introducing a protocol for the use of the nebuliser and work to increase engagement with patients and develop a patient participation group.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice could not provide evidence that governance arrangements were adequate.</p> <p>Specifically no evidence was provided regarding retention of recruitment documents to assure that the practice would follow their recruitment policy in future.</p> <p>Potential risks to staff and patients had not been addressed for example evidence was not provided to confirm that portable appliance and electrical safety checks had been carried out on all equipment.</p> <p>The risk assessment provided for administrative staff acting as chaperones did not reflect current GMC or CQC guidance and referred to cost as an issue for not conducting DBS checks.</p> <p>One two cycle audit showed review of administrative staff actions. No clinical audit of clinical care was evidenced to demonstrate continual improvement in patient care.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>