

Grafton Surgery

Quality Report

Canvey Island Primary Care Centre
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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 effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grafton Surgery on 15 June 2016. Further unannounced visits were carried out on 21 and 22 June 2016 as part of this inspection process. Overall the practice was rated as inadequate.

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, training records were incomplete and appropriate recruitment checks on staff had not been recorded.
- Many policies were out of date or missing and no infection control audits had been carried out since 2012. The business continuity plan had not been reviewed since 2010 and contained out of date information.
- Significant events had not been documented for the last 12 months.
- There were adequate arrangements in place for dealing with medical emergencies; however there was no first aid kit or accident book readily available.
- We found evidence to demonstrate that MHRA alerts had not been actioned.
- Patient Group Directives (PGDs) used by nursing staff were available but they were not all signed by a manager or prescriber.
- There was no effective system in place for repeat prescribing of high risk medicines.
- Prescriptions were stored securely but their use was not monitored.
- Due to discrepancies in data we examined, we could not be assured that patients were being consistently and appropriately recalled or reviewed.
- Improvements in patient outcomes were hard to identify as audits provided were single cycle and did not demonstrate any improvement due to actions taken.
- The practice worked with other health and social care organisations to offer a multidisciplinary care to patients with complex needs.
- Data from the national patient survey, published in January 2016, showed patient satisfaction was below local and national averages.

Summary of findings

- Patients we spoke with told us of concerns regarding their interactions with some clinical staff and said they were not always treated with compassion or dignity. We did receive positive feedback regarding reception staff.
- The practice had only identified 0.7% of patients as carers and had not offered any additional support to these patients, although leaflets were available in the waiting area.
- The practice routinely contacted families who had suffered bereavement.
- There was a system in place for dealing with complaints. Most complaints we reviewed had been responded to appropriately; however some were incomplete. There was no evidence of sharing learning outcomes from complaints.

- The practice had recently formed a patient participation group (PPG) and had held a first meeting to gain patient feedback.
- Some staff had received appraisals on an ad-hoc basis but reported them to be ineffective.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements. Some staff reported feeling unsupported, particularly with their training needs.

The provider of this service at the time of publication is no longer registered with the Care Quality Commission.

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?

The practice was rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, we found no evidence of such events being documented in the last 12 months.
- Staff understood how to recognise and respond appropriately if they had concerns about a patient; however there was insufficient evidence to demonstrate that all staff had received appropriate safeguarding training.
- There were arrangements for dealing with medical emergencies including a defibrillator, emergency oxygen and emergency medicines. There was no first aid kit or accident book readily available.
- MHRA and patient safety alerts were received by the practice; however we found evidence that showed these alerts were not actioned to protect patient safety.
- We found the premises to be visibly clean and tidy; however there was not an infection control policy available and no infection control audits had been completed since 2012.
- Prescriptions were stored securely but their use was not monitored.
- There were no effective systems in place for repeat prescribing of high risk medicines.
- The nurses had Patient Group Directives (PGDs) available; however not all were signed by a manager or prescriber.
- Recruitment checks were incomplete; for example, clinical staff did not have a record of their registration with the appropriate professional body and only two members of staff had appropriate checks through the Disclosure and Barring Service.
- The business continuity plan had not been updated since 2010 and detailed out of date information.

Inadequate



Are services effective?

The practice was rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. However, exception reporting was very high for some indicators.

Inadequate



Summary of findings

- Discrepancies in data we collected could not assure us that all patients had their needs assessed and care delivered in line with current evidence based guidance.
- Clinical audits did not demonstrate quality improvement as they were single cycle audits.
- There was some evidence of appraisals for staff; however staff reported that the process had not provided a constructive approach for feedback.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Training records were incomplete and could not assure us that clinical staff were up to date with all their competencies.
- There was a locum pack available to GPs; however this was out of date.
- Staff had an understanding of gaining consent and told us they would record appropriately; however the recording forms did not relate to the practice.

Are services caring?

The practice was rated as inadequate for providing caring services.

- Data from the national GP patient survey, published in January 2016, showed patients rated the practice lower than others for many aspects of care.
- Information from patients on how well they were treated included examples of where they were not treated with respect and where some staff lacked compassion. We did receive some positive feedback regarding some clinical staff and the reception staff.
- The practice had only identified 0.7% of their practice list as carers and there was no additional support offered to these patients, although there was a leaflet available in the waiting area.
- Staff routinely contacted families who had suffered bereavement and sent a sympathy card in addition to offering additional support.

Inadequate



Are services responsive to people's needs?

The practice was rated as inadequate for providing responsive services.

- Data from the national GP patient survey, published in January 2016, showed patients rated the practice lower than others regarding access to services.

Inadequate



Summary of findings

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice was a member of the local GP Alliance which offered patients weekend appointments at an alternative location.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

The practice was rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was no clear leadership structure and staff did not always feel supported by management.
- The practice had some policies and procedures to govern activity, but many of these were out of date.
- The practice had started to have practice meetings; however at the time of our inspection, these were not documented.
- The practice had started to seek feedback from staff and patients. A patient participation group had recently been formed and one meeting had been held.
- Staff told us they had not received regular performance reviews and had not had clear objectives in the past.

Inadequate



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 was rated as inadequate for the care of older people. The provider was rated as inadequate for providing safe, effective caring, responsive and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- The practice told us they were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Facilities provided were suitable for patients with poor mobility.
- Due to discrepancies in data we examined we could not be assured that the care and treatment of older people always reflected current evidence-based practice.

Inadequate



People with long term conditions

The practice was rated as inadequate for the care people with long-term conditions. The provider was rated as inadequate for providing safe, effective caring, responsive and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP.
- Due to discrepancies in data we examined, we could not be assured that patients with long-term conditions were consistently and appropriately recalled and reviewed.
- For those patients with the most complex needs, the practice had started to work with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Families, children and young people

The practice was rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for providing safe, effective caring, responsive and well-led services. The issues identified as inadequate overall affected all patients including this population group.

Inadequate



Summary of findings

- The practice told us they identified and followed up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to local averages for standard childhood immunisations.
- The practice told us that children and young people were treated in an age-appropriate way.
- Cervical screening rates were higher than local and national averages, although exception reporting for cervical screening was significantly higher than average. Data we examined demonstrated that some patients were inappropriately exception reported for cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice was rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for providing safe, effective caring, responsive and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- The practice was a member of the local GP Alliance which offers appointments at weekends at an alternative location.
- Appointments could be booked online and telephone consultations were also available.
- The practice utilised WebGP, an online service for patients to request advice from their GP.
- The practice offered NHS health checks.

Inadequate



People whose circumstances may make them vulnerable

The practice was rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for providing safe, effective caring, responsive and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- Staff understood how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However training records could not demonstrate that all staff had received appropriate safeguarding training.

Inadequate



Summary of findings

- The practice was unable to confirm how many patients with learning difficulties had received health checks and if these health checks had been followed up.
- The practice offered longer appointments for any patients who needed them.
- The practice had started to work with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

The practice was rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for providing safe, effective caring, responsive and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- Due to discrepancies in some data we examined we could not be assured that patients were being consistently recalled and reviewed in line with national guidance.
- The practice had started to work with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Inadequate



Grafton 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, a practice manager specialist adviser and a second CQC Inspector.

Background to Grafton Surgery

Grafton Surgery was located within the Primary Care Centre in Canvey Island, Essex. The purpose built centre offered free parking for patients as well as a drop off point for patients with limited mobility.

At the time of our inspection, Grafton Surgery had a list size of 6,153 patients.

There were two GP partners at Grafton Surgery; one male and one female. There were two practice nurses and one health care assistant. There was a practice manager, two medical secretaries, one prescribing clerk and five receptionists.

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 8.30am and 12.30am every morning and between 2pm and 5.30pm every afternoon.

Grafton Surgery was a member of the local GP Alliance which offered weekend appointments to patients at an alternative location in the local area.

When the practice was closed, patients were directed to out of hours services by calling 111. These services were provided by Integrated Care 24.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 June 2016. Further unannounced visits were carried out on 21 and 22 June 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a healthcare assistant, the practice manager and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed a sample of the personal care or treatment records of patients.

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

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

Detailed findings

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Are services safe?

Our findings

Due to the delay between inspection and the publication of the report, we have only reported a summary of the findings and the ratings.

Are services effective?

(for example, treatment is effective)

Our findings

Due to the delay between inspection and the publication of the report, we have only reported a summary of the findings and the ratings.

Are services caring?

Our findings

Due to the delay between inspection and the publication of the report, we have only reported a summary of the findings and the ratings.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Due to the delay between inspection and the publication of the report, we have only reported a summary of the findings and the ratings.

Are services well-led?

Inadequate 

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

Our findings

Due to the delay between inspection and the publication of the report, we have only reported a summary of the findings and the ratings.