

Circuit Lane Surgery

Quality Report

53 Circuit Lane
Reading
Berkshire
RG30 3AN
Tel: 01189 582537
Website: www.circuitlanesurgery.co.uk

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Circuit Lane Surgery on 24 January 2017. The overall rating for the practice was inadequate. The practice was placed into special measure requires improvement and

conditions were applied to the registration. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Circuit Lane Surgery on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 2 June 2017 to check that the practice was complying with the conditions imposed upon their

Summary of findings

registration arising from the breaches in regulations that we identified in our previous inspection on 24 January 2017. This report covers our findings in relation to those conditions and also additional improvements made since our last inspection. Due to the nature of this inspection the ratings have not been reviewed.

Our key findings were as follows:

- Clinical governance systems in place showed improvement but were in early stages of implementation and it was too early to evaluate the sustainability of the structures and systems put in place.
- There was a system in place to ensure test results were reviewed and action taken, when required, in a timely manner.
- A system was in place to ensure the timely production of repeat prescriptions.
- A process had been introduced to ensure correspondence from hospitals and other agencies was filed into patient records and reviewed by clinicians in an appropriate timescale.
- GP and nursing staffing levels had been increased to provide a wider range of appointments for patients. However, there remained reliance upon locum and agency staff and continuity of care could not be assured.
- Training needs had been identified but not all mandatory or relevant training had been completed. The timetable for completion of identified training had not been completed due to the practice prioritising improvement around the most significant risks.
- We found additional risks relating to monitoring of fridge temperature checks, monitoring and recording checks of emergency equipment and medicines, security of consulting rooms and disposable curtains were not changed on a regular basis. This

demonstrated that whilst improvements had been made the provider had not appropriately monitored, mitigated and taken timely action against the risks and concerns we identified during the inspection.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Following our previous inspection on 24 January 2017 we applied six conditions upon the practice registration that required urgent action by the practice. The improvements found at this focussed inspection have enabled CQC to remove three of these conditions. However, the practice remains in special measures as the improvements achieved thus far could not be tested for their sustainability and additional breaches of regulation were found. Special measures will continue to give people who use the service the reassurance that the care they get should improve.

The service will be kept under review and if needed could be escalated to further urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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 had demonstrated some improvement and ensured timely processing of repeat prescription requests.
- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were learnt from significant events and staff we spoke with informed us that significant events were discussed during the team meetings.
- The practice had reviewed and improved clinical staffing levels. However, staff we spoke with on the day of inspection raised concerns regarding the lack of cover within the administrative staff team.
- Records showed fridge temperature checks were not carried out daily to ensure medicines were kept at the required temperatures.
- The practice did not maintain records of checking emergency equipment or medicines. Out of date items were found. The levels of oxygen held had not been noted or risk assessed.
- Systems to maintain security of clinical rooms and practice computers were not operated consistently.

Are services effective?

- The practice had demonstrated improvement in monitoring of the document management system, referral management system and blood test results.
- The practice had reviewed and improved the systems in place to effectively monitor medicine reviews for patients with long term conditions and those taking repeat medication.
- In addition, the practice had completed reviews for patients taking lithium therapy for long term mental health conditions.
- The practice had conducted a review of the staffing levels and additional clinical staff had been appointed although the majority of these staff were either locums or agency staff. This meant that a continuity of care could not be assured.
- Role specific mandatory training had not been completed in a timely manner.

Summary of findings

Are services responsive to people's needs?

- The practice had increased the clinical staffing levels and improved the availability of appointments. The next pre-bookable appointment with GPs was available within 10 working days.
- We saw evidence on the rosters that during the two weeks prior to the inspection there were an average of four GPs and two advanced nurse practitioners on duty every morning.
- There was a mix of appointment types available including a sit and wait clinic held every morning. Patient feedback about this service was positive.
- Clinical pharmacists had been appointed and their job role included undertaking medicine reviews.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

- The practice had reviewed and improved their clinical governance systems, the staffing structures and operating systems. The North and West Reading Clinical Commissioning Group (CCG) had worked alongside the practice in implementing the changes and had withdrawn their input in the last month. It was, therefore, too early to test the sustainability of the practice governance and leadership capabilities into the future.
- We found additional breaches of regulation that had not been identified by quality monitoring processes prior to inspection. This demonstrated that governance monitoring procedures were not always discharged consistently or effectively.
- The practice was seeking to place a full time practice manager at the practice. There was evidence of an ongoing recruitment programme for salaried GPs. However, during the inspection we observed a heavy reliance upon agency and locum staffing to provide appropriate levels of clinical input. Whilst some of these staff were committed to work at the practice in the medium term others were not and this did not offer continuity of care to patients.
- The practice had appointed a lead practice nurse whose duties were split with a neighbouring practice.
- The provider was regularly submitting weekly information requested under Section 64 of the Health and Social Care Act 2008. On the day of inspection we verified this information, which was accurately submitted.

Summary of findings

- The practice had made improvements in governance and monitoring of the electronic document management system, referral management system and blood test results.

Summary of findings

What people who use the service say

Patient feedback regarding the service in the last three months was mixed.

On the day of inspection we spoke with 12 patients, received one completed CQC comment card and also spoke with a member of the patient participation group (PPG). They told us they had noticed some improvements in the last three months. The majority of patients commented positively about the walk in clinic. They told us how this had improved urgent access to the practice. However, most patients also said they would like to see further improvement in the availability of pre-bookable appointments. Patients also sought additional information about the clinicians who were not GPs and what services these staff offered. All patients we spoke with reported improvement in the turnaround of their prescription requests. Patients providing positive feedback said staff were helpful, caring and treated them with dignity and respect.

Reading Healthwatch had conducted an enter and view visit on 25 May 2017. They spoke with, or received feedback from 26 patients or their relatives and carers. The feedback from this group included:

- 35% of patients said they still found it difficult to obtain an appointment
- 71% said they obtained their repeat prescription within two to five days.

- 44% said they had seen improvement in service since September 2016 but more changes were needed.
- 46% said the practice was keeping them informed about changes in the service
- 62% said they were not sure if the clinician they were seeing was appropriate to their needs or they would like further information about the clinicians who were not GPs.

In addition to the statistical analysis Healthwatch sought comments from patients that contributed feedback. The comments received showed themes of difficulty in getting through by telephone to book appointments, difficulty in obtaining a pre bookable appointment and an improvement in staff attitude and support from staff. Healthwatch observations included:

- Finding 11 patients waiting in person to book appointments as the practice opened.
- Polite and caring interaction between reception staff and patients
- The first pre bookable appointment was 12 working days from the time of the visit.

The last NHS friends and family test (FFT) results available on the practice website were from February 2017. These showed only 8% of patients were likely or extremely likely to recommend this practice.

Circuit Lane 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 CQC GP specialist advisor and a second inspector.

Background to Circuit Lane Surgery

Circuit Lane Surgery is located in the Southcote area of Reading. One Medicare Ltd took over the contract following a procurement exercise led by the local clinical commissioning group (CCG) in September 2016.

The practice has been through a challenging four years with three changes in provider and a number of GPs and managers leaving, which has caused instability in the practice.

At the time of the inspection the services was staffed by 2.9 whole time equivalent (WTE) salaried GPs, supported by locum GPs, and 3.1 WTE nurses, supported by agency nurses. In addition there are administration staff, receptionists and a registered manager. There were male and female GPs available. The practice has an Alternative Provider Medical Services (APMS) contract.

The premises were purpose built as a medical centre and cover two storeys. All consulting and treatment rooms are on the ground floor. There are approximately 9,300 patients registered with the practice. This had reduced from 9,800 when we last inspected.

The age profile of the registered population is similar to the national average with slightly more patients aged between

55 and 69 than average. There are is significant experience among the local population of income deprivation. The ethnic mix of the population is varied, with a significant proportion of people originating from Nepal.

All services are provided from: Circuit Lane Surgery, 53 Circuit Lane, Southcote, Reading, Berkshire, RG30 3AN.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours are offered on both Monday and Thursday until 8pm. They are also offered on alternate Saturday mornings from 8.30am to 11am.

When the practice is closed, out-of-hours (OOH) GP cover is provided by the Westcall OOH service.

Why we carried out this inspection

We undertook a comprehensive inspection of Circuit Lane Surgery on 24 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate and was placed into special measure. Conditions were also imposed upon the registration of the practice. The full comprehensive report following the inspection on 24 January 2017 can be found by selecting the 'all reports' link for Circuit Lane Surgery on our website at www.cqc.org.uk.

We undertook a follow up an unannounced focused inspection of Circuit Lane Surgery on 2 June 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements and complying with the conditions applied to the registration.

Detailed findings

How we carried out this inspection

Prior to the inspection we contacted the North and West Reading Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Circuit Lane Surgery. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

During our visit we:

- Spoke with two GPs, an advanced nurse practitioner, a practice nurse, a health care assistant and four members of the administration team. We met with the interim practice manager.

- Received and reviewed five CQC staff questionnaires.
- Also spoke with 12 patients and a member of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- The GP specialist advisor reviewed an anonymised sample of the personal care or treatment records of patients. These were tested to corroborate that reviews of long term conditions and medicine reviews were taking place.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

Are services safe?

Our findings

When we inspected the practice on 24 January 2017, we rated the practice as inadequate and placed it in special measures. We rated provision of safe services inadequate and set conditions upon the registration of the practice as the arrangements were inadequate in respect of:

- Having sufficient staff on duty to maintain patients safety.
- Lack of timely response to patient and staff concerns regarding safe delivery of care and a lack of actions to mitigate risk.
- Ensuring prescriptions were processed, checked and authorised in a timely manner.

At this inspection we found some improvement. We noted that the CCG had worked on site with the practice to support their improvement plan. The CCG had withdrawn their input in the last month and it was too early to assess whether improvements made were sustainable. It was therefore necessary to retain a condition upon the provider to ensure they provided suitably qualified staff in sufficient numbers to maintain safe provision of services. Whilst production of prescriptions had improved we could not test if the improvement could be sustained.

Overview of safety systems and process

During our focused inspection we observed:

- Disposable curtains in four clinical rooms had passed their change by date. The curtains were due to be replaced in early May 2017 but remained in use.
- One of the consulting rooms was left with the door unlocked and the computer screen also left unlocked. We observed this to be the case for over eight minutes. The system to maintain security of consulting rooms and data on computer screens was not being operated effectively.
- The system to monitor temperatures of medicine fridges was not operated effectively or consistently. We reviewed the log of fridge temperature recordings and found that the records of fridge temperatures were missing for three Fridays and four Mondays since the 3 April 2017. The practice was unable to demonstrate that the temperatures had been checked on these seven occasions and that the medicines held in fridges were

therefore being maintained within relevant temperature ranges. The practice could not be assured that medicines requiring refrigeration were always being kept at appropriate temperatures.

Monitoring risks to patients

We found that improvement had been achieved in processing requests for repeat prescriptions.

- The practice demonstrated that the previous backlog of repeat prescription requests had been cleared by 1 March 2017.
- Our review of the repeat prescriptions awaiting processing identified that repeat prescriptions were being processed on the day of receipt to await clinician authorisation.
- The prescriptions produced on the day before inspection had been processed and we saw these were authorised by clinicians before we concluded the inspection. GPs were allocated time at the end of their clinic to check and authorise prescriptions. If they had any concerns relating to the repeat prescription they followed this up with the patient during the protected time at the end of their clinic.
- The 12 patients and member of the PPG we spoke with all reported improvement in the turnaround of their prescription requests. Patients said their repeat prescriptions were ready to collect from the practice in two working days or the medicines were available to collect from their chosen pharmacy within a week.

Arrangements to deal with emergencies and major incidents

We undertook observations around the practice to assess the capability to deal with an emergency.

- The emergency medicines stock contained three vials of water for injection that had passed their expiry date in March 2017. These were removed immediately.
- The defibrillator was recording a low battery reading. However, we were shown the order for a replacement battery. The order had been placed in the week prior to inspection.
- There were two cylinders of oxygen available for emergency use. One was found to be approximately 60% full and the other approximately 40% full. We could not find any records of checks of the emergency equipment but, noted that the practice had identified the need to replace the defibrillator battery.

Are services safe?

The practice did not have an effective system to ensure emergency equipment was maintained in a fit for purpose condition and record that emergency equipment and medicines had been checked.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice on 24 January 2017, we rated the practice as inadequate, placed it in special measures and applied urgent conditions to the registration of the practice. The arrangements were inadequate in respect of:

- Processing correspondence from other providers of care was not undertaken in a timely manner placing patients at risk.
- Completing medicine reviews for patients with long term conditions and those taking four or more medicines was below average.
- A backlog of summarisation of information into medical records.

At this inspection we found some improvements had been made.

Effective needs assessment

The practice had reviewed their systems for dealing with blood test results. Each GP on duty was allocated time during their clinics to review and action incoming test results.

- On the day of inspection the results awaiting GP review and action were those that had arrived that day. There had been an improvement in the system to deal with incoming test results. GPs we spoke with told us that the increase in clinical staff time provided them with the opportunity to review and decide action on test results in a timely manner.
- There was a system in place to ensure that when a GP who had requested a blood test was not on duty the result of the test was allocated to a colleague.

Management, monitoring and improving outcomes for people

The practice had cleared the backlog of summarising and correspondence from other providers of health and social care in compliance with the conditions applied in February 2017.

Data showed:

- That up to 26 May 2017 the practice had been processing incoming correspondence via a system called Docman (Docman enables practices to queue incoming correspondence for clinicians to review and the clinician to record the action taken or to be taken).

We noted that 95 pieces of correspondence had not been scanned and placed into Docman. The earliest piece of correspondence awaiting scanning was dated 30 May 2017. We noted that at least three of the pieces of correspondence were for filing purposes only having already been reviewed by a clinician. However, one document yet to be scanned into the patient record required the patient to receive a review of their medicine and this had yet to be brought to the attention of a GP. The staff timetable in place showed us that a member of staff was tasked with completing the scanning and directing the documents to clinicians to review and take action by the end of the day of inspection. The member of staff confirmed that they had the afternoon set aside to complete their scanning tasks for that week.

We also reviewed evidence that showed:

- The number of medicines reviews undertaken for patients taking four or more medicines had increased from 45% to 55%. The practice had recruited two clinical pharmacists with the second pharmacist joining the practice in April 2017. One of the tasks allocated to these members of staff was to undertake medicine reviews. It was too early to assess whether the recruitment of these staff would achieve significant further improvement in completion of medicine reviews.
- The improvement in the number of medicine reviews undertaken for patients with long term conditions was similar with increases of 5% to 10%. It was also too early to assess whether this improvement could be sustained into the future.
- Patients with long term mental health problems taking lithium medicines had all received a review of their medicines and their test results showed they were within therapeutic targets.

Effective staffing

The practice had conducted a review of the staffing levels in accordance with the conditions applied to their registration following their last inspection. Additional clinical staff had been appointed although the majority of these staff were either locums or agency staff. We noted that appointments to the posts of lead practice nurse and a further practice nurse had been achieved. Two of the locum GPs working at the practice had longer term commitment to the practice to improve continuity of care. The practice manager was shared with a neighbouring practice and was not present

Are services effective?

(for example, treatment is effective)

on site at all times to support the practice team. The North and West Reading Clinical Commissioning Group (CCG) had worked alongside the practice in implementing the staffing changes and had withdrawn their input in the last month. It was, therefore, too early to evaluate whether the increases in staffing would be sustainable and deliver consistent and appropriate levels of support to patients into the future.

We received five completed CQC staff questionnaires and spoke with three members of the administration team. All reported that they had seen an improvement in clinical staffing. However, four members of staff expressed concerns that the administrative support team remained under pressure and that it was difficult to keep up with their work when staff absences occurred.

The GPs and nursing staff we spoke with told us that their ability to maintain an effective service and cope with medical administration tasks had improved since staffing levels had been increased. It was too early to evaluate whether the improved staffing levels could be maintained to ensure effective provision of services to patients into the future.

Coordinating patient care and information sharing

- The practice had cleared the backlog of referrals awaiting processing found during the last inspection. There were no referrals outstanding from earlier than 26 May 2017. Data showed that referrals were being made within a week of the decision to refer. There was a system in place to ensure urgent two week wait referrals were processed within a day of the decision to refer.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice on 24 January 2017, we rated the practice as inadequate, placed the practice in special measures and applied urgent registration conditions for providing responsive services. The arrangements were inadequate in respect of:

- Matching appointment availability to demand.
- Providing a variety of appointment opportunities.
- Providing sufficient suitably qualified staff to deliver appointments for patients.

At this inspection we found some improvement. We noted that the CCG had worked on site with the practice to support their improvement plan. The CCG had withdrawn their input in the last month and it was too early to assess whether improvements made were sustainable. It was therefore necessary to retain a condition upon the provider to ensure they provided adequate levels of staffing to meet the needs of the patient population.

Responding to and meeting people's needs

- Clinical staffing levels had increased. We reviewed the rosters for GPs and nurses. These showed us that since 15 May 2017, on all but one day, there had been at least four GPs working. This included a GP offering patients 30 walk in appointments, two GPs offering routine appointments and one duty GP dealing with telephone triage of patients seeking urgent advice or treatment and seeing those patients requiring face to face consultation on an urgent basis. In the afternoons the

level of cover reduced to three GPs. One of these GPs undertook the duty doctor role. The rota also included at least one advanced nurse practitioner (ANP) and a practice nurse each morning and afternoon.

- The ANPs undertaking duties were trained to a level to deal with minor illnesses and were qualified prescribers. Staff we spoke with told us they had seen an increase in clinical staffing levels in the last three months. The practice was providing sufficient clinical input to maintain patient safety.
- The increase in clinical staffing was largely due to use of locum GPs and agency staff. These staff gave short to medium term commitment to the practice. Sustainability of this workforce could not be evaluated and continuity of care was not always offered to patients because of the transitory nature of agency and locum staff.

Access to the service

The practice had reviewed the availability of appointments. This resulted in an increase in the number of appointments offered since our previous inspection on 24 January 2017.

The appointment system in place included a walk in clinic every weekday morning, urgent on the day appointments with a duty GP and routine GP appointments. In addition we saw that appointments were provided with ANP's who were qualified to both prescribe and treat minor illnesses. Routine appointments with practice nurses were also available. The practice had provided CQC with data relating to the availability of appointments in the last three months. We reviewed the appointments offered since 15 May 2017 and these corresponded with the information the practice had provided.

Are services well-led?

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

Our findings

When we inspected the practice on 24 January 2017, we rated the practice as inadequate, placed the practice in special measures and applied urgent registration conditions for providing well led services. The arrangements were inadequate in respect of:

- Having effective and sustainable clinical governance systems and process in place to ensure that all patients were able to access timely, appropriate and safe care.

At this inspection we found some improvements had been made. However, it was too early to assess the sustainability of improvements made were sustainable into the future.

Governance arrangements

The practice had reviewed and amended their clinical governance systems to comply with the conditions applied following the inspection on 24 January 2017.

- The lead GP had been allocated administration and management time for one day each week.
- The interim practice manager (worked part time at the practice) had reviewed, in conjunction with officers of North and West Reading Clinical Commissioning Group (CCG), the staffing structures and operating systems within the practice. This resulted in an increase in clinical staff on duty and reorganisation of the clinics. It was too early to test the sustainability of the practice governance and leadership capabilities into the future.
- The backlogs in production of prescriptions, summarising, reviewing test results, scanning and clinical correspondence had been cleared. Systems had been established to deal with all the above in a timely manner.

- Most of the gaps in training had either been addressed or were recognised and training sourced to complete them. However, the timetable to complete the training was yet to be finalised.
- Clinical meetings were held on a weekly schedule and staff huddles continued to be held on a regular basis. Recording of the issues discussed at staff huddles was not always made available to staff in a timely manner. For example the staff notice board had not been updated for two days and the notes from the staff huddle of 1 June had not been added to the main record.

Whilst there had been improvement in governance capacity and processes these had only been in place since March 2017 and were in early stages of implementation. The North and West Reading Clinical Commissioning Group (CCG) had worked alongside the practice in implementing the changes and had withdrawn their input in the last month. It was, therefore, too early to evaluate whether the changes made would be sustainable and deliver consistent and appropriate governance of the practice.

Staff continued to report inconsistencies in receipt of communication, some training remained outstanding and we found further breaches of regulation that had not been identified by quality monitoring systems prior to inspection. Whilst there had been improvement in governance capacity and processes these had only been in place since March 2017 and were still in their infancy. It was, therefore, necessary to retain three out of six conditions upon the providers' registration in order to allow the provider a period of time to demonstrate to the commission that the systems and processes implemented so far were effective and sustainable.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The systems operated by the responsible person did not ensure that the practice assessed and monitored the quality and safety of the services provided in the carrying on of the regulated activity. Particularly:</p> <ul style="list-style-type: none">• Continue to implement sustainable systems of clinical governance. For example, to ensure outstanding and future medicines reviews of patients on less than four and four or more repeat medicines are undertaken.• Sustainability of continuity of care and continuity of service was at risk from failure to recruit clinical staff on a long term basis• Systems to monitor the risks of cross infection were not operated effectively.• Systems in place to ensure the practice could respond to emergency medical conditions were not operated consistently• The process in place to ensure medicines were managed safely was not effective.• Systems to maintain security within the practice were not effectively managed. <p>Regulation 17 (1).</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not operate effective systems to ensure all staff received training relevant to their role.</p> <p>Regulation 18(2)</p>