

Crescent Bakery

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?

Good



Are services effective?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

During our comprehensive inspection of Crescent Bakery in June 2016 we found breaches of legal requirements relating to the overview of safety systems and processes; management, monitoring and improving outcomes for people and governance arrangements. These resulted in the practice being rated as requires improvement for the provision of safe, effective and well led services. Specifically we found the practice:

- Did not take appropriate actions when vaccine fridges were operating outside of the required range.
- Had not ensured all staff had the required pre-employment checks.
- Had nationally reported outcomes for patients with long term conditions that were below average. Patients with these conditions may not have been receiving the reviews of their treatment to ensure their care was maintained.
- Did not ensure all staff have had an appraisal.
- Did not have a continuous programme of audits to ensure quality improvements.

The practice sent us an action plan setting out the changes they were making to address the issues that led to our concerns.

We carried out a focused inspection on 1 December 2016 to ensure these changes had been implemented and that the service was now meeting the regulations. The ratings for the practice have been updated to reflect our findings. We found the practice had made improvements in the safe and effective provision of services since our last inspection on 1 June 2016 and they were meeting the requirements of the regulations previously breached.

Specifically the practice had:

- Introduced stricter controls in monitoring vaccine fridges and had updated relevant staff on the correct procedures for checking and resetting of vaccine fridge thermometers.
- Completed Disclosure and Barring Service (DBS) check for staff who required these. (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).
- Improved their systems to complete reviews of the care of patients with long term conditions. Data for the first eight months of the recording period in 2016/17 showed improved outcomes for these patients.
- Ensured all staff have had an appraisal.

Summary of findings

- Introduced a programme of audits and undertaken re-audits to ensure quality improvement.

Additionally,

- All staff have undertaken Safeguarding adults training.
- Actions had been taken to improve patient's satisfaction on consultation with GPs and nurses.

We have updated the ratings for this practice to reflect these changes. The practice is now rated good for the provision of safe, effective and well led services.

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?

When we inspected the practice in June 2016, we found there were shortfalls in the provision of safe services. Improvements had been made in accordance with the action plan the practice had put in place. The practice is now rated as good for providing safe service.

- The practice had completed Disclosure and Barring Service (DBS) checks for staff who required these. (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). A risk assessment had also been undertaken on each post to determine whether a DBS check is required.
- The practice had updated their policy and introduced stricter control to ensure appropriate actions were taken, in accordance with practice policy, when the vaccine fridges had operated outside of the normal range.

Good



Are services effective?

When we inspected the practice in June 2016, outcome data for patients with long term conditions showed below average performance. The practice had made significant improvement in achieving reviews of treatment and improved outcomes for this group. It is now rated as good for providing effective service.

Practice data for the current reporting period up to the 1 December 2016 showed that they were on target to improve outcome for patients with long-term conditions. Examples of improved performance included:

- 65% of patients diagnosed with diabetes were achieving target blood pressure in the first eight months of this year's recording period compared to 66% in 2015/16.
- 75% of patients diagnosed with diabetes had already received a foot examination compared to 67% in the whole of the previous year.
- 76% of patients diagnosed with diabetes had achieved target cholesterol levels in the last eight months compared to 79% in the whole of the previous year.
- The practice had introduced and embedded specific nurse led chronic disease clinics throughout the week to ensure patients were regularly monitored.

Good



Summary of findings

- The practice had re-structured the premises to create an additional consulting room so that they could provide additional appointments to see patients with chronic disease.

Are services well-led?

When we inspected the practice in June 2016 we found governance systems were operated inconsistently. The practice had made improvements as set out in their action plan and is now rated as good for being well-led.

- Policies and procedures relevant to the management of the practice were reviewed and brought in line with the provider's policies and procedures. This ensured policies were relevant to the operation of the practice by being kept up-to-date. The dates of the reviews were being recorded.
- The arrangements to identify, assess and manage risks were being operated appropriately. For example, vaccine fridges, recruitment checks and appraisals were monitored effectively.
- The systems to ensure patients with long term conditions received appropriate health checks and improved outcomes had been reviewed. Data showed significant improvement in uptake of reviews and outcomes for this group in the first eight months of the recording period in 2016/17.

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

When we inspected the practice in June 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Recruitment checks were undertaken; the arrangement for medicines management had improved and staff had received appraisal and training.
- Policies and protocols were being kept under review and there was a continuous programme of audit to monitor quality improvement.
- The provider had also allocated a member of the nursing team to undertake reviews for patients in nursing homes.

Good



People with long term conditions

When we inspected the practice in June 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Recruitment checks were undertaken; the arrangement for medicines management had improved and staff had received appraisal and training.
- Policies and protocols were being kept under review and there was a continuous programme of audit to monitor quality improvement.
- The practice had introduced and embedded specific nurse led chronic disease clinics throughout the week to ensure patients were regularly monitored.

Outcomes and the take up of annual health checks had improved for this group of patients including:

- 65% of patients diagnosed with diabetes were achieving target blood pressure in the first eight months of this year's recording period compared to 66% in 2015/16.
- 75% of patients diagnosed with diabetes had already received a foot examination compared to 67% in the whole of the previous year.

Good



Summary of findings

- 76% of patients diagnosed with diabetes had achieved target cholesterol levels in the last eight months compared to 79% in the whole of the previous year.

Families, children and young people

When we inspected the practice in June 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Recruitment checks were undertaken; the arrangement for medicines management had improved and staff had received appraisal and training.
- Policies and protocols were being kept under review and there was a continuous programme of audit to monitor quality improvement.
- The practice had introduced weekly sexual health and contraception clinics with a nurse since the last inspection.

Good



Working age people (including those recently retired and students)

When we inspected the practice in June 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Recruitment checks were undertaken; the arrangement for medicines management had improved and staff had received appraisal and training.
- Policies and protocols were being kept under review and there was a continuous programme of audit to monitor quality improvement.
- Since the last inspection, the practice had introduced extended hours on Wednesday evenings from 6.30pm to 8pm. Asthma and sexual health clinics were also provided within the extended hours sessions.

Good



Summary of findings

People whose circumstances may make them vulnerable

When we inspected the practice in June 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Recruitment checks were undertaken; the arrangement for medicines management had improved and staff had received appraisal and training.
- Policies and protocols were being kept under review and there was a continuous programme of audit to monitor quality improvement.

Good



People experiencing poor mental health (including people with dementia)

When we inspected the practice in June 2016 we judged the practice required improvement for provision of safe, effective and well led services. This affected all population groups. The practice had made significant improvements. These have led to a new rating of good for this population group.

- Improvements in operating safe systems were demonstrated. Recruitment checks were undertaken; the arrangement for medicines management had improved and staff had received appraisal and training.
- Policies and protocols were being kept under review and there was a continuous programme of audit to monitor quality improvement.

Outcomes and the take up of annual health checks had improved for this group of patients including:

- 74% of patients diagnosed with severe mental health had their blood pressure recorded in the last eight months compared to 90% achieved in 2015/16.

Good



Crescent Bakery

Detailed findings

Our inspection team

Our inspection team was led by:

This focussed inspection was undertaken by a CQC Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 1 June 2016 and published a report setting out our judgements which found the practice to have an overall rating of requires improvement. We found that the provider required improvement in the provision of safe, effective and well led services. We asked the provider to send a report of the

changes they would make to comply with the regulations they were not meeting. We undertook a follow up inspection in December 2016 to make sure the necessary changes had been made and found the provider is now meeting the fundamental standards included within this report.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice as well as information and evidence sent to us by the practice.

Are services safe?

Our findings

When we inspected Crescent Bakery in June 2016 we found the practice did not always take appropriate action when there were signs that vaccine fridges were operating outside of the required range. One member of staff had not had a Disclosure and Barring Service (DBS) check. (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).

Overview of safety systems and processes

The practice had improved their processes and practices in place to keep patients safe. Evidence we saw showed:

- Staff had undertaken safeguarding vulnerable adults training.
- When we reviewed personnel records in June 2016 we found one member of the clinical staff had not had a

DBS check prior to starting employment. The practice had completed DBS checks for staff who required these. A risk assessment had also been undertaken on each post to determine whether a DBS check is required.

- The practice had updated their policy and introduced stricter controls to ensure appropriate actions in accordance with practice policy were taken when there were signs that the vaccine fridges had operated outside of the normal range. Temperature records were now recorded electronically which included the minimum and maximum temperature, whether the thermometers had been reset and prompted staff to record actions taken if the temperature were outside of the normal range.
- Policies and procedures relevant to the management of the practice were reviewed and brought in line with the provider's policies and procedures. These ensured policies were relevant to the operation of the practice by being kept up-to-date. The dates of the reviews were being recorded.

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice in June 2016 we found that nationally reported outcomes for patients with long term conditions were below average. The practice had not ensured that all staff (specifically nurses) had an appraisal in the last 12 months and there was not a continuous programme of audit to monitor quality improvements. The data we reviewed at that time was for the year April 2014 to March 2015. Overall the practice achieved 87% of the indicators for reviewing the care of patients with a range of long term conditions. We reviewed the results for the year April 2015 to March 2016 which showed that 94% of the indicators were achieved. The current provider took over the practice in April 2016; therefore, published data was not a representation of the current provider's performance.

The practice told us, in the form of an action plan, that they were targeting improvement in outcomes for patients with long term conditions. Their plan was supported by the use of expertise and embedded systems used in one of the provider's other practices (Church Street practice). The practice had also introduced other measures to ensure the system for recalling patients with long-term conditions are more efficient. For example, for patients who require a blood test, forms were sent with invite letters and an appointment in the chronic disease clinic were pre-booked. In December 2016 the practice showed us an interim report of their achievement in the first eight months of the 2016/17 programme. This showed the practice was on target to improve their achievements on outcomes for patients with long term conditions on the previous two years results.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2015/16 when the practice achieved 94% of the total number of points available which was below the clinical commissioning group (CCG) average of 98% and national average of 95%.

Having reviewed their achievement, the practice embarked on an improvement plan to increase the levels of reviews and treatments for patients. Specifically, the practice had:

- Introduced and embedded specific nurse led chronic disease clinics throughout the week to ensure patients were regularly monitored.
- Re-structured the premises to create an additional consulting room so that they could provide additional appointments to see patients with chronic disease.
- Allocated a member of the nursing team to undertake reviews for patients in nursing homes.
- Introduced weekly sexual health and contraception clinics with a nurse since the last inspection.
- Undertaken a skills analysis for nurses and provided this information to administrative and reception staff so that they could book patients with the appropriate nurse.
- Introduced extended hours with GPs and nurses where patients with long-term conditions could also be reviewed.
- Signed up to the winter resilience programme (a clinical commissioning group initiative to meet winter demand pressures) and had been offering additional appointments since November 2016 for all patients to cope with increased demands on secondary care during the winter months.

Results for the first eight months of 2016/17 showed improvement. For example:

- 84% of patients diagnosed with a stroke were achieving target blood pressure in the first eight months of this year compared to 88% in total during 2015/16.
- 75% of patients diagnosed with diabetes had already received a foot examination compared to 67% in the whole of the previous year.
- 76% of patients diagnosed with diabetes had achieved target cholesterol levels in the last eight months compared to 79% in the whole of the previous year.
- 88% of patients diagnosed with chronic obstructive pulmonary disorder (a type of lung disease) had their care reviewed in the first eight months of 2016/17 compared to 94% achieved in the full year 2015/16.

Data showed a significant improvement in supporting patients with long term conditions and the practice was on track to achieve good outcomes and complete their treatment reviews.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- On the last inspection in June 2016, we found that there was not a programme of audit and none of the audits undertaken were complete cycles. On this follow up inspection, we found that the practice had established a programme of audits, with planned re-audits to be undertaken. There had been four clinical audits since June 2016 and two of these were completed audits where improvements were monitored and implemented.
- Findings were used by the practice to improve services. For example, the practice identified that several patients with blood test results showing high levels of glucose had not been followed up appropriately. The first audit indicated that only 57% with abnormal results had been followed up appropriately. This was raised as a significant event and discussed with the clinical team to drive improvement. Those patients were contacted and invited to the practice for a review. The re-audit showed that 100% of patients with abnormal results had been followed up appropriately.

Are services well-led?

Good 

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

Our findings

When we inspected Crescent Bakery in February 2016 we found governance systems and processes were not operated consistently. The practice had failed to identify shortfalls in managing risks associated with recruitment checks and vaccine fridges. We also found that the practice had identified their below average performance in achieving nationally recognised outcomes for patients with long term conditions. Whilst this had been identified, action had not been taken to improve these outcomes in a timely manner. The last inspection also found that policies and procedures in place relevant to the management of the service were not always reviewed, or the review had not been recorded, in accordance with the practice's monitoring and review policy.

During this inspection we found the practice had made significant improvements.

Governance arrangements

The practice governance systems and processes were being operated consistently.

- Practice specific policies were kept up to date. Practice leaders were reviewing policies and procedures in line with the provider's policies and procedures. The reviews were being recorded.
- Leaders maintained an understanding of the performance of the practice in delivering outcomes for patients with long term conditions. There was a sharper focus on improving outcomes for patients with long term conditions and a clear plan for achieving the improvements identified.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were being operated appropriately. The provider was able to demonstrate learning from the previous inspection and implement actions across the whole of their organisation.

On the last inspection, we found that the practice's GP patient survey result on consultation with GPs and nurses were below average. Significant improvements have been made to improve satisfaction. For example, the GP patient survey published 7 July 2016 showed

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%. This was a 1% improvement.
- 83% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%. This was a 4% improvement.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%. This was similar to the result on the previous inspection.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%. This was a 2% improvement.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%. This was a 10% improvement.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%. This was a 4% improvement.
- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%. This was an 8% improvement.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%. This was a 12% improvement.