The New Parkfield 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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Our previous comprehensive inspection carried out in December 2015 found breaches of legal requirements (regulations) relating to the safe, effective and well led domains; and all population groups were rated as requires improvement as a result. The overall rating from the December 2015 inspection was requires improvement and the practice were asked to provide us with a plan of actions they would take to make the required improvements

Summary of findings

We carried out an announced inspection on 22 November 2016 to see whether actions taken by the practice had resulted in improvements to the areas we had identified to them.

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

- Improvements had been made to the assessment of risks relating to the health and safety of patients with regards to appropriate fire drills and assessment.
- Improvements had been made to managing significant events. These were now identified and recorded by all staff and regular meetings held to discuss and share learning.
- Improvements had been made in the management of safety alerts. These were being disseminated to relevant staff, acted upon and recorded.
- Some improvements had been made to the governance structure, for example, there was evidence of structured meetings taking place. However, these were not always consistently carried out, and in particular, where a member of staff was absent for six months, the palliative care meeting did not go ahead during this time.
- The practice did not have contingencies in place to follow through with important communications with attached staff when absences occurred. For example; when a health visitor did not attend a safeguarding meeting, the practice did not seek to share the safeguarding concerns with an alternative member of the health visiting team.
- We found that patients were still at risk of harm because effective systems were not fully in place to ensure risks relating to medicines management were sufficiently mitigated and their management was embedded.
- Some patients were at risk of not receiving effective care or treatment. For example, blood testing prior to re issue of a prescription as per protocol.
- Information was not always acted upon in a timely manner to ensure coordinated care and treatment for patients. For example; safeguarding concerns were not kept up to date in some patients records.
- The delivery of high-quality care was not assured by the leadership, governance or culture in place. For example, some systems and protocols were not consistently adhered to

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

· Maintain up to date safeguarding records for all children on their register and ensure that alerts are visible to relevant staff according to their policy.

· Ensure that protocols relating to monitoring of patients on high risk medicines are consistently adhered to.

· Provide effective governance of meetings and communications internally and externally to ensure that vulnerable people are protected through effective communications with relevant teams or agencies.

· Ensure that protocols for shared care agreements are followed.

This was a focussed inspection undertaken to assess the safety and leadership at the practice. Due to concerns found around safeguarding service users and also provision of safe care and treatment, enforcement action has been taken and is detailed at the end of this report. We will return to the practice to ensure that these warning notices have been complied with. If ongoing concerns are found, we will take further action which could include suspension or cancellation of 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?

- There were improved processes for managing safety alerts. These were reviewed by the practice manager, a GP partner and the advance nurse practitioner and learning shared with staff.
- There were improved processes for managing safety alerts. These were cascaded to relevant staff and acted upon. Records of actions taken were available in paper copy and an electronic record had recently been implemented.
- The practice had a safeguarding policy and protocols and staff knew how to report a concern. However, we found that records were not up to date.
- There was no up to date register of child safeguarding concerns.
- We found that a number of children's records had not been updated or actioned by the practice.
- There was a six month gap where relevant staff did not meet to discuss the needs of patients on their palliative care register.
- The practice had started to implement a protocol to ensure monitoring for patients taking specific high risk medicines was carried out before prescriptions were issued. However, this was not yet fully implemented and we identified one patient who had not received appropriate monitoring in line with shared care agreements. Patients receiving other high risk medicines had been monitored in accordance with guidance
- We identified that 5% of patients receiving medicines to treat high blood pressure that required renal (kidney) blood monitoring had not had a blood test within the past 15 months. The provider told us this would be investigated and patients identified for testing.

Are services well-led?

- The partners and management within the practice had been open and honest with staff about the findings of the inspection in December 2015 and had invited staff to contribute to ideas to make improvements.
- There had been a number of staff who had been replaced in the preceding year which had caused a period of instability. However, current staff remained loyal and motivated to delivering a high standard of care.
- The system used to alert staff to a safeguarding concern was not used consistently.

Summary of findings

- There were arrangements in place to identify, record and manage most risks within the practice and to ensure that mitigating actions were implemented. However, this did not include managing risks to vulnerable children with regard to communicating with the health visiting team about children of concern when the practices link health visitor was unable to attend a planned safeguarding meeting.
- The practice had made improvements to their meeting structure and held a number of meetings that included different staff groups. However, there was no contingency to share information with relevant staff when a meeting couldn't take place.
- The practice had recruited an experienced advance nurse practitioner (ANP) to increase clinical capacity, improve access for patients and provide additional clinical leadership within the practice.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 282 survey forms were distributed and 108 were returned. This represented a response rate of 38%.

Results showed:

- 82% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to CCG average of 87% and the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 completed comment cards which were mostly positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations. Four negative comments related to difficulty in making an appointment.

We spoke with six patients during the inspection. Patients we spoke with were mostly satisfied with the care they received and thought staff were friendly, committed and caring. However, two patients were only partly satisfied with the service they received and commented on the difficulty in getting an appointment when they needed one.

Areas for improvement

Action the service MUST take to improve

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Maintain up to date safeguarding records for all children on their register and ensure that alerts are visible to relevant staff according to their policy.
- Ensure that protocols relating to monitoring of patients on high risk medicines are consistently adhered to.
- Provide effective governance of meetings and communications internally and externally to ensure that vulnerable people are protected through effective communications with relevant teams or agencies.
- Ensure that protocols for shared care agreements are followed.

The New Parkfield 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 advisor, a second inspector and a member of the CQC medicines team.

Background to The New Parkfield Surgery

The New Parkfields Surgery is located in Alveston, Southern Derbyshire in purpose built premises. It's population live in an area which is 33% more deprived than the national average, which means that people living there tend to have a greater need for health services.

The practice has a General Medical Services (GMS) contract and currently has 6441 patients registered for their services.

The practice is run by a partnership of two GP's who are male. There is a vacancy for one further GP.

A number of locum GP's are regularly used to ensure there are enough GP sessions to meet the population needs.

There is a newly recruited Advanced Nurse practitioner (ANP) two practice nurses and a health care assistant (HCA) who provide treatment room services and chronic disease management. The clinicians are supported by a team of managers, administration team and reception team.

The practice is open between 08.00 am and 6.30 pm Monday to Friday. Appointments are available from 08.30 am to 11.30 am every morning and 2 pm to 6pm daily. Extended hours surgeries were offered at 6 pm to 7.30 pm on Mondays and Tuesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people who need them on the same day. Telephone consultations with a GP are available by appointment and routine appointments can be booked online.

When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of The New Parkfields Surgery on 15 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services and an action plan was agreed in order to enable sufficient improvements to be made.

We undertook a follow up inspection on 22 November 2016 to check that action had been taken to address the concerns and to review the ratings. However, we were unable to complete a full comprehensive inspection because we identified that there were issues relating to governance of the practice which were so concerning that we focussed our attention on areas of concern relating to governance, systems, processes and safeguarding. This means that we were unable to sufficiently assess the effective, caring and responsive domains, and therefore have not been able to provide a new rating for this practice.

All of our reports are published at www.cqc.org.uk.

Detailed findings

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 22 November 2016. During our visit we:

- Performed searches on the practices computer system to check how some processes and procedures were being managed.
- Spoke with a range of staff (including GPs, nursing staff, the practice manager, reception and administrative staff)
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

At our previous inspection on15 December 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of; sharing learning from significant events; managing and acting on safety alerts; management of incoming mail, including test results; and acting upon recommendations made following medicines audits. We asked the practice to establish and strengthen formal governance arrangements so that assessment of risks could be made and acted upon and to ensure that there was sufficient leadership capacity to enable all the necessary improvements to be made.

These arrangements had improved in some areas when we undertook a follow up inspection on 22 November 2016. However, we did not find a significant improvement to leadership and governance to assure us that effective systems and processes had been embedded to enable safe and effective care for patients.

Safe track record and learning

There system for managing significant events had been reviewed and the reporting form recently updated. The Advanced Nurse Practitioner investigated clinical events and any actions taken and learning was discussed at bi-monthly clinical meetings. A non clinical staff member told us that they knew about the system and how to record a significant event which was then reported to the practice manager. For example when a recent event occurred that affected the telephone system. Learning was recorded in a log book and discussed at reception meetings.

We saw that the practice had recorded 44 significant events in the preceding year. These included minor events as well as more serious events. All were appropriately investigated by the practice. We looked at meeting minutes from a significant event analysis meeting held in September 2016 and found that 13 significant events were discussed. The meeting was held with one GP partner, an ANP, practice manager and the business manager.

The system for managing and acting on safety alerts had recently been reviewed. The ANP had been included in the protocol since November 2016 as one of the people responsible for acting on alerts, along with the GP partners and the practice manager. The actions taken were stored as paper copies and a new electronic log for medicines and medical devises had been started in November 2016.

Overview of safety systems and process

Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff who were aware of who they should contact if they were concerned about a patient's welfare. A GP partner was the lead for child and adult safeguarding and staff were aware of who this was. There was evidence of regular six weekly meetings to discuss children at risk with the health visitor. However, we found that when the health visitor did not attend a recent meeting, there was no contingency plan for the GP lead to discuss the safeguarding concerns with any other member of the health visiting team.

We reviewed 13 child records on the practices system to see whether concerns had been followed up, and found there were issues to systems and processes relating to safeguarding concerns. For example;

- We found that there was no up to date register of child safeguarding concerns. We found that two children were still identified on the register but had been formally removed from the register and therefore should not be there, and one child who was on a child protection plan but no reason given for this.
- There were children who were identified as being on child protection plans in their record, but their records had no corresponding icon or surgery alert to make staff aware of this. Of the 13 records we looked at, four had no alert and eight had no icon visible to receptionists. Some children had a generic alert on their record which may have been added by a member of the Derbyshire safeguarding team.
- We found that a number of children's records had not been updated or actioned by the practice. Two patients were brought to the attention of Dr Gould on the day for urgent attention

Staff told us they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. One of the GP partners had increased their working hours to full time

Are services safe?

since our last inspection in order to improve GP capacity. There had been a number of changes among staff whereby clinical and non clinical staff had left the practice and others had been recruited.

Our previous inspection in December 2015 identified a concern regarding the management of repeat prescriptions. There was a lack of clarity regarding review dates and number of issues allowed before being reviewed.

On this inspection we were not assured that sufficient improvement had been made to the management of medicines to keep people safe.

We found that a medicines review protocol had recently been implemented to ensure that patients were seen by the most appropriate clinician to review their treatments. This was to happen on at least an annual basis although this time period could be adjusted to be patient specific.

However, for patients receiving certain high risk medicines that required specific monitoring (due to the risk of side effects or ineffective levels of treatment) we were not assured that the provider's processes kept them safe. We identified that patients receiving lithium were not appropriately monitored to ensure the medicine remained safe for them. The practice had started to implement a protocol to ensure monitoring for patients taking high risk medicines was carried out before prescriptions were issued. However, this was not yet fully implemented. We were told this would be rectified immediately. Patients receiving other high risk medicines had been monitored in accordance with guidance

We also identified that 5% of patients receiving medicines to treat high blood pressure that required renal (kidney) blood monitoring had not had a blood test within the past 15 months. The provider told us this would be investigated and patients identified for testing.

We examined letters that had been received into the practice from secondary care on two days at the beginning of November and found that medicine changes recommended within these had been actioned by the clinicians. However, we found one letter for a child who was subject to a child protection plan that had not had relevant changes made to their medicines. This was rectified immediately when it was brought to the GP's attention

The practice had made improvements to their prescribing data since our last inspection. It was identified that the GPs prescribed less that than the local and national amount of antibiotics indicating good stewardship. The clinicians had also addressed a previous high prescribing of medicines that can be addictive and contribute to the risk of falling in the elderly. They were now in the lowest bracket of prescribers for prescribing medicines that can be addictive, in their locality.

During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. The Advanced nurse practitioner was the lead for infection control within the practice. There were mechanisms in place to maintain good standards of cleanliness and hygiene. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required

Patients were advised through notices in the practice and information in the patient booked that they could request a chaperone if required. Nursing and reception staff acted as chaperones. All staff who acted as chaperones had been provided with face to face training for the role and had received 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).

We reviewed two personnel files for recently recruited staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and managed.

There were procedures in place to manage and monitor risks to patient and staff safety. There had been a fire risk assessment made since our inspection in December 2015 and evidence of the action plan being monitored. Many actions were due for review in December 2016.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella. We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.

Are services well-led?

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

Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing well led services as there was insufficient governance structure and no clear leadership arrangements.

We asked the practice to provide an action plan in respect of these issues and found that some arrangements had improved when we undertook a follow up inspection of the service on 22 November 2016. However, there were still a number of systems and processes that had not yet been fully embedded.

Vision and strategy

The practice did not have a five year plan in place, however, they told us about plans to advertise for a salaried GP and had discussed ideas to improve the GP capacity and stability of the practice. This included working closely with nearby practices and potentially merging with one. They had been working closely with the CCG during the preceding 12 months and planned to utilise their support further to make improvements to the practice.

Governance arrangements

The practice had a governance framework in place which outlined the structures and procedures to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A recently appointed advanced nurse practitioner had been given a lead role in reviewing systems and processes and implementing new ones.
- Practice specific policies were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these. However, some policies were still in need of review.
- There were arrangements in place to identify, record and manage most risks within the practice and to ensure that mitigating actions were implemented. However, this did not include managing risks to vulnerable children with regard to communicating with the health visiting team about children of concern when the practices link health visitor was unable to attend a planned safeguarding meeting.
- A formal meeting structure had been implemented since our last inspection on 15 December 2016. However, there was no contingency plan in place to enable ongoing communication for some meetings in the event of the meeting chair being absent. For example; when the care coordinator was on sick leave, the palliative care meeting did not take place for six months. This left vulnerable patients at risk of harm.

Leadership and culture

The partners and management within the practice had been open and honest with staff about the findings of the inspection in December 2015 and had invited staff to contribute to ideas to make improvements. There had been a number of staff who had been replaced in the preceding year which had caused a period of instability. However, current staff remained loyal and motivated to delivering a high standard of care. Staff told us they prioritised safe, high quality and compassionate care. Clinical and non-clinical staff had a range of skills and experience. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for all staffing groups. In addition to the partnership/ management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.
- The practice had recruited an experienced advance nurse practitioner (ANP) to increase clinical capacity, improve access for patients and provide additional clinical leadership within the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence

Are services well-led?

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

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received.
- The PPG undertook patient surveys and submitted proposals for improvements to the practice management team. For example the PPG had suggested alterations to the reception desk to improve wheelchair access and this had been agreed.
- The PPG and practice were positive about their working relationship

Continuous improvement

The practice were aware of the need to improve and were committed to receiving ongoing support from the CCG to make the required improvements.

They were open to ideas and were keen to provide training and development for staff to enhance their skills. For example; they had provided the HCA with training in many clinical skills to enable her to perform basic screening and treatment room procedures.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not fully ensure that systems and processes were established and operated effectively in order to;** • Ensure that patients who required regular monitoring prior to re-issue of prescribed medicines received this. • Ensure that shared care agreements for patients were adhered to. • Enable important information to be shared with relevant health professionals in the event of key people being absent from a meeting. • Ensure that priority alerts on patients records were seen by relevant staff • Establish an accurate register of vulnerable children.

This section is primarily information for the provider

Enforcement actions

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • There were insufficient systems in place in ensure that patients who required regular blood testing received this prior to re issue of a prescription • Protocols relating to high risk medicines and shared care agreements were not being fully adhered to. • There were insufficient processes in place to ensure that vulnerable people had their needs assessed in a timely fashion.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment • The provider did not have effective systems in place to protect service users from abuse and improper treatment. • Records related to children identified as being at risk were not up to date. • There was no plan in place to discuss safeguarding concerns if a health care professional did not attend a safeguarding meeting which left children at risk of further harm.