

Melrose Surgery - Dr Fab Williams & Partner

Quality Report

73 London Road, Reading, RG1 5BS
Tel: 0118 950 7950
Website: www.drfabwilliams.com

Date of inspection visit: 25 June 2015
Date of publication: 13/08/2015

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

Summary of this inspection

Overall summary	1
The five questions we ask and what we found	3

Detailed findings from this inspection

Our inspection team	6
Background to Melrose Surgery - Dr Fab Williams & Partner	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

The practice underwent a comprehensive inspection on 21 January 2015. We found concerns related to the safety, effectiveness, responsiveness and leadership of the practice. It was rated inadequate and was placed into special measures. We issued a Warning Notice and four Requirement Notices to the practice. This report is available on our website.

We then carried out a focussed inspection at the practice on 13 March 2015 in response to information that the lead GP partner was absent and that there was potentially a shortage of GP cover that could effect patient care. This led to a suspension of the practice's registration to perform regulated activities from 17 March 2015 due to the concerns we identified.

On the 7 April 2015 the suspension ended and we undertook a further focussed inspection on 20 April 2015 to determine whether the practice was providing the

Summary of findings

services patients needed. Due to ongoing concerns we issued another warning notice under regulation 12(1)(2)(a)(b) of the Health and Social Care Act requiring compliance by 15 June 2015.

On 25 June 2015 we undertook a focussed inspection to check on the progress made against the Warning Notices

Our key findings were as follows:

- The lead GP partner was not working at the practice and the other partner only working Thursday mornings. There was locum cover until the end of August, but with no extended hours appointment availability.
- There were approximately 20-24 daily appointments available, except on Thursdays when there was half that number.
- An external professional had been employed to help identify the extent of patients overdue medicine and long term condition reviews. There was a plan and some progress in dealing with this backlog of reviews.

- Staff meetings were taking place where incidents and some complaints were being discussed.
- Some services were no longer being provided, such as medical checks sometimes required by patients' employers.
- Although a general communication protocol was in place regarding the circumstances at the practice from April 2015, there was a lack of effective communication with staff and patients about the availability of services.
- There had been a review of risks identified, such as disabled access and medicines available for medical emergencies which may occur.

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?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice was inadequate for providing safe services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. At this inspection we found that emergency medicines and equipment were available and based on an appropriate assessment of what may be required. A process for identifying, recording and discussing significant events with staff had been implemented. This did not yet include a long term process for following up on any action that may be required as a result of learning events.

Are services effective?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice required improvement for providing effective services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. The practice had identified a large number of patients where medicine and long term condition reviews were significantly out of date. There was a programme for completing these reviews. Out of approximately 360 patients needing medicine reviews, 120 had received them. Dedicated nurse appointments for long term condition reviews were being provided.

Are services caring?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice required improvement for providing caring services as there were areas where it must make improvements. We are not rating this domain as part of this inspection.

Are services responsive to people's needs?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice was inadequate for providing responsive services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. At this focused inspection we found appointments were available with locums four days a week and with a partner on Thursday mornings. Extended hours appointments were not available. Services which were no longer

Summary of findings

available to patients as a result of recent circumstances had not been communicated to patients effectively. There had been an assessment of the accessibility of the premises. This had led to work being proposed aimed at improving disabled access.

Are services well-led?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice was inadequate for providing well led services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. At this inspection we found that governance arrangements had been implemented such as regular meetings and processes for staff to report and record concerns. Hygiene and infection control monitoring was taking place and action identified to improve cleanliness and meet national guidelines. Staff were not always communicated with effectively to enable them to inform and support patients.

Summary of findings

Melrose Surgery - Dr Fab Williams & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team on 25 June included a CQC Lead Inspector and a GP advisor.

Background to Melrose Surgery - Dr Fab Williams & Partner

Melrose Surgery - Dr Fab Williams & Partner is located in a converted building in Reading and has a population of approximately 1650 patients. The practice population has some economic deprivation although the proportion of patients affected by deprivation is higher among children and older patients. There are a higher proportion of patients aged 35 to 50 registered with the practice than the national average. At the time of the inspection locums provided appointments four days a week and a partner provided appointments one morning per week. There was one practice nurse. Patient services were located on the first floor and basement. There was no patient participation group (PPG).

The practice underwent a comprehensive inspection on 21 January 2015. We found concerns related to the safety, effectiveness, responsiveness and leadership of the practice. It was rated inadequate. You can see the report of this inspection on our website. We inspected the practice on 13 March 2015 in response to information that the lead partner was absent and that there was potentially a

shortage of GP cover. This led to a suspension of the practice's registration to perform regulated activities from 17 March 2015 due to the concerns we identified. On the 7 April 2015 the suspension ended and we re-inspected on 20 April to determine if the practice was providing the services patients needed. This led to further enforcement action due to concerns with patient care and welfare.

Melrose Surgery - Dr Fab Williams & Partner has a General Medical Services (GMS) contract. GMS contracts are subject to national negotiations between the General Medical Council and the practice.

This was a focussed inspection and we visited the sole location where services are provided. This was:

Melrose Surgery, 73 London Road, Reading, RG1 5BS

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and on the website.

The practice was in the process of applying to add a regulated activity for Maternity and Midwifery services and to register a manager (which is a condition of their registration with CQC).

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to

Detailed findings

check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 Regulated Activities Regulations 2014, to look at the overall quality of the service.

How we carried out this inspection

During the inspection on 25 June 2015 we spoke with a GP partner, practice manager and receptionists. We looked at

the patient record system, significant events, meeting minutes and infection control audits. We also looked at other documentary evidence. We checked appointment availability.

To get to the heart of patients' experiences of care and treatment, we considered three key questions:

- Is it effective?
- Is it responsive to patients' needs?
- Is it well-led?

Are services safe?

Our findings

Learning and improvement from safety incidents

The practice had discussed how to define, report and investigate significant events at staff meetings. This was confirmed by staff and the practice manager. We saw that one significant event had been identified and reported regarding information not being recorded during a home

visit. This was discussed at a meeting to make staff aware of the concern. The event had not been followed up with a review to ensure any resulting action required had been embedded in practice.

Arrangements to deal with emergencies and major incidents

There was a defibrillator and oxygen available for use. Emergency drugs were available and covered a range of medicines for the treatment of cardiac arrest hypoglycaemia and severe allergic reactions. Medicines were in date and equipment was in working order.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

On the 13 March 2015 we found the appointment system in operation since 3 March 2015 had limited access to appointments which impacted on the level of service to patients. The lack of appointment availability also meant that the practice was unable to ensure that patients who may need medicine reviews were able to be seen or reminded to come for an appointment. This specifically affected patients with long term conditions. On 20 April 2015 we also found some patients had not received medicine or long term condition reviews for as long as nine years in some cases.

At this inspection the practice had undertaken a review of patient records to try and identify what extent of those registered as needing medicine or long term condition reviews were overdue such reviews. Approximately 360 patients were identified as needing medicine reviews following our last inspection in April 2015. We saw an audit

from May 2015 which showed many patients did not have medicine reviews recorded or that they were overdue reviews by between 12 months to over five years. The practice had been able to identify a large number of these patients through employing an external professional to assist. Of the 360 patients overdue a medicine review a GP partner told us 120 patients had been reviewed by 25 June 2015. This was verified when we looked at audit data.

The practice manager told us the locum GP who worked at the practice four days a week from April until 12 June 2015 had indented many patients overdue long term condition reviews that they were most concerned with and they had requested appointments to work with these patients in reviewing their care and treatment needs. The practice had protected three hours of the nurse's time a week to see patients with long term conditions such as diabetes and respiratory disorders. There was a process for recalling patients overdue their long term condition reviews and prompting them to make an appointment with the practice.

Are services caring?

Our findings

This domain was inspected and rated at our comprehensive inspection in January 2015. This inspection

was focussed on concerns related to safety, effectiveness, responsiveness and leadership which led to warning notices being issued. We did not inspect this domain as part of this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Tackling inequity and promoting equality

The practice had undertaken a Disability Discrimination Act (DDA) 2000 assessment on the premises following concerns with disabled access we identified in January. At this inspection new saw the assessment had identified a number of areas where disabled access could be improved. This included the gradient of the ramp for wheelchair access was too steep. There was a plan to improve the access and we saw quotations for work to be undertaken. This included work on the existing ramp which was intended to reduce the risk of a wheelchair user accessing the premises via the ramp rather than changing the gradient.

Access to the service

The practice had been requested by CQC in May 2015 to provide comprehensive information about their appointments including those which would not be available as part of the usual contracted service. The practice provided information showing that locum GP cover was available until the end of August 2015. At the inspection we looked at the appointment system and saw appointments booked for two days of the week beginning 22 June 2015. There were appointments booked or available for approximately 20-24 patients on each day. We noted that there were no extended hours appointments available for patients. We asked the practice to provide evidence of their extended hours availability during the inspection. Following the visit the practice informed us they were not providing this service for patients and this had been agreed with NHS England who were responsible for commissioning the services at the practice. The fact this service was not being provided was not communicated to patients through any posters, recorded phone messages or on the website.

Staff told us of concerns raised by patients that they could not get medical checks, sometimes required by employers. This is not required under the contractual obligations of the GP practice. However, patients were not informed that this service was no longer available. Neither was there information on how patients could access this service elsewhere. As at 26 June 2015 the website still stated that the service was available.

Staff were not given appropriate guidance for them to be able to inform patients of the current status of the practice in regards to the absence of the lead partner or services no longer available due to the circumstances. This meant staff could not communicate effectively with patients on the status of the surgery. Staff were concerned about the lack of communication with them regarding the future status of the surgery and their roles.

Listening and learning from concerns and complaints

The practice manager informed us that there had been no written complaints in recent months. Verbal complaints had been recorded and discussed at meetings. We verified this from looking at meeting minutes, where a complaint regarding prescriptions had been discussed. The reception area did not have a complaints poster informing patients how to complain to the practice. The website noted that patients could complain in writing to the practice manager, but no contact details were listed on this page. There was no reference on how escalate a complaint to external organisations such as the health ombudsman or NHS England if patients were not satisfied with any outcome provided by the practice.

Some staff told us of concerns raised by patients that had been reported to either or both the practice manager and GP partner. These were not recorded as being discussed in meetings or recorded as complaints.

Are services well-led?

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

Our findings

Governance arrangements

The practice had implemented regular staff meetings where all staff could attend in recent months. We saw minutes where changes to protocol, care planning, incidents and patient complaints were discussed. We asked staff if they knew how to report and raise concerns they said this had been communicated to them. The practice was able to identify and bring in the staff it needed to improve issues with the patient record system and day to day management. This included a consultant on the specific computer record system used.

A significant event process had been implemented. This included how to report incidents, discussion at meetings and recording of the incident. There was no data available to determine if the events would be revisited to ensure any learning had led to improvements.

Monitoring systems for infection control had been implemented. There was an audit tool in use and the last

audit had last been undertaken in April 2015. This identified action was needed such as secure storage for clinical waste externally and redecoration in certain areas to achieve greater hygiene. The practice manager evidenced that quotations were being sought for this work to be undertaken. A daily and monthly cleaning schedule were in operation.

Leadership, openness and transparency

A general communication protocol was in place regarding the circumstances at the practice from April 2015. However, staff were concerned about the support available for them on how to communicate with patients over the services available at the practice. Staff told us patients requested information such as when they would be able to see their GP again and why there was a covering GP working. Staff told us they were not able to communicate with patients on this issue as a result. Patients were not appropriately informed in order for them to make decisions about accessing the services they needed and wanted.