Dr Tom Frewin

Quality Report

52 Clifton Down Road
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced focussed inspection at Dr Tom Frewin, Clifton Village Practice on 16 June 2015. This was the third inspection at this practice since 15 April 2015. We found during the comprehensive inspection undertaken on 15 April 2015 a number of significant areas of high risk concerns for patients in respect of their health, safety and wellbeing. On 15 May 2015 we issued two Warning Notices to the provider outlying within our statement of reason the identification of risks and our concerns. The provider was given until 29 May 2015 to take remedial action and comply with these notices.

This inspection was to check compliance with these Warning Notices in respect of previous breaches of Regulation 12, (Safe care and treatment) and Regulation 17, (Good governance). From this inspection, we found that the provider had not taken sufficient action to comply with the warning notices and the risks for patients' health, safety and wellbeing remained a concern.

Following the inspection on 15 April 2015 we also issued six requirement notices in respect of the following areas, the provider must:

- Ensure the practice environment is accessible in regard to meeting the Equality Act 2010.
- Ensure patients consent is obtained and recorded before treatment is provided.
- Ensure the practice has effective systems in place for cleaning.
- Ensure that persons employed at the practice receive the appropriate support, training, supervision and appraisal to carry out their role. There must be safe recruitment procedures in place and sufficient staff employed to meet the needs of patients.

These will be reviewed by us when we next undertake a comprehensive inspection.

Specifically we found the practice continues to be requires improvement for caring and inadequate for safe, effective, responsive well led services.

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

- Patients remain at risk of harm because systems and processes were not in place in a way to keep them safe. Areas of concern were the lack of infection control process and audit, poor medicines management, the lack of consistent maintenance of equipment and insufficient monitoring of safety and responding to risk.
- No clinical audit or governance systems were in place. The lack of audit and governance meant that audit was not driving improvement in performance to

Summary of findings

identify patient need and improve patient outcomes. We found there were no clinical audits or audits of the service provision to ensure patients safety and welfare was protected.

- There was a lack of nursing provision at the practice and poor systems for monitoring patients with long term conditions to ensure their needs were being met

On the basis of the findings at the inspection on 15 April 2015 the provider has been placed into special measures. (Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid having its registration cancelled). As a result of this inspection and the concerns for patients we have decided to take steps to prevent the continued risks to patients' safety and welfare. On 19 June 2015 we suspended the provider's registration and the regulated activities which were being provided by the provider at Clifton Village Practice until the 17 July 2015. During this period the expectation is the provider can rectify those immediate risks to patients' safety and welfare.

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 inspection was conducted in order to further review issues that were found at the comprehensive inspection carried out on 15 April 2015. At this previous inspection it was found that overall the practice is rated as inadequate. Following this focussed inspection there has been no change to the rating.

Inadequate

Are services well-led?

This inspection was conducted in order to further review issues that were found at the comprehensive inspection carried out on 15 April 2015. At this previous inspection it was found that overall the practice is rated as inadequate. Following this focussed inspection there has been no change to the rating.

Inadequate

Dr Tom Frewin

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 second CQC inspector and a GP, specialist advisor.

Background to Dr Tom Frewin

Dr Tom Frewin, Clifton Village Practice is situated in a residential area of the city of Bristol. The practice had approximately 2,981 registered patients from the Clifton area. Based on information from Public Health England the practice patient population were identified as having a low level of deprivation. The practice did not support any patients living in care or nursing homes.

The practice is located in a Victorian adapted former large private residence. The practice is accessible via six steps up from street level. There are four floors within the building and a basement. There is a consulting room, reception, waiting room and office on the ground floor. A further consulting/meeting room is on the first floor. A consulting room, treatment room and meeting room is situated in the basement. There is no lift. The practice is on a primary medical service contract with Bristol Clinical Commissioning Group.

The provider is Dr Tom Frewin, services were provided at the one location of Clifton Village Practice:

52 Clifton Down Road

Clifton

Bristol

Avon

BS8 4AH

The practice had patients registered from all of the population groups such as older people, people with long-term conditions, mothers, babies, children and young people, working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health.

Over 65.6% of patients registered with the practice were working aged from 15 to 44 years, 20.4% were aged from 45 to 64 years old. Just above 5% were over 65 years old. Around 1.8% of the practice patients were 75-84 years old and just over 1.2% of patients were over 85 years old. Just below 6% of patients were less than 14 years of age, 2.1% of these were below the age of 4 years. Information from NHS England showed that 4.9% of the patients had long standing health conditions, which was below the national average of 54%. The percentage of patients who had caring responsibilities was just over 8% which is below the national average of 18.5%. Of the working population 4.1% were unemployed which is below the national average of 6.2%.

The practice consists of an individual GP who is registered as the provider. They had engaged a locum GP for four days per week, both GPs were male. At the time of the inspection there was also a female locum GP who worked usually one day a week and a locum practice nurse who provided one session per week. At the time of the inspection visit the provider/individual GP was not providing any clinical activity, which left the regular locum GP providing clinical care with the support of locum GPs. Therefore there was no monitoring, support or supervision provided to the locum GP's or the locum nurse to assess and govern their activity at the practice

The practice building is normally open to patients during the whole of the working day from 9 am up to 6.30 pm and

until about 7.15 pm on days when there are extended hours appointments. The appointments for extended hours run from 6.30 pm to 7.00 pm on three evenings per week, usually Mondays, Tuesdays and Wednesdays. The day of the week can vary according to GP availability. There is open surgery every morning between 9 am and 10.30 am and anybody arriving between those hours will be seen. Appointments are currently available on every weekday afternoon.

The practice referred patients to another provider, BrisDoc for an Out of Hour's service to deal with any urgent patient needs when the practice was closed. Details of what the practice provided were included in their practice leaflet. Patients telephoning the practice after hours are informed in an answer phone message of telephone numbers to ring. The provider did not have a website to inform patients of the Out-of-Hours arrangement.

Why we carried out this inspection

Following our inspection on 15 April 2015 we had such concerns as to the safety and welfare of patients that on 15 May 2015 we issued two Warning Notices to the provider outlying within our statement of reasons the identification of risks and our concerns. The provider was given until 29 May 2015 to take remedial action and comply with these notices. The provider was made aware at the end of the inspection on 15 April 2015 of all of the concerns we had found. A full report in respect of inspection findings can be found on our website.

On 16 June 2015 we carried out an unannounced 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 responsive to check whether the provider had put actions in place in regard to significant concerns raised at a comprehensive inspection on 15 April 2015, under Regulation 12 and 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been addressed.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

During our visit we spoke with the registered provider, one of the locum GPs. We also spoke with the practice manager and deputy practice manager. We did not speak to patients during the day.

On 15 June 2015 the practice provided an action plan following the inspection undertaken in April 2015. Within the action plan the practice had recorded how these areas of concern would be addressed. During this inspection we used information from the provider's action plan, we spoke with practice staff, and we observed practice and reviewed documentation the provider provided to us on the day.

Inadequate

Are services safe?

Our findings

Since 15 April 2015 we have had concerns about the systems of managing safety at the practice. These were in regard to the management of medicines, infection control, staff recruitment, health and safety and control of substances hazardous to health. There were no systems or processes to govern these areas, there were undated policies and procedures some of which were not related to this practice. There were no risk assessments in place to manage and monitor risks to patients in regard to the practice premises. For example, disability access, fire safety, water safety, gas, and electrical safety.

We also had concerns about the safe management of prescription documents and responding to medical emergencies at the practice. We found that patients with long term health conditions were not monitored effectively and their health needs were not being met.

Medicines management

At this inspection we found continued non-compliance in this area. Due to the limited actions undertaken by the practice concerns for the safe management of managing prescription pads and printer paper remained. Prescription paper and pads had been locked away in filing cabinets; however, we found the printer locks had not been installed. We found that prescription pad numbers and printer prescription paper serial numbers were not recorded by the practice and there continued to be no audit trail for prescriptions. We were informed by the practice manager that a system or audit trail for recording prescription paper or prescription pads had not yet been implemented. We saw during this inspection that prescriptions were not left out on display and were locked away or kept out of patients view ready for collection.

During this inspection we looked the measures the practice had in place for medicines safety. No significant steps to improve the safety of medicines kept at the practice had been implemented. We found medicines refrigerators had a locking facility but were left unlocked. We saw that the practice had checked the temperature of the fridge once daily listing the temperature at the time of checking. The thermometer did not provide a minimum and maximum temperature range. This meant the practice was unable to know if the temperature range in the fridge had been outside of ranges for vaccine efficacy outside of the once daily checking. This included weekends and after hours. We saw that the practice was not adhering to the Public Health England (March 2014) Protocol for ordering, storing and handling vaccines and Department of Health (DH) Green Book (March 2013 Ch3). We were told by the practice staff a policy and procedure for vaccine management or to maintain the cold chain had not been developed. The practice manager, who had no specific training for medicines safety, took the responsibility to check medicines were within their expiry date. No records were kept of medicines used at the practice including stock levels, disposal or usage. No controlled medicines were kept in the practice.

Cleanliness and infection control

During the inspection on 15 April 2015 we found that areas of the premises cleanliness and infection control were not well managed. The practice premises had not met the Department of Heath guidance relating to cleanliness of GP practices. There was no system in place for the cleaning of equipment and cleaning schedules. There were risks to safety and welfare of patients and staff in regard to the storage of clinical waste and cleaning chemicals used at the practice. The risks to patients and staff in regard to legionella were not assessed or mitigated.

At this inspection there was no significant changes implemented to improve infection control at the practice. The practice had not updated or implemented any infection control policies or procedures. No infection control audits had been carried out. Staff had not undertaken any training or obtained professional advice in regard to infection control management. The practice told us they had purchased two foot operated bins to install in the two clinical rooms (ground floor and basement nurses room). We saw that one bin had been installed in the ground floor consulting room. The practice told us that they had intended to place the other bin in the appropriate room however; they had not yet done so. Staff using the basement room had continued to utilise a bin with a flip lid. The practice told us that they had booked a specialist infection control nurse to undertake an infection control audit at the practice, however, the appointment had been postponed. The processes for cleaning equipment at the baby changing areas remained the same. We saw that a bin without a lid was placed on top of the table for nappy disposal. We also found the practice had no system in place to ensure reusable equipment such as sphygmomanometer cuffs, oximeter, or thermometers, were routinely cleaned.

Inadequate

Are services safe?

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). They had not assessed the risk to patients from the water systems at the practice. This meant patients, staff and visitors remain at possible risk from infection from legionella.

An external contractor was engaged to remove and dispose of clinical waste at the practice. At this inspection we found no changes had been implemented and the storage of clinical waste was not safe or in accordance to National Institute of Health and Care Excellence (NICE). The clinical waste and sharps boxes, when full, were stored in an unsecured cupboard in a toilet, with no lock, on the first floor which could be accessed by patients. We saw used sharp bins and one orange bag of clinical waste stored in the unlocked cupboard in the staff toilet on the first floor.

The practice could not provide evidence that safe systems and guidance were available for staff in regard to chemicals and cleaning fluids that should be kept in accordance to the Control of Substances Hazardous to Health Regulations 2002. Chemicals and cleaning fluids were stored away from patient areas but were stored in an unlocked cupboard. At this inspection we saw no change from the previous storage arrangement. There was no action plan or risk assessment to provide guidance for staff in regard to chemicals and cleaning fluids.

Equipment

There was no system in place to ensure that equipment used at the practice was safe. At this inspection we saw that equipment remained untested. For example the kettle in the first floor counselling room, computer screen monitors, and fridges in the basement had no evidence of portable appliance testing in line with the Electricity at work regulations 1989. We were told the other equipment we saw in treatment rooms and corridors such as, weighing scales and sphygmomanometers were not in use. For example the weighing scales in the nurses' room showed no evidence of calibration although the baby scales did. The ground floor consulting room had two weighing scales. One had evidence of recent testing. We asked a member of staff about this and were told that the larger scales (last tested 28/03/2013) were not used for weighing. There use was to display a sign to patients about chaperones. This meant there was a risk, particularly in regard to the number of locum staff employed, of this unchecked equipment being used on patients.

We found the locum GP in the practice during our previous visit had un-calibrated equipment in their bag used for home visits. On this visit we shown a document given to locums that the practice which had advised locums that they should only use the practice equipment or could have their own calibrated. We were informed there had been no further electrical testing of portable electrical equipment. We were told this had been booked for 27 April 2015 but had not yet taken place. This meant patients were at risk from harm as equipment at the practice or used for the purpose of providing the service was not calibrated or checked to establish if it was safe to use.

Staffing and recruitment

The practice had a recruitment policy that set out the standards to follow when recruiting clinical and non-clinical staff. During this visit we found their policy, as previously, had not been followed.

We found during this inspection a new member of staff had been employed without recruitment checks prior to employment being obtained. No work history, references or proof of identity taken. There was no change in the provision of nurse care at the practice. No permanent nursing staff were employed to provide on-going care and treatment for patients with long term conditions. A locum nurse worked one session per week to provide this. If a chaperone was required only one member of staff had been trained for this role; however no Disclosure and Baring check had been carried out on this member of staff and a risk assessment had not been carried out to ensure this approach did not compromise patients' safety and welfare.

Monitoring safety and responding to risk.

There was no overall health and safety risk assessment and no risk assessments in relation to risks of slips, trips or falls. The deputy practice manager on behalf of the provider informed us that no further steps forward had been put in place to get this completed. This meant potential risks to patients, visitors and staff were not assessed and no actions to minimise risks had been identified or carried out. No member of staff had been identified as responsible for health and safety at the practice.

Inadequate

Are services safe?

Regular servicing of equipment such as the gas boilers had not been carried out. Carbon monoxide sensors had not been installed. This meant there was an on-going potential risk to patients, staff and visitors.

During this inspection the deputy practice manager informed us that no fire risk assessment had been carried out and no evacuation plan had been completed. We were informed that the practice had planned to have this in place for the fire officer who was returning at the end of June 2015 to do a full formal assessment. This meant that fire safety at the practice premises had not been risk assessed, there was no evacuation plan and appropriate action had not been taken to mitigate any risks.

We found at this inspection there were no further steps taken to ensure that all staff were up to date with fire training. There was no indication of a date for fire training for staff given. This meant that staff were not trained to respond appropriately to any incident or potential incident of fire, should it occur. During this inspection visit we were shown evidence of a fire drill undertaken on the 7 May 2015, which showed the staff who had participated and what actions were taken.

We found there continued to be no systems in place for monitoring patients with long term conditions, end of life care and those patients identified as vulnerable and at risk. The practice informed us the system the practice had in place was to screen/monitor patients opportunistically and that they would undertake recalls of patients after December 2015 and then on an on-going annual basis. We were also told the locum practice nurse was in the process of setting up birthday month recalls. There was no evidence to show how this system was working as no process was in place to evidence the actions and outcomes for patients. The locum practice nurse only provided one session per week. This session was for diabetic patients and the system to recall and see these patients had not been fully imbedded or evaluated.

For patients on end of life care the practice told us they worked closely with the community matrons. There were two patients requiring end of life support at the time of this inspection. We were told by the practice that they were implementing a recording system for the pre-existing monthly meetings in which these patients' needs were discussed. However, this had not been instigated at the time of this inspection.

The practice told us they kept a register of all vulnerable adults (at risk patients), we were informed the patient numbers on this list was small and that patients were identified by a coding system in patient electronic patient records. Staff were unable to inform us of the exact number of patients who had been deemed as vulnerable. We were told by practice staff that patients in this vulnerable group were discussed with the Primary Medical Team. However, there were no records of these meetings to evidence this.

Evidence from this inspection highlighted that there remains a risk to vulnerable patients and those patients with long term conditions such as cardiac problems or diabetes who were not receiving the care and treatment they required. There was not a sustained system to ensure their needs were reviewed regularly. There was no schedule or planned programme for patient's medicines reviews.

Arrangements to deal with emergencies and major incidents

We looked at the practices arrangements to deal with emergencies. We had significant concerns around the arrangements in place to manage emergencies. This related to support the practice would provide to patients should a life threatening event occur at the practice. We found the practice had limited support systems and equipment in place and had not carried out a risk assessment. This meant the practice could not provide evidence of the decision making process as to why they were not providing recognised standards for resuscitation and responding to patient health emergencies. This also meant that patients could not be assured that any health emergency occurring on the practice premises would be effectively responded to. Risks to patients in emergency situations remained because appropriate equipment was either not available or fit for purpose.

Staff had received training in basic life support. We found the practice emergency equipment was limited. This was an automated external defibrillator and one adult face mask. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked annually. We were informed there was no spare battery for the defibrillator and the practice staff told us they were no longer able to obtain a replacement. Emergency medicines were available for anaphylaxis only.

Inadequate

Are services safe?

This did not meet the Resuscitation Council UK guidance which includes providing emergency drugs or oxygen to respond to life threatening events such as a heart attack and medical emergencies.

Are services well-led?

Inadequate

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

Our findings

Governance arrangements

We found on this visit to the practice there had been only minor changes to the governance arrangements since our last inspection undertaken in April 2015.

The practice had policies and procedures in place to govern how services were provided however, there was no evidence to provide the assurance that these were followed. There was a structure in which named members of staff had lead roles. For example, there was a practice manager who led the day to day running of the service. The provider was the named lead for clinical governance. However, leadership was not effective as there was no planned programme of audits in place and no governance arrangements. No clinical audits were carried out and there were no other systems of checking patients received the care and treatment they needed. There was no schedule or planned programme for patient's medicines reviews. There was no monitoring, support or supervision provided to the locum GP's or the locum nurse to assess and govern their activity at the practice

The practice had no arrangements for identifying, recording and managing risks, including risk assessments relating to the environment and safe delivery of the service. There was no overall health and safety risk assessment process in the practice, to protect patients, visitors and staff.

The practice used both electronic and paper record systems for patient records. Patients' paper records were stored in filing cabinets in the ground floor office near the reception area. These were not locked. Archived patient records were kept in unlocked filing cabinets, boxes and left on work surfaces in a room upstairs which was not secure. No significant remedial actions had been taken since our last inspection to ensure confidential information was kept secure. However, we did note paper records had not been left in full view on the reception desk. We had found during a follow up focused inspection on 5 May 2015 that pathology results and letters pertaining to patients' personal information were no longer left in open trays in offices on the ground, first and second floor. The practice had improved the system of receiving pathology and test results and these documents were being reviewed by the locum GPs in a timely way.

We saw SMART cards (electronic access key) were kept more secure than previously seen and had not been left in unattended computer stations. However, we observed a new member of staff working at the reception desk, under the direction of another member of staff. This new person had not been taken through any recruitment check process and no risk assessments pertaining to their role and responsibilities had been completed. We were informed this person had started work at the practice on Monday 14 June and that they were in the process of assessment for their role. We saw that they had access to the electronic and paper patient records.

We saw that patients were required to write their name on a paper booking log at the desk if they wanted to book in to wait for an appointment. This information could be seen by other patients completing the form and meant confidentiality could not be maintained. The reception desk was in the entrance hall of the practice and phone calls and conversations in this area could be overheard.