

All Saints Surgery

Inspection 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 summary

We previously carried out an announced comprehensive inspection at All Saints Surgery on 15 January and 23 January 2019 as part of our inspection programme. The practice was rated as inadequate in safe and well led and rated as requires improvement in effective, caring and responsive. This meant that the practice was rated as inadequate overall, placed in special measures and warning notices in relation to safe care and treatment and good governance were issued. The full comprehensive report on the January 2019 inspection can be found by selecting the 'all reports' link for All Saints Surgery on our website at www.cqc.org.uk.

We carried out an announced focused inspection at All Saints Surgery on 17 April 2019 to ensure that the issues identified in the warning notices had been addressed.

This report only covers our findings in relation to the warning notices.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected.
- information from our ongoing monitoring of data about services.
- information from the provider, patients and other organisations.

We found that:

- A system was in place for the security and management of blank prescription forms with serial number logs maintained.
- Medicines in treatment rooms were stored securely and were accessible in the event of an emergency. A portable carrier for a larger sized oxygen cylinder was in place and staff were in receipt of training in its use. A risk assessment with a clear rationale was in place for the one emergency medicine not held by the practice.
- A reduced number of patient medicine reviews were overdue monitoring and assessment for example patients who had not been in receipt of a medicine review in a 12-month period had reduced from 1,444 to 621 patients. Those patients overdue a medicine review were being invited to attend.
- The majority of recent secondary care letters that contained information provided to the practice of medicines monitored and prescribed in secondary care had been recorded within the patient record. This had reduced the potential risk of a GP prescribing a medicine contra indicated for concurrent use with the medicines prescribed in secondary care and therefore a reduced risk to patient's safe care and treatment.
- The system employed by the practice regarding letters and repeat medicines had been subject to a review and no longer relied upon non-clinical staff documenting GP findings within the clinical record with a potential risk of omission or misinterpretation.
- The provider had taken appropriate action to reduce the risk to patients by completing risk assessments including an assessment and remedial action for the corded window blinds.
- There was evidence of the cleaners Control of Substances Hazardous to Health Regulations (COSHH) risk assessments, training and cleaning product data sheets.
- An infection prevention and control (IPC) audit had been conducted with a clear action plan with dates for review and monitoring in place. There was management oversight in place to ensure that all staff had been in receipt of appropriate IPC training.
- Improvements had been made to the systems, processes and practice that helped to keep patients safe and safeguarded from abuse. The system included monitoring of children who did not attend their appointment following referral to secondary care. Staff were up to date with adult and children's safeguarding training and the policy in place reflected current practice updates including modern slavery.
- The provider had instigated a system which enabled oversight on staff qualifications, competence, skills and experience.
- We saw that a system had been implemented which included a regular meeting agenda item of ensuring staff were up to date with best practice guidelines including the National Institute for Clinical Excellence (NICE) guidelines. These included guidelines in Chronic obstructive pulmonary disease (COPD).
- Antibiotic prescribing for Amoxicillin in children aged one to five and five to 18 years old was in line with best practice guidelines. The provider had implemented the monitoring prescribing of Amoxicillin in children and had therefore reduced the risk of reoccurrence with clear governance arrangements in place.

Overall summary

- The provider had instigated a system which enabled clinical oversight on patients within the pre-diabetic range in order that they could be provided with lifestyle advice or a second blood test monitoring appointment.
- The provider had instigated a system which enabled clinical oversight on patients with gestational diabetes, in order that they were followed up in respect of a post-partum three month follow up blood test within a 15-month period.
- We saw that a system had been implemented which included patients having had a removal of their spleen being offered precautionary antibiotics and in receipt of a pneumovax (a particular vaccination). Where there was informed consent this was recorded within the patients' clinical record.
- There had been improvements made in the setting up of systems and processes to ensure compliance with requirements to demonstrate good governance.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had improved and were being managed.
- A root cause analysis process had been put in place in order that the provider could conduct a thorough investigation and extract significant learning from safety incidents.
- The practice had started to record informal comments and complaints received.
- In the staff records reviewed which included a new staff member we saw that recruitment procedures had operated effectively, and records maintained.

- The provider had implemented a systematic approach for areas such as: oversight of records of skills, qualifications and training for all staff, in the follow up of children's non-attendance at secondary care appointments and in the approach to updating and monitoring policies and procedures.
- We found that the patient safety and medicine alerts patient searches were completed and up to date.

At this inspection, we found that the provider had satisfactorily addressed the issues identified in the warning notice although some medicine reviews remained in the process of being completed but there was a schedule for completion in place.

We will follow up on these issues at our next inspection.

- A number of patient medicine reviews remain overdue monitoring and assessment
- Discussions between the practice and other health and social care professionals such as health visitors to support and protect adults and children at risk of significant harm took place and were no recorded however meetings had although booked had yet to take place.
- A documented workforce and succession plan and an updated business continuity plan.

Details of our findings and the supporting evidence are set out in the evidence table.

Population group ratings

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser and Practice Manager specialist adviser.

Background to All Saints Surgery

All Saints Surgery is registered with the CQC as a GP partnership provider and is located in the town of Burton on Trent. The practice provides services to approximately 9,138 patients under the terms of a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services. The practice is a member of the NHS East Staffordshire Clinical Commissioning Group (CCG). The ethnicity of patients registered at the practice are approximately 42% Pakistani/Bangladeshi origin and 30% white and mixed race British. Sixteen percent are Eastern European, 6.4% Arabic and the remaining identified as Chinese and other Asian groups as well as travellers.

The practice area has a higher level of deprivation being in the third most deprived decile. This may mean that there is an increased demand on the services provided, when compared with national averages. The practice population distribution is broadly in line with local and national averages.

The practice provides a number of clinics for example, long-term condition management including asthma, diabetes and high blood pressure. The level of income deprivation affecting children is 22%, which is slightly higher than the national average of 20%. The level of income deprivation affecting older people is higher, 25% when compared with the national average of 20%.

The practice is a purpose-built premise. The building is single storey and owned by the partners. The practice provides a small car park. The practice staffing comprises:

- One full-time male GP partner who provides 1.23 whole time equivalent hours (WTE).
- Three long-term locum GPs who provide a total of 2 WTE hours.
- A non-clinical partner practice manager.
- An operations manager

- Two female practice nurses.
- A female phlebotomist.
- A team of reception staff and administrators.

The practice has vacancies for two full time GPs, reception/administration staff and a nurse practitioner.

The practice is open from 8am to 6pm, Monday to Friday, and from 8am to 12.30pm on Saturdays. The practice has opted out of providing an out-of-hours service. When the practice is closed the out-of-hours service provider is Staffordshire Doctors Urgent Care Limited (SDUC). Patients may also call NHS 111 or 999 for life threatening emergencies. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery. Surgery consulting times with a GP are available from 8.30am to 12pm and 3.30pm to 6.30pm on weekdays and 8am to 12pm on Saturdays. The nearest Walk in Centre is based at Derby London Road Community Hospital.

Further details about the practice can be found by accessing the practice's website at

Following a national government initiative from 1st September 2018 extra appointments are offered across the whole of East Staffordshire, including evening and weekend appointments. The requirement in the GP Forward View is for practices to provide an additional 30 minutes for every 1,000 patients per week. Each appointment will be between 10 and 15 minutes, which means there are four to six appointments available per hour. Additionally, a new online digital service is available on Sunday mornings where appointments are offered with a GP via the Q Doctor App for further details All practices across East Staffordshire are participating in this extended access. Further information can be found at; www.eaststaffscgg.nhs.uk/your-health/extended-primary-care-services