

Cumberland House

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 well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Cumberland House on 6 April 2017. The overall rating for the practice was good with requires improvement in providing a well led service. The practice was served a Requirement Notice in Regulation 17 Health and Social Care Act (Regulated Activity) Regulations 2014, Good Governance. The full comprehensive report from 6 April 2017 inspection can be found by selecting the 'all reports' link for Cumberland House on our website at www.cqc.org.uk.

This inspection was an announced focussed follow up inspection carried out on 5 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation identified in our previous inspection on 6 April 2017. This report covers our findings in relation to those requirements.

We found these arrangements had significantly improved when we undertook a focussed follow up inspection on 5 October 2017. The practice is now rated as good for being well-led.

Overall the practice is rated as good.

Our key findings were as follows:

- The practice had introduced a National Institute for Health and Care Excellence (NICE) guidelines agenda item into their clinical governance and information

meeting in September 2017. Although this approach had only recently commenced and therefore did not demonstrate an embedded system, there was oversight in place to demonstrate that NICE guidelines were implemented through risk assessments, audits and searches of patient records.

- An electronic system to enable clear audit, monitoring and work load assessment including emergency appointments and triage calls had been implemented.
- One of the GP partners together with an administration prescribing support staff member had developed systems and processes to ensure the practice were in receipt of and actioned all appropriate patient safety and medicine alerts.
- The practice manager had implemented a system to ensure that staff providing care and treatment had received Disclosure and Barring Service (DBS) checks or that a risk assessment was in place if this was considered not to be required.
- We found that suitable notices of the chaperone service available to patients were available in the main site. The practice assured us that these were all posted at the branch location where a chaperone service was also made available to patients.
- The practice had taken prompt action to ensure they maintained staff's full immunity record not just their Hepatitis B status.

Summary of findings

- The GPs at the practice had considered what medicines were appropriate to be held in their bags. The practice manager had implemented a checklist to enable clear monitoring and oversight of these medicines, including for example the name of the medicine, quantity and expiry date.
- Clinical staff had been in receipt of training in the Mental Capacity Act and Deprivation of Liberty safeguards in 2017.
- The practice demonstrated they had continued to improve the identification of patients who were carers and provide them with appropriate support.

However, there were also areas of practice where the provider needs to make improvements the provider should:

- Subsequent to staff changes update the safeguarding policy with the name of the new safeguarding lead at the practice, a review date and content to include for example, modern slavery.
- Document the clinical supervision provided to clinical staff at the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Cumberland House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

- Two practice nurses providing 1.66 WTE hours and another practice nurse due to commence in October 2017 as part of the practice work force succession planning
- A health care assistant providing 0.99 WTE hours
- A practice pharmacist for an initial trial period of three months using resilience funding from NHS England.

The practice is supported by a practice manager, office manager, lead receptionist and a team of medical secretarial and reception staff. The practice is a training practice and supports medical students.

The practice main site at Stone is open between 8.15am and 1pm and 2pm and 6.30pm Monday to Friday. Between 1pm and 2pm the practice doors are closed but the practice is staffed to take calls during this time. Consultation times with GPs are available in the mornings from 8.30am to 11.50am on Monday to Friday. Afternoon appointments with GPs are available from 2pm, 2.35pm and 3.40 pm from Monday to Friday. The practice branch site at Barlaston is open between 8.30am and 12.30pm Monday to Friday. When the surgery is closed the phones lines are automatically transferred to the out of hours provider, Staffordshire Doctors Urgent Care via NHS 111.

Background to Cumberland House

Cumberland House is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services contract with NHS England. At the time of our inspection the practice was caring for just over 12,600 patients. The main practice is situated in Stone, and is part of the NHS Staffordshire and Surrounds Clinical Commissioning Group. Car parking, including disabled parking, is available at this practice. The branch location is situated in Barlaston, Staffordshire and approximately 3,200 of the 12,600 patients attend the branch location. The practice area is one of less deprivation when compared with the local and national average.

The practice team consists of:

- Three GP partners (two male and one female) providing three whole time equivalent (WTE) hours
- Two salaried GPs (one male and one female on maternity leave at time of the inspection) providing one WTE
- A practice matron providing 0.9 WTE
- Two Advanced Nurse Practitioners providing 1.8 WTE

Why we carried out this inspection

We undertook a comprehensive inspection of Cumberland House on 6 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good overall with requires improvement for providing a well led service. The practice was served a Requirement Notice in Regulation 17 HSCA (RA) Regulations 2014, Good Governance. The comprehensive report on 6 April 2017 inspection can be

Detailed findings

found by selecting the 'all reports' link for Cumberland House on our website at www.cqc.org.uk. We undertook a follow up inspection on 5 October 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including GP partners, a practice manager and reception staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at systems and information the practice used to deliver care and treatment plans.

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.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 6 April 2017, we rated the practice as requires improvement for providing well-led services. This was because the practice had not:

- Ensured there was a system and oversight in place to demonstrate that National Institute for Health and Care Excellence (NICE) guidelines were implemented through risk assessments, audits and searches of patient records.
- Implemented an effective system to enable clear audit, monitoring and work load assessment which included additional emergency appointments and triage calls required.
- Ensured the practice were in receipt of all appropriate patient safety and medicine alerts in order to take appropriate action.
- Ensured that staff providing care and treatment had all received Disclosure and Barring Service (DBS) checks or that a risk assessment was in place if this was considered not to be required.

At our previous inspection on 6 April 2017 there were a number of areas in which the practice should improve, these included:

- Providing suitable notices of the chaperone service available to patients and ensuring a chaperone service was readily available at both the branch and main site locations.
- Maintaining staff's full immunity record not just their Hepatitis B status.
- Consider a documented rationale as to what medicines GPs held in their bags and a checklist to enable clear monitoring and oversight.
- Implementing clinical staff training in the Mental Capacity Act and Deprivation of Liberty safeguards.
- Continue to improve the identification of patients who are carers and provide them with appropriate support.

These arrangements had improved when we undertook a follow up inspection on 5 October 2017. The practice is now rated as good for providing a well led service.

Governance arrangements

- The practice had introduced a NICE guidelines agenda item into their clinical governance and information meeting in September 2017. A GP had presented the practice audit to identify patients with a diagnosis of fragility fracture and where identified that they were referred for a bone scan. This included implementation of assessments to identify patients at risk in line with NICE guidelines and a further audit. Although this approach had only recently commenced and therefore did not demonstrate an embedded system, there was oversight in place to demonstrate that NICE guidelines were implemented through risk assessments, audits and searches of patient records.
- An electronic system to enable clear audit, monitoring and work load assessment including emergency appointments and triage calls had been implemented. This system was managed by the GP partners at the practice who regularly monitored its effectiveness and the disposition outcomes for patients. For example, routine appointment, GP same day appointment, routine GP appointment or to speak with or see the Advanced Nurse Practitioner or practice nurse. This also enabled the practice to establish future workforce planning more effectively.
- One of the GP partners together with an administration prescribing staff member had developed systems and processes to ensure the practice were in receipt of all appropriate patient safety and medicine alerts. The practice was able to clearly demonstrate that patient searches and appropriate action was taken in response to patient safety and medicine alerts.
- The practice manager had implemented a system to ensure that staff providing care and treatment had received DBS checks or that a risk assessment was in place if this was considered not to be required.

The practice had also addressed the areas of improvement, For example:

- We found that suitable notices of the chaperone service available to patients were available in the main site. The practice assured us that these were all posted at the branch location where a chaperone service was also made available to patients.

Are services well-led?

Good 

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

- The practice had taken prompt action to ensure they maintained staff's full immunity record not just their Hepatitis B status. In two of the most recently appointed clinical staff personnel records we reviewed we saw that full staff immunity status was documented.
- The GPs at the practice had considered what medicines were appropriate to be held in their bags. The practice manager had implemented a checklist to enable clear monitoring and oversight of these medicines, including for example the name of the medicine, quantity and expiry date. The risk assessment and rationale for medicines not held was basic but it was clear this had been discussed as a clinical team. One of the GP partners advised they would forward information discussed at the inspection which provided clear evidence of the practice's risk assessment rationale.
- Clinical staff had been in receipt of training in the Mental Capacity Act and Deprivation of Liberty safeguards in 2017.
- The practice demonstrated they had continued to improve the identification of patients who were carers and provided them with appropriate support. The carer's register had increased from 56 to 64 and newly registered patients completed an information request as to whether they were a carer.

We reviewed the system in place at the practice to review children who did not attend hospital appointments. The practice had a system in place which was reviewed monthly and monitored children who did not attend appointments and cross referenced this with their safeguarding register and for vulnerable adults safeguarding. We found that the

safeguarding policy needed to be updated with changes in personnel such as the safeguarding lead at the practice, a review date and updating categories of abuse to include for example, modern slavery.

New staff at the practice had been in receipt of an induction. The advanced nurse practitioners had daily 30 minute booked appointment slots with a GP to enable discussions such as clinical supervision, knowledge, and training and for competence review. These discussions were informal and the practice recognised this system could be improved further if documented.

Continuous improvement

The practice attended regular locality and Clinical Commissioning Group (CCG) meetings. The practice was taking part in a pilot utilising the skills of a practice pharmacist for an initial trial period of three months using resilience funding from NHS England. The practice had introduced a GP partner led and monitored electronic system, entitled Navigation, to enable clear audit, monitoring and work load assessment including emergency appointments and triage calls had been implemented.

The practice was involved in a business case in support of funding a CCG initiative regarding nursing homes to improve GP service support and reduce GP travelling time within the locality group each travelling to eight care homes.

The practice manager and GPs said the practice were to review the systems they had in place for patient access to routine appointments in the near future.