

St Lukes Surgery

Inspection report

St Lukes Close
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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 location

Are services safe?

Are services effective?

Are services responsive?

Are services well-led?

Overall summary

This practice is rated as inadequate overall. (Previous inspection February 2018 – *Inadequate*. Inspection December 2016 - *Good*)

The key questions are rated as:

Are services safe? – *Inadequate*

Are services effective? – *Inadequate*

Are services caring? – *good*

Are services responsive? – *Inadequate*

Are services well-led? – *Inadequate*

The practice was rated inadequate overall at the February 2018 inspection and placed into special measures. As a result of the February inspection two warning notices were served. The timescale given to comply was 13 April 2018. The warning notices related to regulation 12 (safety) and regulation 17 (good governance) of the Health and Social care Act.

We carried out an announced focused inspection at St Lukes Surgery on 24 April 2018. This inspection was to follow up on the enforcement action we undertook as part of the inspection on 12 February 2018.

At this inspection we found:

- The practice had commenced improvements in response to the warning notice however further work is indicated to ensure that the improvements continue and are sustained.
- In relation to policies, procedures and processes around infection prevention and control some changes had been implemented although work was still ongoing to ensure all had been updated and embedded into practice.
- The practice had revised processes for stock control and emergency medicines in order to improve patient safety.
- The practice had recruited for several key vacancies and had temporary staff in place to fill gaps for any recruitment still ongoing.

- The practice had reinstated the weekly respiratory clinic for patients with the first appointments due to be held soon after the inspection.
- The practice had improved processes for monitoring actions identified from risk assessments and learning from complaints.
- The practice had improved monitoring of patient feedback and created action plans to begin to address concerns raised.
- Systems for maintaining oversight of staff training and recruitment remained incomplete and were not fully embedded into practice.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

This service remains in special measures will be inspected again within six months of the February 2018 report publication. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Population group ratings

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to St Lukes Surgery

St Lukes Surgery is commonly known to patients as St Lukes and Botley Surgeries. St Lukes Surgery is the registered location and Botley Health Care Centre is a branch site. St Lukes Surgery is based in Hedge End on the outskirts of Southampton. Botley Health Care Centre is in the nearby town of Botley. There are limited public transport links between the two. The practice (including the branch site) has a patient list size of approximately 12000 registered patients.

St Lukes Surgery is located at the following address: St Lukes Close, Hedge End, Southampton, Hampshire, SO30 2US.

The branch site is located at this address: Botley Surgery, Botley Health Care Centre, Mortimer Road, Botley, Hampshire.

St Lukes Surgery and branch site are part of the West Hampshire Clinical Commissioning Group.

We visited both the main location and branch site as part of this inspection.

The clinical team at St Lukes and Botley Surgery consisted of two GP partners and a further three salaried

GPs. The nursing team consisted of two nurse practitioners and three nurses as well as two health care assistants. The clinical team were supported by managerial and administrative staff.

At the time of the inspection St Lukes Surgery had engaged in a partnership arrangement with another registered provider, The Living Well Partnership. St Lukes Surgery had not updated their CQC registration to reflect this. Since this inspection the practice have started the process to amend their CQC registration to reflect the merger but at the time of publication this process has not been completed. At present the registration of St Lukes Surgery remains in place and patients can only be seen where they are registered or at an out of hours hub.

The ethnicity of St Luke's Surgery practice population has over 95% of its patient to identify as White British. The practice is in an area of low deprivation. There is a slightly higher than average number of patients who are under 18 years old when compared to the local and national averages.

Are services safe?

At our February 2018 inspection we rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services and we served warning notices because:

- Not all staff had completed training required to undertake their role and the knowledge required to keep patients safe. This included for infection control, safeguarding adult and children and fire safety training.
- Infection control processes were not effective. There was no risk assessment or action plan in place to identified how concerns raised in the infection control audit were to be addressed.
- Not all emergency medicines were stored in line with policies or processes. Some medical equipment had passed their expiration dates.

At this inspection we reviewed only these areas of concern. We found the processes had significantly improved with the exception of monitoring training when we completed the warning notice follow up inspection on 24 April 2018.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse.
- Induction records had been revised since our previous inspection to include safeguarding e-learning training. The training matrix we reviewed was incomplete for several members of staff for both safeguarding adults and safeguarding children.
- Reports and learning from safeguarding incidents were available to staff.
- The practice had undertaken a thorough review of infection prevention and control systems and processes since the previous inspection. There was now a system in place. However, the new system was in its infancy and therefore not fully embedded into practice.
- The practice had reviewed arrangements to ensure that facilities and equipment were safe and in good working order. The provider had removed all medical equipment which had passed its expiration date or placed in storage awaiting removal. All emergency medicines were in stock and documented.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice had recruited to several staff vacancies, created temporary roles or used locums to cover deficits identified at the previous inspection.
- There was an effective induction system for temporary staff tailored to their role. The induction record had been improved to include what e-learning was completed.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Track record on safety

The practice did not have a good track record on safety. However, this had improved since the previous inspection.

- There were now comprehensive risk assessments in relation to safety issues. Any actions which had been identified from these were included on the ongoing action and maintenance logs and rated by risk level.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 12 February 2018 we rated the practice as inadequate for providing effective services overall and across all population groups.

The practice was rated as inadequate for providing effective services and we served warning notices because:

- There had been a notable staff turnover creating a number of vacancies including nursing roles and managerial or leadership positions.
- There was a lack of oversight and monitoring of data collected through the Quality and Outcome Framework (QOF) reporting system. There was a high level of exception reporting of patients with long term conditions and a lack of explanation for this.

At this inspection we reviewed only these areas of concern. The practice had made some improvements to these areas when we undertook a warning notice follow up inspection on 24 April 2018.

(Please note: Any Quality and Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

People with long-term conditions:

This population group was rated inadequate for effective at the previous inspection because the overall ratings of inadequate related to all population groups.

- Since the previous inspection the practice had reviewed the processes for monitoring patients with long term conditions including diabetes and respiratory conditions. Diabetic clinics were in place and the practice had re-started their respiratory clinic on the week of this inspection.

- The practice worked with a GP at the Living Well Partnership to oversee their QOF monitoring going forward. This was a recent development at the time of this inspection.

Effective staffing

Since the previous inspection the practice had improved oversight of the skills mix of staff and had recruited to vacancies or employed temporary staff in the interim. However, the systems and processes for monitoring staff training and knowledge was still not fully embedded into practice.

Staff had the skills, knowledge and experience to carry out their roles. However, there was not always recorded evidence to demonstrate that staff had undertaken statutory or mandatory training updates.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- The practice understood the learning needs of staff. Due to current demand protected time was not always available to undertake training however, were told that for staff undertaking additional roles, protected time was offered in order to complete these additional duties. The practice was in the process of transferring training and HR oversight to a new system and as such records for monitoring skills, qualifications and training remained incomplete and not fully embedded. The interim process for monitoring training records lacked detail.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our February 2018 inspection we rated the practice, and all of the population groups, as inadequate for providing responsive services.

The practice was rated as inadequate for responsive and we served warning notices because:

- There was a lack of evidence to demonstrate action taken in response to low GP patient survey scores.
- Patients complaints were recorded but there was not always evidence of patients having received a response to their complaint or a documented outcome around learning. The practice undertook a trend analysis of complaints but showed little evidence as to how they would address these issues.
- Asthma reviews were being undertaken via the telephone and patients only called in for a face to face appointment if deemed unwell or not in control of their Asthma. There was no risk assessment or action plan to ensure all patients had received their routine reviews.

We only reviewed these concerns and we found that the practice had made some improvements to these areas when we undertook a warning notice follow up inspection on 24 April 2018.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice had resolved the issues identified in meeting the needs of patients with long-term conditions by filling staff vacancies. However, at the time of the inspection respiratory clinics had only just recommenced.

People with long-term conditions:

At our inspection on 24 April 2018 we discussed with the leadership team progress on recruiting a nurse with

specialist interest in respiratory. The practice told us that they had not managed to recruit to that role but as a temporary measure they had sourced a locum respiratory nurse to run weekly asthma and Chronic Obstructive Pulmonary Disorder (COPD) clinics. COPD is a collective term for a set of progressive lung diseases resulting in increased breathlessness. The first clinic was due to start the week of the inspection and patients who were waiting for reviews had been contacted and booked onto these clinics.

Listening and learning from concerns and complaints

Since our previous inspection in February 2018 the practice had reviewed their processes for listening to and learning from complaints.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The practice had received seven complaints in March 2018.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. The practice had put an action plan in place to address the emerging themes from complaints. The practice had also undertaken an audit of their complaints received in the past 12 months and identified that one patient complaint had not been responded to. The practice wrote to the patient apologising and that they would respond in full after the audit was completed.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our February 2018 inspection we rated the practice, and all of the population groups, as inadequate for providing well-led services.

The practice was rated as inadequate for well-led and we served warning notices because:

- Systems and processes were not in place or if present were not fully embedded into practice in a way that kept staff and patients safe. This included monitoring of risk assessments such as fire safety and health and safety. Not all actions from risk assessments had been completed or documented progress.
- and actions from these. Not all actions identified had been completed.
- There was a lack of leadership and key vacancies within the leadership team.
- There was a focus on identifying patient need by collecting feedback through patient surveys however, there was limited progress on developing areas identified in patient feedback and limited involvement through working with the patient participation group.
- There was a lack of oversight and monitoring of systems and processes to prevent data protection breaches.
- The process for monitoring and recording staff induction during their probation period was not embedded into practice. Documents reviewed were incomplete and unable to evidence that staff had received the relevant training for their role.

We only reviewed these concerns and we found that the practice had made some improvements to these areas when we undertook a warning notice follow up inspection on 24 April 2018.

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- The leadership of the practice was not fully established. Whilst there was a senior team the partners had not updated their CQC registration to reflect the changes in the organisational structure. They had also not updated the registered manager status which is a requirement of their registration.
- The leadership team had made some improvements for example filling key vacancies within the organisational structure. However, at the time of this inspection this

structure had not yet been fully embedded into practice due to staff being new in post. Leadership in the practice did not always clearly demonstrate how lines of management and communication were managed.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. Action plans and risk monitoring were in place to begin to address challenges.
- The practice had reviewed processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had made improvements towards delivering quality sustainable care.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The practice had completed an audit review of complaints identifying one that had not been actioned. The practice sent a written apology to this individual.
- The practice had reviewed their system of staff induction and probation review periods to ensure that these had been completed and documented sufficiently. The practice were working towards ensuring all staff had received a recent appraisal.

Governance arrangements

The practice had made some improvements to the processes which support good governance and management. However, these improvements were still in their infancy and had not been fully embedded into practice.

For example:

- The practice had recruited to vacancies in the organisational structure. Staff were aware of their roles and responsibilities around management. The nurse manager position was still vacant at the time of this inspection; however, a member of staff had been informally acting up into this role to ensure systems had been reviewed and improved.
- The practice had made steps towards centralising governance arrangements around HR, payroll and training. However, the plans described at the previous

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inspection were currently on hold whilst the provider assessed other alternatives. Therefore, there were currently several independent systems in place whilst the transition was in progress.

- The practice had created temporary measures to begin to identify staff training needs and whether training was in date. However, the system was incomplete and did not contain all staff.
- The practice had reviewed infection control policies as part of their new infection control audit. A staff member had been given five days protected time to help review and re-design clinical policies.

Managing risks, issues and performance

The practice had made improvements to processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had begun to implement a more embedded process to manage current and future performance. For example, a GP at the Living Well Partnership had oversight of and responsibility for quality and outcome framework (QOF) monitoring across both St. Lukes Surgery and the branch site.

- The practice had plans in place and had trained staff for major incidents.
- The practice had reviewed and updated their matrix for monitoring health and safety of the premises.
- The practice had improved processes for learning from patient feedback and created action plans to address concerns raised.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice had reviewed the data protection breach that had occurred just before the last inspection and taken appropriate action to respond to patients and to learn from the event.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The leadership of the practice was not fully established. Leadership in the practice did not always demonstrate who had overall responsibility and how lines of management and communication were managed. The system in place to monitor training required and provided did not demonstrate fully that all mandatory training required by the practice had been undertaken. For example information governance, safeguarding and infection control. Not all policies and procedures had been reviewed or updated. The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: There was some focus on patients needs but there was limited involvement and progress on developing and working with the patient participation group. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>