Dr Stephen Hilton

Quality Report

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Date of inspection visit: 9 June 2016
Date of publication: 04/08/2016

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

Are services safe?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

(At the time of the inspection, Dr Hilton had recently retired from the practice and no longer held the contract for providing primary care services at this location. Although Dr Hilton continues to be registered with the Care Quality Commission for this location, he has submitted an application to cancel his registration. Another provider is in day-to-day control of the practice, and they are in the process of making application to add this location to their current registration.)

We carried out an announced focussed inspection of this practice on 7 December 2015 to check compliance with a requirement notice we had previously issued following our inspection of 15 January 2015. During our inspection of 7 December 2015, a continuing breach of a legal requirement was found and we issued an enforcement action.

The continuing breach we identified when we carried out the inspection on 7 December 2015 was in relation to:

- Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines (which corresponds to Regulation 12 (f) & (g) of the HSCA 2008 (Regulated Activities) Regulations 2014.)

We undertook this announced focused inspection on 9 June 2016 to check whether the provider had taken steps to comply with the above legal requirement. This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Dr Stephen Hilton on our website at www.cqc.org.uk.

Our key findings were as follows:

- The provider had complied with the enforcement action we issued in relation to the arrangements for protecting patients against the risk of receiving ineffective vaccines.
- There had been a recent change of provider, and the consequent uncertainty regarding staffing arrangements, had led to the short-term loss of one weekly clinical session. This had reduced the

Summary of findings

availability of routine appointments. However, the new provider had responded appropriately and quickly, and was actively taking steps to address this situation by recruiting another GP.

The areas where the provider should make improvements are:

- Devise an adult safeguarding policy.
- The practice's designated infection control lead should complete more advanced training to enable them to carry out this role more effectively.
- Continue to closely monitor GP staffing levels to meet patient demand for appointments.
- Re-decorate those areas of the building which are showing signs of wear and tear, i.e. walls and ceilings.

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?

Good

The practice is rated as good for providing safe services.

The provider had complied with the enforcement action we issued in relation to the arrangements for protecting patients against the risk of receiving ineffective vaccines. A range of improvements had been made, including the introduction of a new vaccine log to record daily temperature checks, and a new stock control system, to make sure staff were clear about what vaccines were held and when these needed to be re-ordered. New vaccine protocols had been implemented and the clinical member of staff responsible for vaccine management had recently updated their training. The provider had worked in conjunction with the local immunisations team to improve the arrangements for storing and managing vaccines at the practice.

The provider had also taken action to make the improvements to patient safety which we said should be made, following our last inspection. These improvements included: the replacement of all emergency lighting; carrying out checks of all electrical equipment, and arranging for annual calibration checks to be carried out where appropriate.

The recent change of provider, and the consequent uncertainty regarding staffing arrangements, had led to the short-term loss of one weekly clinical session. This had reduced the availability of routine appointments. However, the new provider had responded appropriately and quickly, and was actively taking steps to address this situation by recruiting another GP.

Are services well-led?

Good

The practice is rated as good for providing well led services.

The provider had strengthened their governance arrangements for managing vaccines, to help protect patients from the risks of receiving ineffective immunisations. The action taken by the provider meant they were now complying with national and local guidelines. The provider had also made other changes which had improved patient safety such as, for example, ensuring that electrical equipment was safe to use and maintained in good working order. Also, an outstanding Disclosure and Barring Service (DBS) check had been completed for a member of the clinical team. The new provider had responded appropriately and quickly to cover the clinical sessions previously undertaken by the former provider, and was actively taking steps to address this situation by recruiting another GP.

Summary of findings

What people who use the service say

Data from the NHS National GP Patient Survey of the practice, published in January 2016, showed patient satisfaction levels with access to appointments was higher than the local clinical commissioning group (CCG) and national averages. For example, of the patients who responded to the survey:

- 100% said their last appointment was convenient. This was above the local CCG and national averages of 92%.
- 91% described their experience of making an appointment as good, compared to the local CCG average of 75% and the national average of 73%.
- 100% said they found it easy to get through on the telephone, compared to the local CCG average of 78% and the national average of 73%.
- 89% said they were able to get an appointment to speak or see someone the last time they tried, compared to the local CCG and national averages of 85%.
- 93% said they usually got to see or speak to their preferred GP, compared to the local CCG average of 63% and the national average of 59%.

(228 surveys were sent out. There were 105 responses which was a response rate of 46%. This equated with 4.6% of the practice population.)

Areas for improvement

Action the service SHOULD take to improve

- Devise an adult safeguarding policy.
- The practice's designated infection control lead should complete more advanced training to enable them to carry out this role more effectively.
- Continue to closely monitor GP staffing levels to meet patient demand for appointments.
- Re-decorate those areas of the building which are showing signs of wear and tear, i.e. walls and ceilings.

Dr Stephen Hilton

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a Care Quality Commission (CQC) Lead Inspector.

Background to Dr Stephen Hilton

Dr Stephen Hilton is registered with the Care Quality Commission (CQC) to provide primary care services. The practice provides services to approximately 2,291 patients from one location and we visited this as part of the inspection:

- 7 Elvaston Road, Ryton Village, Tyne and Wear, NE40 3NT.

Dr Stephen Hilton is a small practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract. The practice is situated in the Ryton area of Gateshead and is part of the NHS Newcastle Gateshead clinical commissioning group (CCG.) The health of people who live in Gateshead is generally worse than the England average. Deprivation is higher than average and life expectancy for both men and women is lower than the England average.

The practice is located in an adapted residential building and provides patients with accessible treatment and consultation rooms on the ground floor. There is no lift to the first floor, so only mobile patients can access this area of the practice. The practice provides a range of services and clinics including services for patients with asthma and heart disease. The team consists of a GP locum (male) and a salaried GP (female.) Some clinical sessions are being covered by the new provider due to staff's leave arrangements. The practice also has a practice manager, a practice nurse, a healthcare assistant, and a small team of administrative and reception staff.

The practice is open: Monday, Wednesday and Friday between 9am and 12pm and 2pm and 6pm; Tuesday between 9am and 12pm and 1:30pm and 7pm and Thursday between 9am and 12pm.

Appointment times are as follows:

Monday: 9am to 11am and 3pm to 5pm (one GP).

Tuesday: 9am to 11am (two GPs) and 5pm to 7pm (one GP).

Wednesday: 9am to 11am (one GP) and 2:30pm to 4:30pm (one GP).

Thursday: 9am to 10:30am (one GP).

Friday: 9am to 11am and 3pm to 5pm (one GP).

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Why we carried out this inspection

We undertook an announced focused follow up inspection of Dr Stephen Hilton on 9 June 2016. This inspection was carried out to check whether the provider had taken the action they said they would take to address shortfalls in relation to a legal requirement, which had been identified during our inspection on 7 December 2015. We inspected the practice against two of the five questions we ask about services: is the service safe; and is the service well-led. This is because the service was not meeting a legal requirement relating to safety and governance at the time of the previous inspection.

Detailed findings

How we carried out this inspection

We carried out an announced visit on 9 June 2016. We spoke with, and interviewed, the practice manager and the practice nurse. We looked at a sample of records the practice maintained in relation to the provision of services.

Good

Are services safe?

Our findings

Overview of safety systems and processes

When we last inspected the practice, in December 2015, we identified that some aspects of medicines management were not safe. In particular, we found that:

- The provider had not complied fully with national guidance regarding the transportation and storage of vaccines off site. For example, the domestic cool box that had been used to transport and store the vaccines during the practice's 'influenza day' was not a validated medical grade cool box. Also, staff had not carried out a check of the maximum/minimum temperature of the domestic cool box in line with national guidance.
- The arrangements for handling and storing vaccines at the practice were not fully satisfactory. We found daily temperature checks of the practice's large vaccine refrigerator had not been recorded correctly in the log book being used for this purpose. Also, daily temperature checks had not always been carried out consistently. Appropriate arrangements had not been made to carry out periodic checks of the internal thermometers in both vaccine refrigerators, to ensure they were working correctly. Staff did not have written guidance regarding the checks that must be carried out to ensure that vaccines are stored correctly, or on how to ensure the safe transportation and storage of vaccines off site.

In addition, we found:

- Although the provider had set up a file for staff which contained up-to-date national and local safeguarding information, the practice did not have their own adult safeguarding policy.
- The provider had not taken prompt steps to obtain a DBS check for a member of the clinical team. However, an application had been made to obtain a DBS check for this member of staff shortly before we carried out this inspection.
- The designated infection control lead had not completed the advanced training that would help them to carry out this role more effectively. The practice manager confirmed shortly after our inspection that they had taken steps to make sure that this member of staff received this advanced training.

During this focused inspection, carried out on 9 June 2016, we found :

- The provider had made a decision to no longer transport vaccines off site. Accordingly, the previous concern we identified is no longer an issue.
- The arrangements for handling and storing vaccines were satisfactory and improvements had been made. Following our previous inspection, action had been taken to calibrate the internal thermometers in the practice's small and large vaccine refrigerators. The large refrigerator had also been replaced, to improve the storage arrangements of vaccines at the practice. Following advice from the local immunisations team, a new log had been introduced for recording daily temperature checks. We looked at the log and saw that this had been appropriately and consistently completed. Staff now had access to written guidance setting out how the vaccine temperature log should be completed, and this was being done by either the nurse or the healthcare assistant. Other improvements had also been made following advice received from the local immunisations team. This included the introduction of a stock control log, to help make sure staff were aware of what vaccines needed to be ordered and when. The practice nurse had recently completed their annual immunisations update, to help ensure they were up-to-date with best practice. Staff had access to the latest guidance, to help make sure they were working in line with the national and local guidelines. This meant the provider had complied fully with the enforcement action we set following our inspection in December 2015.
- The provider had arranged for all electrical equipment to be checked, to make sure it was safe to use. In addition, the provider had replaced all emergency lighting, to help improve fire safety arrangements within the practice. A system had also been put in place to ensure the emergency lighting was serviced on an annual basis. We saw evidence that all clinical equipment used by staff had recently been calibrated, to make sure it was working correctly and safe to use. Daily checks of the practice's defibrillator were being carried out by the practice nurse, to make sure it was being maintained in suitable working order.
- A Disclosure and Barring Service (DBS) check had been carried out for a member of the clinical team who, at the

Good

Are services safe?

time of our previous inspection, did not have one. (DBS checks identify whether a person has a criminal record, or is on an official list of people barred from working in roles where they may have contact with children or vulnerable adults.)

- The provider had been unable to source advanced infection control training for the practice's designated infection control lead. They had consulted with the local immunisations team and NHS England, to help them find a suitable training provider. Although this had not taken place at the time of this inspection, the provider was still committed to achieving this.
- Following the departure of the former provider, who was also the lead GP, the new provider was actively taking steps to ensure there were sufficient clinical sessions available to meet patient demand. In the short-term, this included the use of a GP locum to cover six clinical sessions. The long-term salaried GP had also increased the number of clinical sessions they covered. However, because the current GP locum was only able to cover their sessions until the end of July 2016, the practice manager was in the process of recruiting another long-term locum or salaried GP. In addition to this, the new provider had covered some clinical sessions, to cover staff's annual leave. The practice manager told us that the loss of a clinical session had impacted on the availability of routine appointments. They said this was being closely monitored on a daily basis, and that the recruitment of a long-term GP able to cover all of the required clinical sessions would help address this problem.
- Although staff had access to up-to-date national and local guidelines for safeguarding adults, staff did not have access to a practice safeguarding policy.
- Although the premises were safe and clean, some areas of the building were in need of re-decoration. For example, there were damp patches on some of the ceilings, and some walls were scuffed and marked.

Are services well-led?

Good

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

Our findings

Governance arrangements

When we last inspected the practice in December 2015, we found that their governance arrangements did not always operate effectively. For example, the lack of effective governance in relation to the management of vaccines meant that shortfalls in relation to the monitoring and recording of the daily temperatures had not been identified and addressed.

During this inspection, we found the provider had strengthened their governance arrangements for managing vaccines, to help protect patients from receiving ineffective immunisations. The action taken by the provider meant they were now complying with national and local guidelines. The provider had also made other changes which had improved patient safety such as, for example, ensuring that electrical equipment was safe to use and maintained in good working order. Also, an outstanding Disclosure and Barring Service (DBS) check had been completed for a member of the clinical team. The new provider had responded appropriately and quickly to cover the clinical sessions previously undertaken by the former provider, and was actively taking steps to address this situation by recruiting another GP.