Melrose Surgery - Dr Fab Williams & Partner

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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The practice underwent a comprehensive inspected on 21 January 2015. We found concerns related to the safety, effectiveness, responsiveness and leadership of the practice. It was rated inadequate and was placed into special measures. This report is available on our website.

We then carried out a focussed inspection at the practice on 13 March in response to information that the lead partner was absent and that there was potentially a shortage of GP cover. This led to a suspension of the practice's registration to perform regulated activities from 17 March 2015 due to the concerns we identified.

Summary of findings

On the 7 April 2015 the suspension ended and we undertook a further focussed inspection on 20 April to determine whether the practice was providing the services patients needed.

A management review meeting following these focussed inspections was held on 21 April and further reviewed on 7 May when it was agreed to issue a warning notice under regulation 12(1)(2)(a)(b) of the Health and Social Care Act requiring compliance by 15 June 2015

Our key findings were as follows:

- On 13 March staff confirmed that the lead partner had not been working at the practice since 3 March 2015 due to illness.
- This GP had provided the vast majority of appointments prior to this, with the other partner only working Thursday mornings.
- There was no interim GP cover during this absence. The other GP in the practice was providing 1.5-2 hours of cover per day to provide some GP appointments.
- From 3 March 2015 there was a large reduction in available appointment slots.
- On 20 April we found that there had been a locum GP employed until the end of May to cover eight sessions per week (this is approximately 20 appointments per day). Extension of the locum arrangement beyond the end of May would be possible subject to further negotiation.
- Appointments were being offered to patients and the number of appointments matched the level provided prior to the lead partner's absence.
- There was no plan to deal with any overdue long term condition reviews caused by the absence of the lead partner.
- We found the patient record system was not being monitored properly to ensure patients' health was monitored and that they received appropriate treatment for any conditions.
- A practice manager had been employed to support staff and improve the governance of the practice.

Importantly, the provider must:

- Identify the backlog of patients who need long term condition reviews and the number of patients who are overdue medicine reviews.
- Ensure there is adequate GP hours at the practice to meet the needs of patients including those who are overdue medicine reviews, long term condition reviews or other health checks which are required within a specific timeframe.
- Improve the recording of patients' notes to ensure they are up to date and accurate.
- Assess what emergency medicines are required onsite and ensure they are made available

Action the provider should take to improve

- Continue to review communication between staff to ensure they are suitably informed of the situation and are supported to fulfil their roles.

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 domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice was inadequate for providing safe services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. We are not rating this domain as part of this inspection. On the 20 April focussed inspection we found that emergency medicines and equipment were available, but medicines were limited.

Are services effective?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice required improvement for providing effective services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. During our visit on the 13 March patients' we found that care was not planned, checked and maintained over time to ensure the patients' care and treatment was appropriate. On 20 April we found staffing levels were appropriate to meet the day to day needs of patients who requested appointments. However, there was no planning to meet the demand where any patients were overdue health checks or medicine reviews. We found that medicine reviews were significantly overdue in some cases.

Are services caring?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice required improvement for providing caring services as there were areas where it must make improvements. We did not inspect this domain as part of this inspection.

Are services responsive to people's needs?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice was inadequate for providing responsive services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. On the 13 March we identified that there was inadequate GP cover to allow for the safe care and treatment of patients. At our follow up inspection on the 20 April the appointment capacity had been increased and matched the level prior to the lead partner's absence. There were arrangements for antenatal appointments with a GP and for patients who needed urgent appointments.

Summary of findings

Are services well-led?

This domain was inspected and rated at our comprehensive inspection in January 2015. At that inspection we found the practice was inadequate for providing well led services as there were areas where it must make improvements. We are not rating this domain as part of this inspection. On 13 March we found there was inadequate monitoring of patients' care to ensure it was safe and effective. On 20 April we noted improvements to communication and in day to day management of the practice. However, we found poor monitoring of patients' care to ensure the treatment they received was appropriate and safe.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Identify the backlog of patients who need long term condition reviews and the number of patients who are overdue medicine reviews.
- Ensure there is adequate GP hours at the practice to meet the needs of patients including those who are overdue medicine reviews, long term condition reviews or other health checks which are required within a specific timeframe.
- Improve the recording of patients' notes to ensure they are up to date and accurate.
- Assess what emergency medicines are required onsite and ensure they are made available

Action the service SHOULD take to improve

- Continue to review communication between staff to ensure they are suitably informed of the situation and are supported to fulfil their roles.

Melrose Surgery - Dr Fab Williams & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team on 13 March included a CQC Inspection Manager and CQC Lead Inspector**.** On April 20th our inspection team was led by a CQC lead Inspector and included a GP advisor.

Background to Melrose Surgery - Dr Fab Williams & Partner

Melrose Surgery - Dr Fab Williams & Partner is located in a converted building in Reading and has a population of approximately 1700 patients. The practice population has some economic deprivation although the proportion of patients affected by deprivation is higher among children and older patients. There are a higher proportion of patients aged 35 to 50 registered with the practice than the national average. One male GP provided appointments five days a week and a female GP provided appointments one morning per week. There was one practice nurse. Patient services were located on the first floor and basement. There was no patient participation group (PPG).

The practice underwent a comprehensive inspection on 21 January 2015. We found concerns related to the safety, effectiveness, responsiveness and leadership of the practice. It was rated inadequate. You can see the report of this inspection on our website. We inspected the practice on 13 March in response to information that the lead partner was absent and that there was potentially a shortage of GP cover. This led to a suspension of the practice's registration to perform regulated activities from 17 March 2015 due to the concerns we identified. On the 7 April 2015 the suspension ended and we re-inspected on 20 April to determine if the practice was providing the services patients needed.

Melrose Surgery - Dr Fab Williams & Partner has a General Medical Services (GMS) contract. GMS contracts are subject to national negotiations between the General Medical Council and the practice.

These were focussed inspections and we visited the sole location where services are provided. This was:

Melrose Surgery

73 London Road, Reading, RG1 5BS

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and on the website.

Why we carried out this inspection

We carried out a 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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 Regulated Activities Regulations 2014, to look at the overall quality of the service.

Detailed findings

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 the inspection on march 13th we spoke with a GP partner, ae practice nurse, the reception manager, reception and administration staff and a patient.

On April 20th we spoke with the Interim practice manager, a part-time GP Partner, the full-time GP locum, the reception manager, reception staff and a practice nurse.

We looked at the computer system to understand how test results, discharge summaries and other information was monitored. We checked appointment availability. We reviewed other documentation relevant to the areas we were focussed on during the inspection.

To get to the heart of patients' experiences of care and treatment, we considered three key questions:

- Is it safe?
- Is it effective?
- Is it responsive to patients' needs?
- Is it well-led?

Are services safe?

Our findings

Safe track record

Learning and improvement from safety incidents

We did not inspect this area at this inspection.

Reliable safety systems and processes including safeguarding

We did not inspect this area at this inspection.

Medicines management

We did not inspect this area at this inspection.

Cleanliness and infection control

We did not inspect this area at this inspection.

Equipment

We did not inspect this area at this inspection.

Staffing and recruitment

We did not inspect this area at this inspection.

Monitoring safety and responding to risk

We did not inspect this area at this inspection.

Arrangements to deal with emergencies and major incidents

On 20 April we reviewed the emergency medicines and equipment onsite. We found a defibrillator and oxygen available for use. Emergency drugs were available but limited to adrenaline, hydrocortisone and antihistamine. The medicines which might be required in the event of a medical emergency were not based on a risk assessment. Therefore not all the medicines which may be required were available. For example, there was no medicine for the treatment of symptoms of meningitis or hypoglycaemia which could require immediate treatment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

On the 13 March we found the appointment system in operation since 3 March 2015 had limited access to appointments which impacted on the level of service to patients. The lack of appointment availability also meant that the practice was unable to ensure that patients who may need medicine reviews were able to be seen or reminded to come for an appointment. This specifically affected patients with long term conditions or those who needed specific care at a specific time, such as ante-natal care. The system in place during the main partners' absence was to offer on the day appointments until the slots were filled. The appointment slots available were far fewer than there had been prior to 3 March. The reductions had been from over 20 appointments per day to between seven to eleven. Staff did not have a system to ensure medicine reviews, antenatal appointments and other specific reviews of patients' needs and care were undertaken.

The GP covering for the main partner told us that they did not have access to all discharge summaries or communications regarding patients who had attended Reading Walk-in Centre. We saw records from patients who had attended the walk-in centre which required follow up from a GP, but some had not been reviewed. Staff told us the limited access to these records was in the process of being rectified on 13 March. We noted that the GP partner had full access to the system by the end of our inspection. The covering GP stated that receptionists and the reception manager would review external communications regarding patient care and prioritise anything urgent. Information was not always being reviewed by a GP in a timely manner which meant there was a risk that any resulting action required to provide care needed by patients would not be undertaken. The GP told us they were reviewing test results they could access daily and showed us actions on the patient record system, such as requesting repeat tests where needed.

The reception manager told us home visits were being provided by a GP from another practice. Patient records were being updated by the visiting GP relaying information to the reception manager over the phone. This process increased the risk of poor patient care and safety because patient notes may be transcribed incorrectly by a non-clinical member of staff. They may also not be accurately added to the electronic patient record. On the 20 April the practice manager told us home visits undertaken by an external GP were now recorded by a GP at Melrose Surgery rather than non-clinical staff.

At our focussed inspection on 20 April we found that a backlog of test results, discharge summaries and consultation notes from the local walk-in service were being managed well and had been cleared. Patients' care in relation to these communications was being logged on the system and actioned in a timely way. However, the practice had not identified the backlog of health reviews for patients with long term conditions caused by the period of time the practice was closed and by the absence of the lead GP. There was no plan to increase capacity to ensure all patients received their long term condition review. The locum GP employed to cover for the lead partner told us of their concerns regarding the medicine reviews which had not taken place. We looked at six repeat prescriptions requested by patients on 20 April and the patients' records. We found that five had missing information which indicated concerns such as overdue medicine reviews. One of the patient records identified that appropriate health checks had not been undertaken for an asthma patient who had been admitted to hospital. We also noted poor monitoring of their long term condition. The locum reported and we confirmed that some medicine reviews were last recorded as completed in 2006. We saw a medicine review for a patient with a cancer diagnosis, which had been last recorded in 2009. There was a risk that patients were receiving treatment which was not appropriate as their conditions were not reviewed in line with national guidelines. This posed a significant risk to patient safety and welfare.

Management, monitoring and improving outcomes for people

We did not inspect this area at this inspection.

Effective staffing

On 13 March we found that the lead partner provided the vast majority of the appointments at Melrose Surgery, prior to their absence. There had been no external GP cover arranged to assist the practice in the absence of the lead partner from 3 March. This meant there was a vastly reduced GP presence at the practice, less access to appointments and less GP time to cover test results,

Are services effective?

(for example, treatment is effective)

discharge summaries and other tasks. We saw significant backlogs of discharge summaries and consultations from a local walk-in centre which needed to be dealt with by the covering GP partner.

Nurses had limited support and were required to make their own professional judgement about what care and treatment was safe to undertake onsite due to no GP support available. For example, a nurse told us that they had chosen not to provide immunisations when there was no GP on-site. There was a risk that decisions about patients' care were not supported by appropriate clinicians and that staff were being asked to perform practices which could be unsafe without appropriate clinicians available to support them.

On 20 April we found that a locum GP had been employed and was due to support the practice until the end of May. An extension of this Locum GPs availability beyond the end of May was possible, but subject to further negotiation. The GP was suitably qualified and experienced to provide care alone when the other GP at the practice was offsite. The locum had been supported to use the electronic records system but did not have access to all the relevant software such as the document handling system (Docman).

An experienced practice manager had been employed temporarily for four days a week. They were supporting the practice to improve its governance arrangements, operational management and communications. A staff meeting had been held to inform staff of current plans and to improve communications.

Working with colleagues and other services

We did not inspect this area at this inspection.

Information sharing

We did not inspect this area at this inspection.

Consent to care and treatment

We did not inspect this area at this inspection.

Health promotion and prevention

We did not inspect this area at this inspection.

Are services caring?

Our findings

Care planning and involvement in decisions about care and treatment

We did not inspect this area at this inspection.

Patient/carer support to cope emotionally with care and treatment

We did not inspect this area at this inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We did not inspect this area at this inspection.

Tackling inequity and promoting equality

We did not inspect this area at this inspection.

Access to the service

On 13 March we looked at the computer system which was used to monitor the appointment system. We saw appointments displayed over the course of several weeks. Staff explained the practice had cancelled 70 pre-booked appointments from 3 March to 12 March 2015 and patients were asked to rebook on the day appointments. From 3 March 2015 there was a large reduction in appointment slots. There were 98 appointments given to patients between 16 and 20 February and 90 appointments from 23 February to 27 February 2015 when the lead partner had been working. They provided the vast majority of appointments at the practice. Only 58 appointments were given to patients from 2 March to 6 March and 52 appointments from 9 March to 13 March when only the remaining partner was providing appointments.

Staff told us the practice protocol in response to the absence of the main partner was to ask patients to attend the local walk-in centre if they could not be offered an appointment. There was a risk that patients would not receive continuity in their care if they had to attend the walk-in centre for an ongoing concern where access to their records was required. We looked at consultation records where patients from Melrose Surgery had attended Reading Walk-in centre from 28 February to 11 March 2015. Twelve out of 16 records noted that patients had attended the Walk-in Centre because they could not get an appointment with their GP.

Staff stated that there were patients who had phoned several days in a row to book an appointment. However, there had been none available. They provided examples of patients who had not been able to make appointments. One patient described as elderly had travelled to the practice for a booked appointment but it had been cancelled and they were not offered an alternative appointment as there were none available. Receptionists also stated that a mother who needed an antenatal appointment had not been able to access one. Another patient had been offered an appointment with the nurse as they could not get a GP appointment. However, the nurse and reception staff told us the patient was not able to get the repeat prescription they needed because the nurse was unable to prescribe this. A nurse told us of another patient they saw because the patient could not get a GP appointment and had an urgent concern. The nurse referred her onto the GP who made time to see them. They had not initially been offered a GP appointment despite having an urgent need. Reception staff told us all available appointment slots were taken up by 8.30 am each morning. Patients were not able to access the care they needed because the appointment availability and the system for allocating appointments was not adequate. This posed a significant risk to patient safety.

On 20 April we looked at the appointment schedule and saw that the number of appointments being provided had increased to the same level as that provided by the lead partner before their absence starting in early March. Patients were able to call the practice and make appointments. Staff reported they were able to deal with the demand for appointments. Antenatal appointment slots were available. Emergency (same day) slots were kept aside for patients who needed an urgent appointment.

Listening and learning from concerns and complaints

We did not inspect this area at this inspection.

Are services well-led?

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

Our findings

Vision and strategy

We did not inspect this area at this inspection.

Governance arrangements

On 13 March we found there was no robust contingency plan to deal with absence of the lead partner. . The other GP partner was providing care at their own surgery in Reading and trying to cover patients' requirements at Melrose Surgery. Policies and protocols were not in place to support staff in their roles. Meetings were not held to communicate arrangements in the absence of the lead partner with staff. There was no contingency plan to follow during the absence of the main partner and this posed a risk to patient safety and meant access to the service was poor.

On 20 April we found that a new practice manager had been employed four days a week to improve the governance and day to day management of the practice. The new practice manager was putting an action plan of improvements together including areas identified by CQC during the initial inspection on 21 January 2015. The practice manager had initiated team meetings, where they had tried to involve all the staff but this was difficult due to shift patterns. Staff told us the manager was supporting them with improved communication and that the manager was available when they needed to share concerns or ask for help.

There were limited clinical governance processes in place resulting in the inability to identify that medicine reviews were not being undertaken within appropriate timeframes. This was identified by the locum GP who began seeing patients at the practice at the start of April. They were concerned at the coding of patient information on the records system and a lack of medicine reviews for patients; some were as long ago as 2006. There was no system to identify how many patients may be overdue long term condition reviews due to the closure of the practice and no plan to deal with this backlog. The locum GP covering for the lead partner felt concerned about the lack of up to date information on patient care, such as medicine reviews and that there was a risk that the monitoring of the patient care was poor.

Leadership, openness and transparency

On 13 March staff told us were not given the opportunity to attend regular meetings. Some staff we spoke with felt they were not communicated with effectively. There was not an open culture within the practice.

On 20 April staff told us the new practice manager had helped to improve communication but some staff were still concerned about information and planning communicated to them regarding the future of the practice.

Seeking and acting on feedback from patients, public and staff

On 13 March we found that staff were not involved in discussions about contingency plans in respect of the absence of the lead partner, how the service should be run and what appointment access would be available. Reception staff were not informed about what they should say to patients regarding the situation and the circumstances may be prolonged. They were asked to inform patients that they needed to call and book on the day appointments or go to the walk-in centre. This provided patients with limited information with which to make informed decisions about their care.

On 20 April reception staff were clear about how they were communicating with patients about the practice reopening, appointment allocation and in dealing with external communications such as discharge summaries. Staff told us the new practice manager was approachable and they felt they were more supported in performing their roles than prior to the practice manager's recruitment.

Management lead through learning and improvement

We did not inspect this area at this inspection.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— (a)assessing the risks to the health and safety of service users of receiving the care or treatment; (b)doing all that is reasonably practicable to mitigate any such risks;