

# Dr Tom Frewin

## 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

Inadequate 

Are services safe?

Inadequate 

Are services well-led?

Inadequate 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Dr Tom Frewin, Clifton Village Practice on 1 September 2015. This was the fifth inspection at this practice since 15 April 2015.

This practice remains inadequate following this focussed inspection.

This inspection was to check that the warning notices served on 15 May 2015 regarding previous non-compliance had been met. We found that the provider had taken some steps but they had not taken sufficient action to comply with the warning notices and the risks for patients' health, safety and wellbeing remained a concern. The practice was not providing a service to patients at the time of this inspection due to the suspension of the provider's registration, imposed by us on 19 June 2015. This report should be read in conjunction with the report of the comprehensive inspection undertaken on 15 April 2015.

On 15 April 2015: A Comprehensive inspection was undertaken. At this inspection a number of significant areas of high risk concerns for patients were found. This was in respect of patient health, safety and wellbeing.

Following the inspection on 15 April 2015 we also issued six requirement notices in respect of the following areas, we told the provider they must:

- Ensure the practice environment is accessible in regard to meeting the Equality Act 2010.
- Ensure patients consent is obtained and recorded before treatment is provided.
- Ensure the practice has effective systems in place for cleaning.
- Ensure that persons employed at the practice receive the appropriate support, training, supervision and appraisal to carry out their role.
- Ensure there are safe recruitment procedures in place and sufficient staff employed to meet the needs of patients.

These will be reviewed by us when we next undertake a comprehensive inspection in December 2015.

On the basis of the findings at the inspection on 15 April 2015 we placed the provider into special measures. (Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid having its registration cancelled).

# Summary of findings

On 15 May 2015 we issued two warning notices to the provider. We outlined the identification of risks and our concerns for patients. The provider was given until 29 May 2015 to take remedial action and comply with these notices.

On 16 June 2015 a follow up, focussed inspection was undertaken to review the actions taken by the provider. We found very little action had been taken and we had continued concerns for the safety and welfare patients.

On 19 June 2015 we suspended the provider's registration until the 17 July 2015. This was to give the provider time to take the required actions and rectify those immediate risks to patients' safety and welfare.

On 15 July 2015 a follow up inspection was undertaken. This was in order to check that the warning notices served on 15 May 2015 had been met. We found that the provider had taken some steps but they had not taken sufficient action to comply with the warning notices and the risks for patients' health, safety and wellbeing remained a concern. Due to continued risks to patients and to allow the provider additional time to make improvements we made a decision to extend the period of suspension of the provider's registration until 3 September 2015.

At this inspection we found the following:

- The practice had made arrangements and had developed initial plans in order to provide clinical cover and clinical leadership at the practice should they be in a position to reopen and provided direct

care to patients. We found that these plans were not robust as there were not enough staff to meet the needs of the practice population or to provide safe leadership and clinical governance.

- The practice had set up a system of patient recall. This was to provide regular health monitoring for all patients with long term conditions. However, we were unable to test if the system that had been set up was effective because whilst the suspension of the provider's registration was in place no patients were being seen.
- The practice had taken some steps to implement safe working practices, develop key policies and procedures and to provide training for staff at the practice. However, we were unable to test if these were effective and would meet the needs of patients. This was because; due to the suspension of the provider's registration the practice was not providing a service directly to patients at the time of this inspection.

Specifically we found the practice continues to require improvement for caring and inadequate for safe, effective, responsive well led services. Services provided to all population groups remain inadequate.

We are currently considering other enforcement options to ensure the systems, processes procedures and clinical governance arrangements proposed by the provider meet the needs of patients who are vulnerable and have a long term health condition.

**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?

The practice is rated as inadequate for providing safe services and improvements must be made. This practice was placed in special measures following our comprehensive inspection undertaken on 15 April 2015.

Patients remain at risk of harm because although systems and processes had been put in place to keep them safe we were unable to test that these were effective and sustainable. This is due to the provider's suspension of their registration. As a result of this the practice had not been providing direct care and treatment to patients since 19 June 2015.

Inadequate



### Are services well-led?

The practice is rated as inadequate for being well-led. This practice was placed in special measures following our comprehensive inspection undertaken on 15 April 2015.

The provider had developed a plan to provide clinical leadership, audit and governance at the practice. However, it had not yet been fully implemented. The provider showed us their plan to provide clinical leadership, audit and governance at the practice; however, as the practice was closed at this inspection those plans had not been initiated. Therefore, we were not able to test that these plans were robust and would meet the health, safety and welfare needs of the practice population.

Inadequate



# Dr Tom Frewin

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our team was led by a CQC inspector and included a GP Specialist Advisor.

### Background to Dr Tom Frewin

The provider Dr Tom Frewin, of the location Clifton Village Practice is situated in a residential area of the city of Bristol. The practice had approximately 2,300 (September 2015) registered patients from the Clifton area. Based on information from Public Health England the practice patient population were identified as having a low level of deprivation. The practice did not support any patients living in care or nursing homes.

The practice is located in a Victorian adapted large former private residence. The practice is accessible via six steps up from street level. There are four floors within the building and a basement. There is a consulting room, reception, waiting room and office on the ground floor. A further consulting/meeting room is on the first floor. A consulting room, treatment room and meeting room is situated in the basement. There is no lift. The practice is on a primary medical service contract with Bristol Clinical Commissioning Group.

The provider is Dr Tom Frewin, services were provided at the one location of Clifton Village Practice:

52 Clifton Down Road, Clifton, Bristol. Avon. BS8 4AH

The practice had patients registered from all of the population groups such as older people, people with long-term conditions, mothers, babies, children and young

people, working-age population and those recently retired; people in vulnerable circumstances who may have poor access to primary care and people experiencing poor mental health.

Recent information from the practice shows that the main population group registered at the practice were working-age and recently retired.

The practice consisted of an individual GP who was registered as the provider. The provider had engaged locum GPs to cover clinical support each day. GP locums were male or female and for some there were set working days but for others there were no set days per week when they attended the practice. There was also a regular a locum practice nurse who provided one session per week. Since the provider had been suspended from providing a service in June 2015 the provider had instigated contractual agreements with two GPs to provide on-going clinical support at the practice for when the practice re-opens.

The provider (an individual GP) had not undertaken any clinical activity since March 2014 therefore there was no monitoring, support or supervision provided to the locum GPs or locum nurse. There was no clinical oversight or at the practice. The practice building was open to patients during the whole of the working day from 9 am up to 6.30 pm and until about 7.15 pm on days when there were extended hours appointments. Prior to suspension of services, the appointments for extended hours ran from 6.30 pm to 7.00 pm on three evenings per week, usually Mondays, Tuesdays and Wednesdays. The day of the week could vary according to GP availability. There was open surgery every morning between 9 am and 10.30 am and anybody arriving between those hours would be seen. Appointments were available on every weekday afternoon. The practice referred patients to another provider, BrisDoc for an Out of Hours service to deal with any urgent patient

# Detailed findings

needs when the practice was closed. Details of what the practice provided were included in their practice leaflet and answerphone message. The provider did not have a website to inform patients of the Out Of Hours arrangement.

## Why we carried out this inspection

This practice remains inadequate following a focussed inspection on 1 September 2015.

This inspection was in order to check that the warning notices served on 15 May 2015 regarding previous non-compliance had been met. We found that the provider had taken some steps but they had not taken sufficient action to comply with the warning notices and the risks for patients' health, safety and wellbeing remained a concern. Due to our imposed suspension of the provider's registration at the time of this inspection the practice was not providing a service to patients.

On the basis of the findings at the comprehensive inspection undertaken on 15 April 2015 we placed the provider into special measures. (Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid having its registration cancelled). As a result of a follow up inspection to check compliance on 16 June 2015 because we had concerns for the safety and welfare of patients we suspended the provider's registration and the regulated activities which were being provided by the provider at Clifton Village Practice on 19 June until the 17 July 2015.

During the period of the suspension of the provider's registration the expectation was that the provider could

rectify those immediate risks to patients' health, safety and welfare. However, we found at the last inspection on 15 July 2015 that although some areas of concern had been met, the risks remained high in regard to patient's health, safety and welfare. Also there was minimal evidence to show that safe, appropriate clinical leadership and governance were in place. Therefore we extended the suspension of the provider's registration and they were not able to deliver the regulated activities at Clifton Village Practice until 3 September 2015. This inspection was to check if the outstanding risks to patients identified at previous inspections had been rectified.

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 Care Quality Commission at that time.

## How we carried out this inspection

During our visit we spoke with the practice manager and one member of staff on duty. We spoke with one of the locum GPs. The Provider GP was not available. We reviewed documents and information provided by the practice and reviewed the physical changes the provider had put in place to the environment.

We sought information and met representatives from NHS England and other health care services involved in providing support to patients from Clifton Village Practice prior to and after our inspection.

# Are services safe?

## Our findings

During this inspection we looked at the remaining areas of concern regarding safe working practices that the provider and staff had implemented since the last visit undertaken by us on 16 July 2015. We also reviewed additional changes and developments that the practice had implemented to ensure safe measures were in place for when they would re-open the practice and return to providing a service to patients'. However, we were not able to test if the safe working practices and the systems developed by the provider were robust and would meet patients' needs. This was because due to the suspension of the provider's registration no service was being provided to patients and we were unable to measure the effectiveness of the provider's plans.

We found the medicine refrigerator had been moved to another location within the practice so that it was accessible to nurses and GPs at all times. A key code access lock had been implemented for the room it was stored in. Refrigerator temperatures were checked daily and there was evidence that medicines were checked, in date and a system was in place to monitor medicine stock levels. A policy and procedure for vaccine management and to maintain the cold chain had been developed and implemented. We could not test that this had been implemented fully because since our last inspection no new medicines had been received into the practice. No controlled medicines were kept in the practice.

### Cleanliness and infection control

Since our last inspection we found further changes had been implemented to ensure there was a safe system of infection control at the practice. Actions had been taken to meet the findings of the infection control audit carried out by an external healthcare profession on 14 July 2015. We also saw that this healthcare professional had revisited to check the actions had been completed and found that all steps had been taken. This had included infection control training for staff. The flooring had been reviewed and changes had been put in place to improve the maintaining of cleanliness. Taps had been replaced by elbow taps in one consulting room.

A new external contractor had been engaged to provide cleaning services and this was now in place. There was

evidence that cleaning schedules had been implemented and carried out effectively. Further action by staff had been carried out to tidy office and clinical spaces to ensure the management of infection control was improved.

The external contractor responsible for cleaning took responsibility for the provision of chemicals used for cleaning at the practice. The practice provided evidence of information in regard to these chemicals and cleaning fluids that should be kept in accordance to the Control of Substances Hazardous to Health Regulations 2002 (COSHH). Data sheets were available for all chemicals used at the practice. Risk assessments had been carried out and actions put in place to mitigate the risks. The practice had a system to ensure reusable equipment such as sphygmomanometer cuffs, oximeter, or thermometers, were routinely cleaned.

### Staffing and recruitment

The practice had a recruitment policy that set out the standards to follow when recruiting clinical and non-clinical staff. We discussed with the practice manager and one GP the actions they intended taking in providing clinical care and the employment of contracted salaried GPs when the practice re-opened to patients. We were told that two GPs had agreed to hold permanent salaried positions at the practice providing 9.5 sessions (8 and 1.5) between them each week to provide clinical care, management and governance. The information they provided did not provide assurance that adequate clinical cover and governance would be in place. We saw that the provider had obtained or were in the process of obtaining updated information about the proposed salaried GPs, both of whom had been working at the practice for some time as locum GPs. The locum GPs had provided or were updating their CVs and work history, professional indemnity information and immunisation status. We were told that these locum GPs were completing skills update training and that they also had additional planned training to ensure their clinical competence and the skills needed were in place. For example training had been undertaken in the area of safeguarding vulnerable adults and children, and immunisation safety.

The locum practice nurse who had been working at the practice since February 2015 had provided an updated CV and evidence of training obtained and training planned for.



## Are services safe?

For example cervical smear update training which they were attending with one of the proposed salaried GPs in order that they could provide an appropriate level of service to meet patient's needs.

We saw evidence that Disclosure and Barring (DBS) checks had been carried out and received back on three members of administration staff and others had been applied for. Proposed salaried GPs had been requested to supply information and had yet to complete application forms for DBS checks. Chaperone training (eLearning) had been undertaken by the practice manager who had also told us they had a planned chaperone training to attend in the future so that they could disseminate learning to other staff.

### **Monitoring safety and responding to risk**

There was a proposed system for annual medicines review. However, we were not able to test the system to be implemented by the practice was robust and would meet patients' needs. This was because the practice had not yet implemented the system for medicines review at the time of this inspection because the practice was not providing a service to patients.

The practice had a plan of how risks at the practice would be managed. This included an overall health and safety risk assessment and additional risk assessments in relation to risks of slips, trips or falls. There were policies and procedures in place to support safe working practices and a framework to govern the risk assessment processes. Administration staff had completed eLearning health and safety training. The information in regard to the proposed salaried staff did not show that they had completed training in health and safety with the practice. We were informed that the two GPs had been registered with an eLearning training programme and would complete these as soon as possible.

We were told and provided with information of the planned actions to be taken, when patients returned to the practice

for direct care and treatment. We were told that the provider had a plan for the systematic recall of patients for regular health monitoring for all patients with long term conditions. However, we were unable to test if these plans were effective because of the imposed suspension of the provider's registration no patients were being seen by the practice at the time of this inspection.

The GPs had undertaken reviews of patient's records and partially developed care plans for all of the patients over 75 years with Chronic Kidney Disease. Care plans had been prepared for 25 patients over 75 years old seen as at risk of admission to hospital, housebound or vulnerable should patients return to be treated directly by the practice. We looked at an example of a care plan, using the local Clinical Commissioning Group (CCG) template, which showed the GP had used information available to them and had identified the areas that needed to be completed with the patient. We were told there was a plan to invite/visit patients they had identified for closer monitoring to complete the process as soon as possible should the practice reopen.

### **Arrangements to deal with emergencies and major incidents**

We looked at the practices arrangements to deal with medical emergencies. The provider had ensured that new equipment was in place such as an automated external defibrillator (AED), oxygen, equipment, and emergency medicines were now in place. The AED and oxygen were checked weekly by the practice staff and had an overall maintenance checks by an external contractor. The equipment and medicines were checked by staff on a four weekly programme at present. Staff had developed a checklist for expiry dates of medicines and key items such as needles and syringes. The medicines and equipment were stored in an easily accessible area and safety signage alerted the public that explosive gases were present.



# Are services well-led?

Inadequate



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

## Our findings

Steps had been taken to plan and implement changes to the governance arrangements at the practice in preparation should the practice reopen. The provider (an individual GP) had not undertaken any clinical activity, including providing insight or governance since March 2014.

The practice staff had continued to develop new policies and procedures for the delivery and safe management of the service. Not all new policies and procedures had been fully implemented such as the monitoring of prescription pads and paper as systems had either not commenced or that patients were not being seen at the practice.

Plans were in place for a salaried GP to take the lead for clinical governance at the practice and steps had been taken to propose a plan of audit and review of clinical activities should the practice reopen. The latest proposal

identified that the clinical governance lead would only be in the practice for 1.5 days per week and therefore the GPs and nursing staff providing care and treatment on the alternate days would not have direct access to clinical leadership. The proposed one session a week for a practice nurse provision at the practice would not be adequate to provide nurse led activities to provide to the whole practice population including immunisation, cervical smear, wound care and dressings and reviews of care for patients with long term conditions.

There had been no completed audits cycles, although some had been commenced for medicines reviews, patients on the asthma register and the care plans for patients over 75 years old. The practice provided information about the planned programme of audits that had been identified as necessary to be carried out in the near future. This had included the collection of repeat prescriptions from the surgery premises.