The High Street Surgery

Inspection 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 location

Are services safe?	
Are services effective?	
Are services responsive?	
Are services well-led?	

Overall summary

We previously carried out an announced comprehensive inspection at The High Street Surgery on 23 April 2018. The overall rating for the practice was inadequate and the practice was placed into special measures for six months. The full comprehensive report on the 2017 inspection can be found by selecting the 'all reports' link for The High Street Surgery on our website at .

Following that inspection, the practice was served with a warning notice in respect of the governance at the practice.

This inspection was an announced focused inspection carried out on 11th September 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection.

We found that the practice had met the requirements of the warning notice.

Our key findings were as follows:

- Significant events were being recorded and reviewed, including those which were clinical in nature.
- Complaints, including verbal complaints, were recorded and managed appropriately.
- A patient participation group (PPG) had been formed with a view to obtaining meaningful feedback about the services being delivered.
- There were now more clinical sessions. The next appointment with a GP was in less than two weeks' time. This demonstrated improvement as at our last inspection, there was a four and a half week wait for a routine appointment with a GP.
- Frequent meetings were taking place which included all staff. Safety alerts, NICE guidelines, significant events and complaints were routinely discussed. There were now regular meetings with other healthcare professionals to discuss patents of concern.
- Reviews had taken place to ensure that patients were prescribed medicines safely and in line with guidance.
- Nurses involved in chronic disease management attended regular meetings. All members of the nursing team who were currently working at the practice had received an appraisal of their performance.
- Patient group directions (PGDs) were now being completed correctly.
- Staff received training relevant to their role.
- Infection control procedures had been reviewed. An action plan had been completed to identify where improvements were required.
- Recruitment checks were now being completed, as were DBS checks for staff who acted as chaperones.
- There were action plans in place to improve QOF performance. Unverified data indicated improvements had been made when compared to the same period in 2017.
- Effective governance arrangements had been implemented.

Professor Steve Field CBE FRCP FFPH FRCGP

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 inspector. The team included a second CQC inspector and a GP specialist adviser.

Background to The High Street Surgery

The High Street Surgery is located in Epping, Essex. It provides GP services to approximately 7,300 patients who live in in Epping, Theydon Bois or North Weald. The practice is one of 32 practices commissioned by the West Essex Clinical Commissioning Group (CCG). In consultation with the CCG, the practice has temporarily ceased to register new patients.

The High Street Surgery is in an area which is not considered to be deprived, being on the third less deprived scale. 50% of patients have a long-standing health condition, compared with the CCG average of 51% and England average of 54%. Unemployment rates are 1.3%, which is less than the CCG average of 2.9% and England average of 5%.

The current provider registered with the CQC in January 2018 as an individual provider of regulated activities at this location. Previously, the provider had been in a partnership with one other GP partner at this practice. The current provider, in their sole capacity, has been delivering regulated activities at the practice since the other GP partner retired in 2016. There has been continuity of leadership and staffing between the previous and current provider.

The lead GP is supported by one part-time salaried GP, two advanced nurse practitioners, three practice nurses and a healthcare assistant.

This practice was previously inspected in April 2018. At this inspection, the practice was rated as inadequate, being inadequate for safe, effective, responsive and well-led. Caring was rated as good. All population groups were rated as inadequate and the practice was placed into special measures on 6 July 2018. A warning notice was served in relation to the governance at the practice.

Are services safe?

What we found at our inspection on 23 April 2018

Systems to safeguard vulnerable adults and children from abuse weren't effective as some staff had not received training in accordance with the practice's policy. Staff who acted as chaperones had not received a DBS check or risk assessment to ascertain their suitability for the role. The practice did not routinely carry out required staff checks on recruitment.

Not all staff had received training in infection prevention and control and there was no action plan undertaken following the infection control audit. Patient group directions (PGDs) were not being completed correctly. Staff had not received health and safety or basic life support training.

Changes to prescribing had not been incorporated into routine practice and there were not effective systems to record and learn from significant events. The system to manage patient safety alerts was unclear.

Safety systems and processes

- All staff had now received training in safeguarding children and vulnerable adults.
- Since our previous inspection, all chaperones had received a Disclosure and Barring Service (DBS) check. 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 be working with children or adults who may be vulnerable.
- Recruitment processes had been revised and improved. A comprehensive spreadsheet was maintained which detailed what checks had been made on recruitment. The spreadsheet included all checks as required by legislation, including checks of registration with professional bodies.
- The practice had engaged the services of an independent contractor to carry out a comprehensive infection control audit. This was supported by an action plan which was being completed. A further infection control audit was scheduled to take place three months after the initial audit to ascertain achievement and whether further work was required.

Appropriate and safe use of medicines

At our previous inspection, we found that changes to prescribing had not been incorporated into routine practice as there were 18 patients who were prescribed a combination of medicines where the dosage had not been reviewed, contrary to current guidance.

At this inspection, we found that improvements had been made as patients prescribed these medicines had been audited and reviewed as required with a view to ensuring their medicines were being prescribed safely.

Patient group directions (PGDs) were now being completed fully. PGDs are written instructions to help administer medicines to patients.

Track record on safety

Staff had received basic life support and health and safety training.

Lessons learned and improvements made

- At our inspection in April 2018, we found that the practice did not have effective systems to identify when things went wrong as significant events of a clinical nature were not being raised. This was no longer the case. Clinical significant events were now being routinely raised, discussed and investigated.
- The system to act on national patient safety alerts, including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts had improved. A new policy had been implemented and clinicians were confident in the process for receiving and acting on MHRA alerts. We looked at MHRA alerts that had been raised since the previous inspection and found that these had been effectively managed.

Please refer to the Evidence Tables for further information.

Are services effective?

What we found at our inspection on 23 April 2018

The practice did not have effective systems to keep clinicians up to date with current evidence-based practice and NICE guidance.

There were no regular meetings or systems for clinical support for the nurses. The lead nurse had not had a recent appraisal of their performance. There had been no meetings with other healthcare professionals to discuss complex patients since the beginning of 2018.

QOF data for 2016/17 was below average in respect of checks for patients with diabetes and hypertension. The practice was also below average for some mental health indicators. Unverified data for 2017/18 did not indicate consistent improvement. No quality improvement activity had taken place.

There were insufficient numbers of clinical staff to respond to patient demand. Effective arrangements had not been to put in place to cover the impending leave of a member of the nursing team and a GP.

Effective needs assessment, care and treatment

There were now systems to keep clinicians up to date with current evidence-based practice. There was a weekly meeting with all clinicians where NICE and other guidance was discussed.

Monitoring care and treatment

The practice had devised and implemented a programme of quality improvement activity. Since our inspection earlier in 2018, the practice had completed searches to identify patients who required additional monitoring and recalled these patients as required.

At our previous inspection, we identified that patients' outcomes were poor in relation to some diabetes, mental health and hypertension indicators. The practice had devised and implemented an action plan to address and improve performance. Unverified data comparing September 2017 to September 2018 evidenced that patients' outcomes were improving.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles. Up to date records of training were now being maintained to ensure that there was oversight of the training requirements of staff.
- At the last inspection we found that there were no systems of support for the nursing staff. This was no longer the case. All active members of the nursing team now had a recent appraisal of their performance. Systems to share information among clinicians had improved as there was a fortnightly meeting of clinical staff.
- Additional GPs and nurses had been appointed with a view to covering the long-term leave of two clinicians and reduce the waiting times for appointments.

Coordinating care and treatment

The practice was now routinely sharing information with relevant professionals when deciding care delivery for people with long-term conditions and complex heath needs. Multi-disciplinary meetings were now taking place every month. These were attended by a care-navigator, district nurse, social worker and those involved in end of life care, for example. These meetings were underpinned by Terms of Reference and healthcare professionals were invited to add any matter to the agenda ahead of the meeting taking place.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

What we found at our inspection on 23 April 2018

On the day of our inspection, there was a four and a half week wait for a routine appointment with the GP.

Systems to respond and manage complaints were inadequate. There was limited evidence that action was taken by the practice to improve care.

Despite the frequent complaints, comments and concerns raised by patients, the practice continued to neglect to meet the needs of its population. It failed to increase clinical provision and appointment availability when concerns were raised.

The practice did not provide effective care coordination for patients who were more vulnerable or who had complex needs. They did not regularly meet with other healthcare professionals to discuss complex patients nor did they implement an effective, coordinated plan of care.

Responding to and meeting people's needs

- The practice had made improvements with a view to responding to and meeting patient needs. They had completed a comprehensive analysis of the current access situation and had made changes which had resulted in shorter waiting times for patients.
- In the short-term, the practice had engaged two advanced nurse practitioners to do 10 sessions per week. They had immediately appointed a locum GP to cover two GP sessions. These sessions had been subsequently undertaken by a part-time GP already employed at the practice. This had resulted in three additional sessions being made available per week. Longer term, the practice was looking at employing a further full-time advanced nurse practitioner.
- On the day of our inspection, the next routine appointment with the advanced nurse practitioner the next day. A routine appointment with a GP was available within two weeks, which demonstrated improvement.
- Effective systems had been implemented to share information with other healthcare professionals with a view to providing an effective, co-ordinated plan of care.

Listening and learning from complaints

The practice had devised and implemented a more effective way of managing verbal complaints.

All complaints, including verbal complaints, were added onto a complaints log. Complaints we looked at evidenced timely action and review. Staff that we spoke with understood the new procedures.

Please refer to the Evidence Tables for further information.

Are services well-led?

What we found at our inspection on 23 April 2018

Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures.

Openness, honesty and transparency were not demonstrated when managing incidents and complaints.

There was not clear oversight of clinical performance. No audits had been completed and there was no other quality improvement activity. It was unclear how guidance and alerts were being shared and risks were identified.

Leadership and capability

The GP provider evidenced that they had the capacity and capability to make improvements and deliver sustainable care. They had implemented an effective action plan to address the issues previously identified by inspectors, as highlighted in the warning notice:

- The provider and management team were clear about issues and priorities. The had enlisted support from other stakeholders and organisations to devise an effective action plan. The action plan was being systematically reviewed and updated to reflect the improvements made.
- The GP provider was visible and approachable. They had allocated time each week to meet with clinicians, staff and other healthcare professionals.

Vision and strategy

The practice now had a clear vision and credible strategy to deliver high quality, sustainable care.

- A new organisational structure had been implemented and staff were assigned areas of responsibility and oversight.
- The provider had identified the need to evolve the practice and were taking steps to advance and develop current leadership structures.

Culture

The practice had taken decisive steps in promoting a culture of high-quality sustainable care.

- There was clear oversight of training requirements. Staff had completed the training identified as being required. Staff were receiving a timely appraisal of their performance.
- Staff morale had improved. Staff we spoke with praised the new meeting structure. They told us they felt more involved in the running of the practice and that improvements had been made since our last inspection.
- Openness, honesty and transparency were now being demonstrated when managing incidents and complaints. Action was taken to improve as a result of these.

Governance arrangements

Systems to support good governance and management had been effectively reviewed and improved.

- Policies and procedures had been updated so that they accurately reflected the requirements of the practice.
- There was oversight of clinical performance and lead roles attributed. Meaningful timescales were set. Performance was routinely discussed at the weekly practice meetings. Unverified data indicated improvement.

Managing risks, issues and performance

There were now clear processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Engagement with patients, the public, staff and external partners

The practice was engaging and utilising the support of other stakeholders and professionals. On the day of our inspection, the practice was being supported by an external consultant and the Local Medical Committee.

The patient participation group had recently been formed and there were 12 members. There was an initial meeting on 29th August 2018 to establish roles and a constitution. A further meeting had been scheduled to take place on 3rd October.

The practice intended to complete a patient survey at the end of the year to assess whether the changes made had been effective.