

All Saints 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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at All Saints Surgery on 15 January and 23 January 2019. The announced inspection was part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected
- Information from our ongoing monitoring of data about services and
- Information from the provider, patients, the public and other organisations

We have rated this practice as Inadequate overall.

We rated the practice as inadequate for providing safe services because:

- The management of safety systems was not effective particularly in relation to safeguarding, staff training and employment checks.
- The practice did not have appropriate systems in place for the safe management of medicines. Risks associated with blank printer prescription stationery security and management had not been fully considered.
- There were a significant number of patient medicine reviews overdue monitoring and assessment.
- Some staff had not been in receipt of all training appropriate for their role according to the practice's policy and protocols.
- The systems, processes and practice that helped to keep patients safe and safeguarded from abuse were insufficient. The system in place at the practice had not always ensured that all children who did not attend their appointment following referral to secondary care were appropriately monitored and followed up. There were gaps in staff safeguarding training.
- Infection Prevention and Control training and processes had not been adequately applied.
- Some staff recruitment checks did not meet legal requirements.
- The analysis and responses to Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not consistently applied.

We rated the practice as inadequate for providing well-led services because:

- There were gaps in the practice's governance systems and processes and the overall governance arrangements were ineffective.
- The practice had not developed a sustainable practice business plan or strategy.
- There was a lack of oversight of the maintenance of accurate records of skills, qualifications and training for staff.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation. When incidents happened, the practice investigated but there was an absence of fully documented and embedded learning from events.
- The practice did not document informal comments and complaints and therefore trend analysis and learning could not be derived from these incidents.

We rated the practice as requires improvement for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- We found specific instances where care and treatment had not been provided in accordance with best practice guidelines.

We rated the practice as requires improvement for providing a responsive service because:

- Most patients found the appointment system easy to use and reported they were able to access care when they needed it.
- Records we looked at confirmed there were gaps in process and risks had not been mitigated by following up some patients who had attended secondary care.
- The complaint policy and procedures were in line with recognised guidance. The practice did not document informal comments and complaints and therefore trend analysis and learning could not be derived from these incidents.

These areas affected all population groups so we rated all population groups as requires improvement with the exception of working age people which was rated inadequate.

We rated the practice as requires improvement for providing caring services because:

Overall summary

- Staff involved and treated patients with compassion, kindness, dignity and respect and involved them in decisions about their care.
- The National GP survey findings had been analysed however patients were less positive than the local CCG and England averages in being treated with care and concern and their confidence and trust in the healthcare professional they saw or spoke to.
- Fifty registered patients were electronically coded as being a carer which represented 0.6% of the practice population.

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 the proper and safe management of medicines.
- Ensure that care and treatment is provided in a safe way.
- Recruitment procedures must operate effectively to ensure that all the documents specified in Schedule 3 were available for each person employed in the carrying out of regulated activities.
- Ensure the practice premises have appropriate documented health and safety and security risk assessments in place.
- Ensure there are effective systems, processes and practice that help to keep patients safe and safeguarded from abuse.

- Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.
- Ensure staff follow best practice guidelines including the National Institute for Clinical Excellence (NICE) guidelines.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser a practice manager specialist adviser and a practice manager specialist adviser observer.

Background to All Saints Surgery

All Saints Surgery is registered with the CQC as a GP partnership provider and is located in the town of Burton on Trent. The practice provides services to approximately 9,030 patients under the terms of a General Medical Services contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services. The practice is a member of the NHS East Staffordshire Clinical Commissioning Group (CCG). The ethnicity of patients registered at the practice are approximately 42% Pakistani/Bangladeshi origin and 30% white and mixed race British. Sixteen percent are Eastern European, 6.4% Arabic and the remaining identified as Chinese and other Asian groups as well as travellers.

The practice area has a higher level of deprivation being in the third most deprived decile. This may mean that there is an increased demand on the services provided. when compared with national averages. The practice population distribution is broadly in line with local and national averages.

The practice provides a number of clinics for example, long-term condition management including asthma, diabetes and high blood pressure. The level of income

deprivation affecting children is 22%, which is slightly higher than the national average of 20%. The level of income deprivation affecting older people is higher, 25% when compared with the national average of 20%.

The practice is a purpose-built premise. The building is single storey and owned by the partners. The practice provides a small car park.

The practice staffing comprises:

- One full-time male GP partner who provides 1.23 whole time equivalent hours (WTE).
- Three long- term locum GPs who provide a total of 2 WTE hours.
- A non-clinical partner practice manager.
- Two female practice nurses.
- A female phlebotomist.
- A team of reception staff and administrators.

The practice has vacancies for two full time GPs, reception/administration staff and a nurse practitioner.

The practice is open from 8am to 6pm, Monday to Friday, and from 8am to 12.30pm on Saturdays. The practice has opted out of providing an out-of-hours service. When the practice is closed the out-of-hours service provider is Staffordshire Doctors Urgent Care Limited (SDUC).

Patients may also call NHS 111 or 999 for life threatening emergencies. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the surgery. Surgery consulting times with a GP are available from 8.30am to 12pm and 3.30pm to 6.30pm on weekdays and 8am to 12pm on Saturdays. The nearest Walk In Centre is based at Derby London Road Community Hospital. Further details about the practice can be found by accessing the practice's website at www.allsaintssurgery.co.uk

Following a national government initiative from 1st September 2018 extra appointments are offered across

the whole of East Staffordshire, including evening and weekend appointments. The requirement in the GP Forward View is for practices to provide an additional 30 minutes for every 1,000 patients per week. Each appointment will be between 10 and 15 minutes, which means there are four to six appointments available per hour. Additionally, a new online digital service is available on Sunday mornings where appointments are offered with a GP via the Q Doctor App for further details All practices across East Staffordshire are participating in this extended access. Further information can be found at; www.eaststaffscg.nhs.uk/your-health/extended-primary-care-services

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.
Maternity and midwifery services	The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.
Surgical procedures	The practice could not demonstrate that a root cause analysis was conducted or that significant learning from safety incidents took place.
Treatment of disease, disorder or injury	The practice did not record informal comments and complaints received.
	Recruitment procedures did not operate effectively to ensure that all the documents specified in Schedule 3 were available for each person employed in the carrying out of regulated activities.
	There was a lack of a systematic approach for oversight of records of skills, qualifications and training for all staff.
	There was no system in place to follow up children's non-attendance at secondary care appointments.
	Policies were not always dated or did not reflect up-to-date guidance.
	The safeguarding policies did not reflect updated categories of abuse.
	Patient safety and medicine alerts patient searches were completed but these were not up to date.
	This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to ensure the proper and safe management of medicines, in particular:

- No risk assessment for risks associated with blank prescription form management in respect of printer prescription dispersal and serial number logs.
- No risk assessment for risks associated with medicines stored in unlocked cupboards in two treatment rooms.
- No risk assessment for risks associated with having no portable carrier for a larger sized oxygen cylinder stored on the floor of the treatment room in the event of an emergency.
- No risk assessment for the practice not holding alternative medicine provision for suspected meningitis in the event of a patient's penicillin allergy.
- A significant number of patient medicine reviews overdue monitoring and assessment.
- Patient clinical medicine record pages did not contain information provided to the practice of medicines monitored and prescribed in secondary care. This had the potential risk of a GP prescribing a medicine contra indicated for concurrent use with the medicines prescribed in secondary care and therefore a risk to patient's safe care and treatment.
- The system employed by the practice regarding letters and repeat medicines relied upon non-clinical staff to document GP findings within the clinical record with a potential risk of omission or misinterpretation.

The provider had failed to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way:

- The provider had a lack of documented risk assessments.
- No appropriate risk assessment in place for the corded window blinds.

Enforcement actions

- No evidence of the cleaners Control of Substances Hazardous to Health Regulations (COSHH) training and an absence of meaningful product data sheets that the cleaner could read and understand as they spoke and read Urdu not English.

- An infection prevention and control (IPC) audit on 29 January 2018 had no completed action plan in place. There was no evidence seen of the employed cleaners training.

The systems, processes and practice that helped to keep patients safe and safeguarded from abuse were insufficient.

- The system in place at the practice had not ensured that all children who did not attend their appointment following referral to secondary care were appropriately monitored and followed up.

The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:

- Not all staff were up to date with adult or children's safeguarding training and the policy in place did not reflect current practice updates including modern slavery.
- There was a lack of management oversight to ensure that all staff had been in receipt of appropriate IPC training.

Best practice guidelines including the National Institute for Clinical Excellence (NICE) guidelines was not always followed. Examples included:

- Antibiotic prescribing for Amoxicillin in children aged one to five and five to 18 years old.
- Patients within the pre-diabetic range had not all been provided with lifestyle advice or a second blood test monitoring appointment.
- Patients with gestational diabetes, had not been followed up in respect of a post-partum three month follow up blood test within a 15-month period.

This section is primarily information for the provider

Enforcement actions

- Guidelines from 2014 for Chronic obstructive pulmonary disease (COPD) patients were referred to although the latest guideline updates were December 2018.
- Patients having had a removal of their spleen were not on precautionary antibiotics or in receipt of a pneumovax a particular vaccination.

This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.