Polkyth Surgery

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

Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Polkyth practice on 22 January 2015 and identified areas where the practice had not complied with regulations. We set three requirement notices, the practice was placed in to Special Measures and our report was published. The practice was given six months to improve.

It is important to note that the practice has undergone a period significant change. Key clinical and management staff have left the practice, and the practice is now one of five that constitute the newly formed consortium known as the St Austell Healthcare Group (SAHG). The SAHG are currently in the process of registering this service with the Care Quality Commission. Following a period of closure, refurbishment and rebranding the practice is now known as the Carlyon Road Health Hub, at which there are no patients registered. Since re-opening on 3 August 2015 the service offered has been redesigned to work in tandem with the other three practices in the group, at which all patients are registered. Carlyon Road provides a 'health hub' for responding to patients needing urgent care on site, and booking appointments at the other practices for patients with less urgent needs.

We undertook this focused inspection on 3 November 2015 to check on the progress of improvements being made. This report covers our findings in relation to the requirements and should be read in conjunction with the report published on 8 May 2015 following our inspection on 22 January 2015, by selecting the 'all reports' link for Polkyth Surgery on our website at www.cqc.org.uk

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, systems and processes were still new, thus not yet embedded into practise.
- A programme of clinical audit had been commenced, but it was too early to see evidence that audits were driving improvement in patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect, however, not all felt cared for and supported by the new health hub system.
- Urgent appointments were available on the day they were requested.
- The practice had developed a number of new policies and procedures to govern activity.

Summary of findings

- The practice had proactively sought feedback from patients and had an active patient participation group, with whom they regularly engaged.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Undertake significant event reviews and learning must be demonstrated and shared with all staff, to promote improvement.

There were areas where the provider should:-

- Ensure that the clinical audit system introduced is continued and is focussed on continuous improvement.

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?

Requires improvement

At our previous inspection on 22 January 2015 we found that the practice to be requires improvement. Staff understood their responsibilities to raise concerns, and report incidents and near misses. When things went wrong reviews were undertaken but lessons learnt were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes had weaknesses, for example, staff were aware of how to recognise signs of abuse but did not know who to report to. Arrangements to manage medicines were not safe.

At our focused follow-up inspection on 3 November 2015, and we returned to focus on areas that the practice needed to respond to and the practice provided records and information to demonstrate that improvements had been made.

The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. A new policy for sharing any learning for improvement of services had been written, staff were aware of the process and future meeting dates had been planned, however, no meetings had occurred to date and the policy had yet to be demonstrated in action. A pharmacist had been employed to oversee all medicine management.

Are services effective?

Requires improvement

At our previous comprehensive inspection on 22 January 2015 the practice had been rated as inadequate for providing effective services and improvement was required. Staff's knowledge of and reference to national guidelines was inconsistent. Patient outcomes were hard to identify as little or no reference was made to audits. There were no completed clinical audits of patient outcomes. Multidisciplinary working was reportedly taking place but was informal and record keeping was limited or absent.

At our focussed follow-up inspection on 3 November 2015, we found a detailed protocol and programme for clinical audit had been put in place, with a GP lead for facilitating the programme. We saw evidence that audit work had been commenced by the GPs and nursing staff. The audits had only started in early October 2015 so it was too soon to establish any findings or identify areas for improvement.

Patients who were previously registered at Polkyth Surgery were now registered at other practices within the St Austell Healthcare Group (SAHG), thus data showing patient outcomes was therefore only relevant to the other practices.

Summary of findings

Are services caring?
We did not inspect caring at this inspection

Are services responsive to people's needs?

Good

At our previous comprehensive inspection on 22 January 2015 the practice had been rated as requires improvement for providing responsive services. Patient feedback reported that they did not have access to a named GP and continuity of care was an issue. Pre booked appointments were not always available although urgent appointments were usually available the same day.

At our focussed follow-up inspection on 3 November 2015, we found the practice had reviewed the needs of the St Austell population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services. Urgent same day appointments either face to face or by telephone were available with a GP or nurse. Patients with less urgent needs, including those with long term conditions, were able to book appointments with their named GP at their usual practice, allowing continuity of care.

Are services well-led?

Good

At our previous comprehensive inspection on 22 January 2015 the practice had been rated as inadequate for being well-led and improvement was required. The practice did not have a clear vision and strategy in place. The practice did not hold regular governance meetings. The practice had not proactively sought feedback from staff or patients. The practice had a patient participation group (PPG) who told us that the practice had not conversed with them about some changes.

At our focussed follow-up inspection on 3 November 2015, we found that the practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. A clear leadership structure had been put in place and staff felt supported by management. The practice had a number of new policies and procedures to govern activity and dates for regular governance meetings had been set.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was actively engaged and their input had been used to facilitate improvements.

There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Undertake significant event reviews and learning must be demonstrated and shared with all staff, to promote improvement.

Action the service SHOULD take to improve

- Ensure that the clinical audit system introduced is continued and is focussed on continuous improvement.

Polkyth Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead inspector, and a second Inspector.

Background to Polkyth Surgery

Polkyth Surgery is registered under the ownership of The Park Medical Centre. The Park Medical Centre along with the other four GP practices in St Austell have formed a consortium called The St Austell Healthcare Group Limited (SAHG). The SAHG are currently in the process of registering the consortium with us. The consortium has an agreement to assist with the management and care delivery of Polkyth Surgery.

On the 30 June 2015 the Polkyth Surgery closed and the 8,300 patients were invited to re-register with one of the other practices within the consortium.

The Polkyth location re opened on 3 August 2015 following refurbishment and rebranding and is now known as the Carlyon Road Health Hub. There are no patients registered at this new health hub, which provides an urgent same day appointment service for all the 32,000 patients registered at the other four practices within the consortium. Patients can visit or telephone the Health Hub.

The SAHG employs 100 staff, this includes 12 GP partners. A core of staff are permanently based at the Health Hub, whilst others rotate to particular practices within the group.

The Carlyon Road Health Hub is open Monday to Friday between 8am and 8pm with same day appointments available with a GP or nurse. Appointments with an advanced nurse practitioner are available between 10am and 6pm. When the practice is closed, patients are directed to the out of hour's service operated by another provider.

Why we carried out this inspection

We carried out a focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of the Polkyth Surgery on 3 November 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 22 January 2015 had been made. We inspected the practice against four of the five questions we ask about services: is the service safe, effective, responsive to people's needs and well led. This is because the service was previously not meeting some legal requirements. At our previous inspection caring was found to be good so was not re inspected at this inspection. As all five domains were not inspected we were unable to rate the population groups and unable to change the rating overall.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked the practice to send us information. We carried out an announced visit on 3 November 2015. During our visit we:

- Spoke with a range of practice staff, including GPs, nurses, reception and administrative staff and the newly appointed pharmacist.
- We spoke with four patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- We spoke at length to the patient participation group representative to gather their views of the service.
- We also spoke to the executive manager who was present throughout the inspection.

Requires improvement

Are services safe?

Our findings

At our previous comprehensive inspection on 22 January 2015 the practice had been rated as requires improvement for safe services. At that time the practice had been unable to demonstrate they met the requirements in relation to the management of medicines, specifically there was no system to monitor the security of prescription pads or forms, furthermore some nursing staff had not received up to date training in administering vaccinations to adults and children. Patients were at risk of harm because safeguarding systems and processes had weaknesses, staff were unclear who to report concerns to regarding abuse and there was no clear directions in place for this.

Safe track record and learning

There was a system in place for reporting and recording significant events. We were shown the new significant event tool kit policy. Staff told us they would inform the lead GP in the practice of any incidents. There was a recording form available on the practice's computer system which staff used to record significant events. The practice had planned to hold significant event meetings monthly, the first meeting was planned for 15 November 2015. The policy stated that learning from significant events would be shared with staff throughout the St Austell Healthcare Group (SAHG) by the staff newsletter and team meetings, and any changes or improvements required would form part of staff training. Staff we spoke with were aware of this arrangement, however, to date no meetings to discuss significant events had been held.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff were able to provide us with an anonymised case, which showed that the policy had been appropriately applied. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The group employed a pharmacist who carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice which allowed nurses to administer medicines in line with legislation.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 January 2015 we found that the practice to be requires improvement. At our focused follow-up inspection on 3 November 2015, we returned to focus on areas that the practice needed to respond to. The practice provided records and information to demonstrate that improvements had been made.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had a lead GP for clinical governance and the new programme of clinical audits. We saw that the GPs were undertaking four clinical audits, these had been commenced in October 2015, making it too soon for any conclusions to be drawn.

The nursing staff had a list of audits that they were undertaking to improve outcomes for patients, for example, they had audited patient waiting times for international normalised ratio (INR) blood test drop-in clinics and found that patients were experiencing long wait times. The findings resulted in changes to the appointment system; pre bookable appointments had been introduced and waiting times were being monitored.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support.
- The practice could demonstrate how they ensured role-specific training and skills updating for relevant staff, for example, one of the nurses had prescribers training booked for January 2016 to enhance their skills and provide improved services for patients.
- Staff received training updates that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff had been given allocated training time within working hours, for example, a half day training event about diabetes had been provided in liaison with the diabetic nurse specialist.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.The guidance was accessible to staff via the intranet.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Are services caring?

Our findings

At our previous inspection caring was found to be good so was not re inspecting at this inspection

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection on 22 January 2015 the practice had been rated as requires improvement for providing responsive services. Patient feedback reported that they did not have access to a named GP and continuity of care was difficult. Pre booked appointments were not always available although urgent appointments were usually available the same day.

Responding to and meeting people's needs

Patients were able to either visit or phone the practice. The practice was supported by a team of trained reception staff and administration staff. Patients were seen or or received a telephone call back by either a GP, the urgent care matron, a minor illness nurse, or a nurse practitioner, on the same day. Patients with long term conditions or those with less urgent medical needs were given an appointment at their local practice with their named GP in St Austell.

The practice reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- The practice offered extended opening hours to 8pm Monday to Friday evenings; this was particularly helpful for working patients who could not attend appointments during working time.
- There were longer appointments available for patients diagnosed with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with more serious medical conditions.
- There were disabled facilities including a hearing loop and translation services available for patients who did not have English as a first language.
- Patients from all the St Austell Healthcare Group (SAHG) practices needing a blood test attended the Health Hub, where a team of phlebotomists or trained health care assistants were available to take blood.

Are services well-led?

Good

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

Our findings

At our previous comprehensive inspection on 22 January 2015 the practice had been rated as inadequate for being well-led and improvement was required. The practice did not have a clear vision and strategy in place. The practice did not hold regular governance meetings. The practice had not proactively sought feedback from staff or patients. The practice had a patient participation group (PPG) who told us that the practice had not conversed with them about some changes.

At our focused follow-up inspection on 3 November 2015, we returned to focus on areas that the practice needed to respond to. The practice provided records and information to demonstrate that improvements had been made and they had a clear vision and strategy for the future.

Governance arrangements

The practice has undergone a period significant change. Key clinical and management staff had left the practice, and the practice was now one of four that constitute the newly formed consortium known as the St Austell Healthcare Group (SAHG).

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- New policies had been implemented and were available to all staff on the practices intranet.
- Staff were developing a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal system audit had been introduced, which was focussed on monitoring quality and making service improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the hub and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour, they openly recognised the challenges related to the new concept of the health hub. The partners encouraged a culture of transparency and honesty. There were systems in place to ensure staff knew about notifiable safety incidents.

- Staff told us that the practice held regular team meetings. We saw minutes from the nurses meeting.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the hub. The partners encouraged all members of staff to identify opportunities to improve the service delivered.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in discussions about the delivery of the service.

- Feedback had been gathered from patients through the patient participation group (PPG). The PPG met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, telephone answering times had been identified by the PPG as a problem at the hub. The management team responded by increasing the number of staff answering the telephones.

This section is primarily information for the provider

Requirement notices

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation:12 Safe Care and Treatment** The provider must do all that is reasonably practicable to mitigate any risks. **12(2)(b)** Incidents that affect the health, safety and welfare of people using services must be thoroughly investigated by competent staff and monitored to make sure that action is taken to remedy the situation and prevent further occurrences. How the regulation was not being met: The practice had not demonstrated learning from significant events had been shared with all staff, to promote improvement.