

Care Quality Commission

Inspection Evidence Table

Neath Hill Health Centre (1-5680374900)

Inspection date: 26 February 2019

Date of data download: 13 February 2019

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

During an inspection on 6 November 2018, we rated the practice as inadequate for providing safe effective and well led services. The inadequate rating will remain until we carry out a further full comprehensive inspection within six months of publication of the report from November 2018. In the interim we also carry out regular follow up inspection(s) to ensure the service is making adequate progress in improving services.

The registered provider for the practice was Key Medical Services Ltd, a company based in Luton responsible for the provision of the services at the practice location.

Safe

At our previous inspection on 6 November 2018, we rated the practice as inadequate for providing safe services because: The practice did not maintain records in relation to staff employed to demonstrate that appropriate assurances had been sought to enable a member of the clinical team to undertake an extended role.

- **Risks to patients and staff had not adequately been assessed and monitored.**
- **Evidence of learning and improvement following significant events was limited.**
- **The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff.**
- **Appropriate action had not been taken to ensure adequate staffing levels. Staff we spoke with advised that the practice manager did not have sufficient support to undertake the role safely.**

Some of these arrangements had improved when we undertook a follow up inspection on 26 February 2019. However, the practice had not taken effective action to fully comply with the warning notice.

The inadequate rating will remain unchanged until we carry out a further full comprehensive inspection within six months of publication of the report from November 2018.

Safety systems and processes

The practice had improved systems, practices and processes to keep people safe

and safeguarded from abuse.

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2018 we found:</p> <ul style="list-style-type: none"> Evidence of up to date training for all non-clinical staff was not available. During our inspection in February 2019, we found the practice had improved systems for monitoring staff training, with the support of an external consultancy service. Staff training was largely up to date and the practice continued to utilise an online training programme to support staff training. The practice used a colour coding system to highlight staff that were approaching or passed training renewal dates so they could be prompted to complete training. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2018 we found:</p> <ul style="list-style-type: none"> Evidence of non-clinical staff immunity status was lacking. The practice had not undertaken a risk assessment to ensure affected staff were safe to undertake their duties <p>During our inspection in February 2019, we found the practice had arranged for all staff receive blood tests to establish their immunity status. Risk assessments had been undertaken for all staff whose blood results indicated they were not immune to specific infections. The risk assessments stated that these staff would be sent for vaccination through an occupational health service. However, we were advised that the local occupational health service did not offer this service and the practice had failed to arrange for the vaccines to be undertaken independently. There was no set timeframe within which the practice intended to arrange for staff to be vaccinated.</p> <p>The practice had contracted the services of a consultancy firm to aid improvement of governance systems. We saw recruitment files for staff had been reorganised.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2019	Y

Explanation of any answers and additional evidence:

During our inspection in November 2018, we found the practice had not undertaken a health and safety or premises risk assessment. During our inspection in February 2019 we found the practice had completed appropriate risk assessments with support from the contracted consultancy service.

Risks to patients

There had been some improvements in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	N
Comprehensive risk assessments were carried out for patients.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y

Explanation of any answers and additional evidence:

During our inspection in November 2018 we found:

- Staff advised that there was insufficient support for the practice manager which resulted in excessive workloads.
- The practice did not have a comprehensive approach to risk management.
- Clinical staff were aware of the signs and symptoms of sepsis and were well equipped to deal with patients with presumed sepsis. However, non-clinical staff we spoke with were not clear on the signs of sepsis or the appropriate action to be taken.

During our inspection in February 2019, we were told that whilst some improvements had been made to staffing, levels were still insufficient. We were advised that the practice manager was still supporting administrative roles and whilst one member of staff had increased their working hours there was still a gap in secretarial support. We were informed that the practice intended to employ a secretary via an agency in the future but a start date had not been agreed and there were concerns that the proposed number of hours would be insufficient to meet the needs of the practice. We were informed that a long-term locum GP would be increasing their clinical hours from March to provide regular clinical cover on Monday, Tuesdays, Thursdays and Fridays.

We found the practice had been supported by a contracted consultancy to complete required risk assessments and that staff had received training on sepsis.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	N
There was a system for processing information relating to new patients including the summarising of new patient notes.	N
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2018 we found:</p> <ul style="list-style-type: none">• There were significant numbers of historic new patient paper records in need of summarising. The practice advised that due to insufficient staffing levels there was a backlog of two years of records awaiting summarising. <p>During our inspection in February 2019 we found there were still 114 (33%) new patient paper records in need of summarising. Although a member of staff had been trained to summarise these records we were advised that progress had been slow due to limited staffing at the practice. The practice advised they intended for all outstanding notes to be summarised by 15 March 2019.</p>	

Effective

At our previous inspection on 6 November 2018, we rated the practice and all of the population groups as inadequate for providing effective services overall because:

The practice had not undertaken staff appraisals or provided clinical supervision.

We found that the practice had not sought assurance of these competencies for all appropriate staff prior to employment.

These arrangements had improved when we undertook a follow up inspection on 26 February 2019. The practice had taken effective action to comply with the warning notice.

The inadequate rating will remain unchanged until we carry out a further full comprehensive inspection within six months of publication of the report from November 2018.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	P

Explanation of any answers and additional evidence:

During our inspection in November 2018 we found:

- The practice provided protected time and training to help staff meet their learning needs. However, up to date records of skills, qualifications and training had not been maintained.
- The provider provided staff with limited ongoing support. There was an induction programme for new staff. However, appraisals, coaching and mentoring, clinical supervision were not undertaken. Staff we spoke with advised that the practice manager had not received adequate support from the provider to undertake her role.

During our inspection in February 2019, we found records kept for staff had improved. A new system had been developed with support from a contracted consultancy service to reorganise staff files and to ensure management oversight of staff training records. All staff had received an appraisal since our previous inspection.

Well-led

At our previous inspection on 6 November 2018, we rated the practice as inadequate for providing a well-led services because:

- The provider failed to support the practice and ensure there was effective governance and leadership at the practice therefore increasing risks to patients and persons employed.
- There were ineffective systems to assess the risks presented by unsafe staff as effective checks were not consistently completed on recruitment or engagement of clinical staff to assess their suitability for the role and to mitigate the risks to health, safety and welfare of patients who used the service.
- The training needs of staff were not assessed and monitored, staff had not receive regular appraisals.
- The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff.
- A focused approach to quality and sustainability was not demonstrated. Evidence of future planning and regular engagement between the provider organisation and the practice team was lacking. Appropriate action had not been taken to ensure adequate staffing levels. Staff informed us there were inadequate administrative staffing levels which impacted on the wellbeing of staff and their abilities to undertake tasks.
- The provider had not established an effective approach to risk assessment and management at the practice.

Some of these arrangements had improved when we undertook a follow up inspection on 26 February 2019. However, the practice had not taken effective action to fully comply with the warning notice.

The inadequate rating will remain unchanged until we carry out a further full comprehensive inspection within six months of publication of the report from November 2018.

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	P
They had identified the actions necessary to address these challenges.	P
Staff reported that leaders were visible and approachable.	P
Explanation of any answers and additional evidence: During our inspection in November 2018 we: <ul style="list-style-type: none">• Identified multiple concerns with regard to the leadership capacity and capability at the practice. We were informed that the salaried GP was available at the practice one day each week and that the provider had not been able to secure additional salaried GPs. Staff advised that the provider was not involved in the day to day running of the practice and maintained an arms-length approach to overseeing the practice.	

- Found that the practice manager did not have adequate resource to undertake the role effectively or safely. We found that the overall practice management of non-clinical duties needed improving. There was evidence of consistent failures to manage and respond to risk and to encourage improvement.

During our inspection in February 2019, we were advised that the provider organisation had contracted an external consultancy service to support the practice manager in developing and improving governance systems. However, we were advised there was still limited direct engagement from the provider organisation. A communications policy had been formulated the week prior to our inspection. This policy referred to the establishment of a weekly teleconference between the practice manager, lead GP and a representative from the provider organisation, Key Medical Services (KMS). These meetings had not begun at the time of our inspection and the provider were still to formally appoint a lead GP.

Administrative staffing levels had been increased marginally through an increase of working hours for one member of staff and we were informed that a secretary employed through an agency would be working at the practice in the future but a start date had not been agreed and there were concerns that the proposed 14 hours of paid time would be insufficient.

Vision and strategy

The practice had a clear vision but it was not supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	N
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	P
Staff knew and understood the vision, values and strategy and their role in achieving them.	N

Explanation of any answers and additional evidence:

During our inspection in November 2018, we found:

- The provider did not have a documented vision and values for the practice. There was no information in the practice or on the website regarding this. The staff we spoke with were not aware of the provider's vision and values for the practice.
- The provider advised that they had recognised some areas in need of improvement, including the need to offer further management support to the practice manager. However, we were not shown any plans to overcome recognised challenges or to drive improvement.

During our inspection in February 2019, we saw that a documented vision and values statement had been formulated and was displayed throughout the practice. However, staff we spoke with were not aware of this or the newly developed practice mission statement.

In response to the Warning Notice issued in November 2018, the practice had submitted an action plan which had been formulated by the contracted external consultancy. There were numerous areas identified on the action plan as still in need of action, for example the development of a development plan for all staff and the arrangement of appropriate training on the use of the clinical system for all staff.

However, there was no timeframe for completion of these actions.

Culture

The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There was a strong emphasis on the safety and well-being of staff.	N
Explanation of any answers and additional evidence: During our inspection in November 2018, we were advised by staff that insufficient staffing levels and lack of support from the provider organisation negatively impacted on their well-being. In February 2019, we were told the support of the consultancy service by the provider had alleviated some pressures from staff but there were insufficient staff levels to enable suggested improvements to be realised and embedded in the practice culture. We were not provided with evidence of a staffing plan for administrative staff.	

Governance arrangements

We reviewed roles and systems of accountability between the provider and the practice team to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	P
Explanation of any answers and additional evidence: During our inspection in November 2018 we found: <ul style="list-style-type: none">Structures, processes and systems to support good governance and management were not clearly defined or working effectively. The governance and management of the practice was disjointed as there was a lack of integration between the provider organisation and the practice team.Staff were clear on their roles and accountabilities including in respect of safeguarding, however insufficient staffing meant that not all tasks were being completed efficiently. For example, we found that there was a significant back log of new patient records in need of summarising.Practice leaders had established policies, procedures and activities to promote safety however we found some were in need of improvement. During our inspection in February 2019 we found: <ul style="list-style-type: none">The practice had been supported by a contracted consultancy to develop governance systems and processes. However, there was still limited integration between the provider organisation and practice team.Staff were still unable to complete tasks efficiently due to limited staffing levels. There were still 114 new patient paper records in need of summarising.The majority of policies and procedures identified as in need of improvement had been updated.	

Managing risks, issues and performance

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

	Y/N/Partial
There were processes to manage performance.	Y
There were effective arrangements for identifying, managing and mitigating risks.	P
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2018, we found:</p> <ul style="list-style-type: none">Processes to identify, understand, monitor and address current and future risks including risks to patient safety needed strengthening.The practice had some processes to manage current and future performance.The provider did not demonstrate systems had been developed at the practice to ensure management oversight of staff training. Systems for managing safety alerts, incidents, and complaints needed expansion. <p>During our inspection in February 2019, we found:</p> <ul style="list-style-type: none">Efforts had been made to develop systems for identifying, understanding, monitoring and addressing risks but some of the work undertaken was incomplete. For example, staff identified as in need of vaccinations had not received them as set out in the completed risk assessments. Risk assessments and action plans developed did not specify a timeframe for completion.An appraisal system had been developed and we saw all staff had received an appraisal since our previous inspection.Improvements had been made to ensure management oversight of training. Safety alerts, significant events and complaints had been added as standing items to the agenda for practice meetings.	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	N
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2018, we found:</p> <ul style="list-style-type: none">Evidence that quality, sustainability and operational information was regularly discussed and monitored in relevant meetings by the provider and the practice team was lacking.The practice had a backlog of two years of new patient paper records in need of summarising. <p>During our inspection in February 2019, we found:</p> <ul style="list-style-type: none">Regular practice meetings were being undertaken and formal minutes held. However, evidence to support improved engagement between the provider organisation and the practice staff was lacking.There were 114 new patient paper records in need of summarising.	

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.