Care Quality Commission

Inspection Evidence Table

The Alma Partnership (1-549906670)

Inspection date: 30 April 2019

Date of data download: 15 April 2019

Overall rating:

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18. This focused inspection was to check compliance with the warning notice issued in February 2019, the ratings from the previous inspection in February 2019 have not been changed.

Safe

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safety systems and records	Y/N/Partial
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: April 2019	Y
There was a log of fire drills. Date of last drill: 31/01/2019	Y
There was a record of fire alarm checks. Date of last check:	N
There was a record of fire training for staff. Date of last training: 15/04/2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 19/10/2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: At our last inspection undertaken in February 2019, we saw that the fire alarm, emergency lights and firefighting equipment had not been properly tested or maintained. Staff told us that they had reported that the fire alarm control panel was not working, however, the practice had not arranged for the control	

panel to be fixed.

At this inspection, we saw that firefighting equipment and emergency lights had been properly tested and maintained. Following this inspection, we saw confirmation from an external fire specialist engineer that, following a manual call point test, the fire alarm system was operating correctly.

Responsive

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. However, there were shortfalls with continuity of care.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	N
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Explanation of any answers and additional evidence:

At our last inspection in February 2019, patient feedback indicated that patients did not receive continuity of care due to the nature of staffing GP appointments with one salaried GP and two locum GPs.

At this inspection we found that the salaried GP and full-time practice nurse had resigned. The clinical rosters for May showed that two long-term GPs and a clinical pharmacist was available each working day. The practice also employed one part-time nurse who was available two days per week. In addition, the practice had employed an advance nurse. practitioner for one day per week and had secured a locum GP for one day per week to provide family planning appointments for patients.

Patients described a continuation of a lack of continuity of care due to the nature of staffing GP appointments with locum GPs.

Timely access to the service

People were not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
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 (01/01/2018 to 31/03/2018)	57.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	62.4%	78.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	70.1%	72.5%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	68.6%	80.8%	74.4%	No statistical variation

Any additional evidence or comments

At our last inspection in February 2019, we saw that routine GP appointment could be booked up to two weeks in advance. However, on the day of inspection routine appointments were only available to book on two days over the following two-week period. There were on the day urgent appointments available to book each day. Staff told us that usually only two receptionists were scheduled to work and managed all incoming telephone calls and patient requests at the reception desk. The practice did not have a system to measure the numbers of calls abandoned or time delays in answering telephone calls.

At this inspection we noted that the next available routine appointment was in one week. We saw that the practice provided over 100 clinical appointments per day. Reception staff told us that there were occasions when all clinical appointments were fully booked and were therefore not able to offer patients on the day urgent appointments. On those occasions the duty GP contacted patients via telephone.

We viewed administration staff rosters which demonstrated that three reception staff had been scheduled each working say throughout May 2019 to manage all incoming telephone calls and patient requests at the reception desk.

Managers told us that since our last inspection they had identified that administration staff had been previously putting phones on silent during busy periods. Managers told us that this issue was addressed, and phones were no longer placed on silent at any time during the day. The practice was planning to purchase a call monitoring system to have oversight regarding the number of incoming calls, response times to telephone calls and the call abandonment rate.

Patients told us that they were able to access the practice by telephone, however, they regularly experienced a delay in telephone calls being answered by the practice.

Friends and family test results show improvement. For example, results showed that 75% of patients would recommend the practice in April 2019 compared to 50% in February 2019.

Well-led

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	N
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Explanation of any answers and additional evidence:

The practice had employed a full-time practice manager who had been in post for two weeks but had started at the practice on a part-time basis for two weeks prior to this.

The practice manager had implemented an action plan on 1st April 2019 to address breaches of regulation relating to the warning notice, and all other areas that required improvement, as identified at our last inspection. Of the 33 required actions identified, 14 had been completed. Other required actions had a completion date or were identified as ongoing. For example, to address low morale of administration staff, the practice had redesigned the staff roster to ensure adequate numbers of administration staff each day and to reduce workload and pressure.

At our last inspection in February 2019, we identified that there were delays in treatment, following test results, due to a backlog of tasks that were required to be undertaken by administration staff. For example, we reviewed nine of the outstanding tasks, dating back to 25 January 2019, and found that five related to contacting patients to arrange follow up treatment following test results. Since our last inspection, the practice had subsequently provided further training for administration staff, to improve capacity by sharing the workload across a greater number of staff, to reduce the risk of future delays to treatment. However, the practice did not have written protocols for newly trained staff to utilise when undertaken workflow tasks. We saw that all administration and workflow tasks had been completed. Staff confirmed that tasks were being completed in a timely manner and administration staff had more time to complete workflow due to an increased capacity of administration rostered.

However, we found that not all activities had been completed, which had not been identified in the practice's action plan. For example;

- The practice had not written to parents of nine, 10-week-old babies who were due to receive immunisations at eight weeks, to invite them for an appointment. The practice told us this was due to the loss of the practice nurse who used undertake this task. On the day of inspection, the practice was contacting parents of those nine babies to book appointments to administer immunisations.
- The significant events overview had not been updated since our last inspection. The practice confirmed that it has not undertaken or recorded significant event activity due to capacity of managers. The practice manager told us that the recording and analysis of significant events

would recommence now that they were in post full time.

At our last inspection in February 2019, staff told us they felt under pressure and stressed due to lack of staffing and leadership. At this inspection staff told us that they felt supported by the practice manager and reassured that they were present at the practice each working day. Staff confirmed that positive changes had been implemented since the practice manager had commenced employment at the practice. Administration staff told us that they felt less pressured due to increased staff rostered each day and because workload was now shared between a greater number of staff. However, a part-time clinician felt under pressure and unsupported due to the loss of the full-time practice nurse. The clinician told us that due to a lack of other salaried clinicians or GPs employed at the practice they were not always able to seek clinical advice.

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 Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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

- 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.