

Loddon Vale Practice

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

In May 2015 during a comprehensive inspection of Loddon Vale Practice, Hurricane Way, Woodley, Reading, Berkshire we found concerns related to the following: The recruitment of staff, management of medicines, systems to monitor risk, clinical audit, assessment of mental capacity, safeguarding and vetting of staff undertaking chaperone duties. The report setting out the findings of the inspection was published in September 2015. Following the inspection the practice sent us an action plan detailing how they would improve on the areas of concern.

We carried out an announced focused inspection of Loddon Vale Practice on 23 February 2016 to ensure the changes the practice told us they would make had been implemented and to apply an updated rating.

We found the practice had made significant improvements since our last inspection on 27 May 2015. We have re-rated the practice overall as good. Specifically, they had made improvements to the provision of safe, effective and well led services. The ratings for the practice have been updated to reflect our findings.

At this inspection we found:

- Risks to patients were assessed and well managed.
- Systems were in place to respond to national safety alerts.
- Staff had been trained to identify possible abuse and to report any concerns in this respect appropriately.
- Appropriate checks had been undertaken for staff who undertook chaperone duties.
- Care planning had been improved to involve the patient in their future care.
- Systems to manage medicines had been improved.
- The practice had enhanced their programme of clinical audit and audit was driving improvement in patient outcomes.

However,

- The practice had not improved on the number of patients with a learning disability who had received their annual health check in 2015.

The area where the provider should make improvement is:

- To ensure that all patients with a learning disability are offered an annual health check in 2016. Promote the benefits of such checks to this group of patients and their carers.

Summary of findings

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?

The practice is rated good for provision of safe services. They had made significant improvements since our last visit in May 2015.

Specifically the practice:

- Operated a system for monitoring and taking action when in receipt of national safety alerts.
- Completed appropriate checks for staff who undertook chaperone duties.
- Managed medicines in accordance with legislation.
- Followed appropriate processes when recruiting staff.
- Had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Had systems in place to ensure risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated good for provision of effective services. They had made significant improvements since our last visit in May 2015.

Specifically the practice:

- Carried out a programme of clinical audits to demonstrate quality improvement.
- Completed care planning in conjunction with the patients and recorded the patient's consent to their care plan.
- Ensured staff were trained appropriately to carry out assessments of patient's capacity to consent to treatment.

However, the practice should address

- Increasing the number of patients with a learning disability who receive an annual health check.

Good



Are services well-led?

The practice is rated good for provision of well led services. They had made significant improvements since our last visit in May 2015.

Specifically the practice had:

- Improved the identification, assessment and management of risk.

Good



Summary of findings

- Enhanced the training and development for staff across all disciplines.
- Clarified their governance framework to support the delivery of good quality care.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older patients having addressed previous breaches of regulations relating to safe, effective and well led delivery of care and treatment.

Specifically the practice had implemented a system to;

- Identify, assess and act on environmental risk for all patient groups.
- Involve older patients at risk of hospital admission in planning their care particularly in relation to avoiding hospital admission.
- Ensure care plans were detailed and shared with other relevant care providers.
- Advise older patients of the support available from both voluntary and statutory agencies during the care planning process.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions having addressed previous breaches of regulations relating to safe, effective and well led delivery of care and treatment.

Specifically the practice had implemented;

- A robust system to identify, assess and act on environmental risk for all patient groups.
- Face to face care planning for patients with long term conditions who were at a higher risk of hospital admission.
- Procedures to ensure medicine alerts were responded to and action taken recorded.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young patients having addressed previous breaches of regulations relating to safe, effective and well led delivery of care and treatment.

Specifically the practice ensured:

- Staff were trained in and understood the process to assess the capacity of young patients to consent to treatment.
- Staff had received relevant training in safeguarding children and were able to demonstrate their understanding of identification of possible abuse and how to report concerns.

Good



Summary of findings

- Systems to identify, assess and act on environmental risk for all patient groups were in place.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age patients (including those recently retired and students). They had addressed previous breaches of regulations relating to safe, effective and well led delivery of care and treatment.

Specifically the practice had;

- Systems in place to identify, assess and act on environmental risk for all patient groups.
- Ensured travel vaccines were delivered in accordance with legislation.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. They had addressed previous breaches of regulations relating to safe, effective and well led delivery of care and treatment.

Specifically the practice had ensured;

- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Systems to identify, assess and act on environmental risk for all patient groups were in place.
- All staff undertaking chaperone duties had undergone a DBS check.

However,

- Undertaking annual health checks for patients with a learning disability remained at 33% and this should be improved.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health including those living with dementia. They had addressed previous breaches of regulations relating to safe, effective and well led delivery of care and treatment.

Specifically the practice had;

Good



Summary of findings

- Ensured staff were appropriately trained to carry out assessment of a patient's capacity to consent to treatment.
- Implemented face to face care planning which would include patients identified with long term mental health problems and those living with dementia.
- Systems in place to identify, assess and act on environmental risk for all patient groups.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- To ensure that all patients with a learning disability are offered an annual health check in 2016. Promote the benefits of such checks to this group of patients and their carers.

Loddon Vale Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was undertaken by a CQC Inspector.

Why we carried out this inspection

We carried out a comprehensive inspection on 27 May 2015 and published a report setting out our judgements. We undertook a focused follow up inspection on 23 February 2016 to check that the practice had taken the actions they told us they would make to comply with the regulations they were not meeting at the previous inspection.

We have followed up to make sure the necessary changes had been made and found the provider was now meeting the fundamental standards included within this report. The focused inspection also enabled us to update the ratings for the practice.

This report should be read in conjunction with the full inspection report.

How we carried out this inspection

We undertook a focused follow up inspection at Loddon Vale Practice on 23 February 2016. This was carried out to check that the practice had completed a range of actions they told us they would take to comply with regulations we found had been breached during an inspection in May 2015.

During our visit we:

- Spoke with the lead GP, the practice manager, two members of the practice nursing team and two members of the reception/admin staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed records relevant to the management of the practice.

Because this was a focused follow up inspection we looked at three of the five questions we always ask:

- Is it safe?
- Is it effective?
- Is it well-led?

The practice had been rated as requires improvement at the inspection of May 2015. This rating affected all population groups. Therefore, we also looked at the improvements made in how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- 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).

Are services safe?

Our findings

Safe track record and learning

When we visited Loddon Vale Practice in May 2015 we found the practice did not have an effective system in place to ensure they responded to national safety alerts.

During this visit we found:

- An effective system to receive and log safety alerts had been introduced.
- The practice kept a record of the action they had taken to respond to alerts. Including alerts relating to safe use of medicines. The records we reviewed confirmed appropriate action was taken when a safety alert was relevant to the practice.

For example, when the practice was alerted to a possible interaction between two prescribed medicines the GPs reviewed the patients who were prescribed both medicines. Where changes in prescription were required these were made.

Overview of safety systems and processes

When we visited Loddon Vale Practice in May 2015 we found the practice was inconsistent in operating safe systems and process. For example we found:

- The practice had not completed appropriate checks of staff undertaking chaperone duties
- Not all pre-employment checks had been undertaken
- The administration of travel vaccines was not undertaken in accordance with national guidance.
- Some staff were unclear on how to identify potential signs of abuse and to report any concerns they had regarding potential abuse.

During this visit we found:

- Disclosure and barring service (DBS) checks had been completed for all staff who undertook chaperone duties. (A DBS check is undertaken to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Nurses were administering travel vaccinations using appropriate Patient Group Directions (PGDs) in

accordance with legislation. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed two personnel files of staff recruited since our last inspection. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We spoke with four members of staff (two members of the nursing team and two members of the admin and reception team). All four were able to demonstrate a clear understanding of the types of abuse they may encounter during their duties. They all knew where to locate the details of the local safeguarding authority should they need to report any concerns outside the practice. We looked at records of safeguarding training undertaken. We found that all GPs were trained to level three in safeguarding children, nursing staff to at least level two and reception/administration staff to level one. All staff had undertaken relevant training in safeguarding vulnerable adults.

Monitoring risks to patients

When we visited Loddon Vale Practice in May 2015 we found that risks to patients were inconsistently assessed and managed. Specifically we found that:

- Actions identified in the practice health and safety risk assessment had not always been completed in a timely manner.
- Actions identified from a legionella risk assessment had not been completed.
- A robust fire risk assessment had not been completed and some fire risks were identified. For example combustible materials were found on a fire escape route.

During this visit we reviewed the practice health and safety action plan and saw that it had been updated for 2016. We also reviewed the 2015 plan and saw that all action had been completed. For example the emergency lighting had been checked and passed as safe.

We also found that;

Are services safe?

- Actions from the legionella risk assessment had been completed. For example, water storage tanks were flushed out on an annual basis.
- A fire risk assessment had been completed in July 2015. Action identified from the assessment had been completed or timetabled. For example, fire escape routes had been cleared of clutter and a bin store was planned for construction in spring 2016.
- There were records of fire drills being undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

When we visited the practice in May 2015 the practice had a limited range of clinical audits and did not have a programme of clinical audits aimed at improving outcomes for patients. At that time only four audits had been undertaken. Also the practice had completed only 33% of annual health checks for patients with a learning disability during 2014.

During this visit we found the practice had completed 12 clinical audits in the last 18 months. Two of these were completed cycle audits where the practice had revisited the original results to assess whether improvement had been implemented. For example, an audit of suspected cancer referrals showed that by the second audit all referrals made were appropriate.

We found that the practice performance in undertaking annual health checks for patients with a learning disability remained at 33% in 2015. However, there was a timetable for undertaking these health checks in 2016.

Coordinating patient care and information sharing

When we visited the practice in May 2015 we found that patients at a higher risk of hospital admission had been identified. However, the care plans to support these patients in avoiding admission had not been developed or agreed with the involvement of the patient, their relatives or carers. Some of the care plans we saw also lacked basic information such as the patients' address and their next of kin.

During this visit we found the practice identified patients who may be in need of extra support.

- The practice set aside specific longer appointments for each GP every week to undertake care planning on a face to face basis with named patients who had been identified as at higher risk of hospital admission. This included patients who were elderly, those with long term conditions and patients living with dementia.

- We reviewed two care plans and found they contained the basic information required such as next of kin and full address details. We also saw that these plans had been shared with the out of hours provider and where relevant with district nurses. The consent of the patient to their care plan was recorded in the patient record.
- The care plans we reviewed identified the support patients needed from voluntary agencies or other care providers and showed that patients had been signposted to these services when appropriate.

Consent to care and treatment

When we visited the practice in May 2015 we found some staff were not clear on the process of assessing a patient's capacity to understand their care and treatment. Such assessments should follow the guidance contained in the Mental Capacity Act 2005 (MCA). We also found the practice had operated an inconsistent approach to assessing the capacity of young patients to consent in line with relevant guidance.

During this visit we found the practice had;

- Undertaken training for all staff in the application of the MCA and refresher training was scheduled for April 2016. Consequently, staff sought patients' consent to care and treatment in line with legislation and guidance. We spoke with two members of the nursing staff who were able to describe the actions they would take if they considered a patient was lacking capacity to make an informed decision about their care and treatment. The actions they described followed best practice guidance. The two members of the reception and administration team we spoke with told us how they would speak with the patient's GP if they had any concerns about the mental capacity of the patient.
- Ensured that when providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services well-led?

Good 

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

Our findings

Governance arrangements

When we visited the practice in May 2015 we found that governance arrangements were operated inconsistently. For example;

- Identification, assessment and management of risk was not always robust. A fire risk assessment had not been completed and actions arising from a health and safety assessment had not been completed in a timely manner.
- The practice had not identified that staff were unclear about safeguarding processes and undertaking assessments of patient's capacity to understand their care and treatment.
- Clinical audit was limited and did not always demonstrate improvement in outcomes for patients.
- Training programmes for staff were in place but staff were not always clear on the rationale for their training.
- Care planning had taken place but the practice had not identified that some care plans were incomplete and had not been agreed with the patient.
- The practice had not identified that some aspects of managing medicines were not following legislation and were placing patients at risk.
- There had been a failure to identify the risk of staff undertaking chaperone duties without completing a DBS check.

The practice sent us an action plan which advised us on the measures they would take to address the issues of inconsistent governance.

During this visit we found;

- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the fire risk assessment had been undertaken and actions identified had been implemented. Also the actions identified from the 2015 legionella risk assessment had been completed.
- Staff training in safeguarding procedures, undertaking assessments of mental capacity and assessing the capacity of young patients to consent had been undertaken. Staff we spoke with were able to demonstrate a clear understanding of how to operate processes relevant to assessing capacity and safeguarding both children and vulnerable adults.
- Care planning processes involved the patient and care plans included all relevant details to support the plan. The plans were shared in a robust manner with relevant care providers.
- The risk to patients from chaperone duties had been reduced because all staff who undertook these duties had received a DBS check.
- Appropriate authorisation was in place for administering travel vaccines and the risk to patients of unauthorised administration had been reduced.