

Quality Insight Visit

25 March 2024
Harris Memorial Practice

Purpose

Care Quality Commission (CQC) rated the provider as inadequate following its inspection in May 2023. The ICB primary care commissioning and quality teams jointly reviewed the contract in respect of quality requirements following the CQC inspection, and sought assurance around a number of quality metrics, which were supplied by the practice as evidence of improvement.

The purpose of the quality insight visit is to seek assurance that improvements made following CQC inspection have become embedded and identify any further quality issues which require action.

A visit to the Illogan practice with the ICB primary care commissioning manager was arranged for 25 March 2024.

Scope

CQC issued 3 warning notices following its inspection in May 2023. The provider's action plan was shared with ICB commissioning and quality teams and a task and finish group to support contract management of quality issues was established.

Regulation 17, Good Governance including:

- management staff training
- insufficient staffing
- induction processes
- complaints management
- dispensary SOPs

Regulation 12, Safe Care and Treatment including:

- outstanding tasks on the electronic system, for clinicians
- triage by non-clinical staff (written guidelines/algorithms for consistency)
- insufficient appointments to see patients
- cervical screening not meeting national target
- appropriate safeguarding training for clinicians

Regulation 19, Fit and proper persons employed – including:

- record-keeping
- referencing
- DBS checks

Commissioning and contracting arrangements

Contract type: GMS

List Size: 6189

CQC warning notices were cross referenced with the ICB contract, led by the deputy director of primary care commissioning, to ensure requested evidence was proportionate and in line with contract specification.

Sources of information

CQC inspection report.



Harris Memorial
practice CQC inspecti

CQC action plan

This is a very large file and therefore not attached.
Copy available on request.

Narrative summary

Quality insight visit hosted by senior leadership team at Illogan site 25 March 2024. ICB colleagues were given a tour of the building and introduced to members of staff. Purpose of visit confirmed as being a follow-up to the evidence supplied by way of the providers action plan and embedded documents. It was acknowledged that there had been significant improvements in all areas detailed in the CQC warning notices and that further evidence of sustained improvement would be demonstrated by the visit.

In respect of the specific contractual issues arising from the CQC inspection, we requested to see evidence of the following:

- Evidence of registration and revalidation for all registered staff
- Induction policy and process for new and locum clinical and admin staff
- Outstanding tasks protocol and a demonstration of this working in practice
- SEA policy; evidence of recording and examples of learning and dissemination.

- Patients surveys; evidence of communication with patients demonstrating the learning and improvements that have resulted from surveys, complaints and sharing compliments

We were shown the spreadsheet detailing staff recruitment checks, registration and induction requirements, compliancy and impending expiry/update requirements. This was supported by conversations with a practice nurse, dispensary manager and care navigator. Staff spoke confidently and enthusiastically about the culture of seeking to improve in the practice and of being able to make suggestions or raise concerns. There is evidence of a robust approach to recruitment from policy to practice: a discussion with a newly appointed member of staff highlighted a supportive induction process including timetabled training and shadowing of medical colleagues.

We were given a demonstration of the system for managing outstanding tasks. The practice uses AccuRX and has bookable 111 slots. Time is blocked out in the system to allow for practitioners to complete outstanding tasks. Feedback from the practice is that this appears to be working well.

The Significant Event Analysis (SEA) policy is being reviewed and learning is shared with all practice staff through minuted weekly clinical meetings and the formal monthly governance meetings. The practice has a SEA register and there will be thematic reviews undertaken. This remains in development as part of the practice's commitment to continual quality improvement.

Patient survey has been undertaken and results are reported to be 'amazing' with lots of positive feedback and in support of the practice. We saw evidence of complaints and how they were managed and concluded. The practice is challenged by a high number of complaints from a minority of patients and a discussion was held in consideration of alternative approaches to working with high intensity users and complainants. The senior leadership team will continue to explore how to meet the needs of this small group of patients.

One complaint was discussed in some detail with the ICB quality manager, where there appeared to be potential safeguarding concerns. The practice was advised to seek specialist advice from the ICB safeguarding team in the absence of the ICB lead doctor for safeguarding, with contact details shared after the visit.

There was further evidence of the practice recognising the requirement and value of effective governance in the form of the appointment of a head of compliance. They have devised a work plan to ensure all regulatory requirements, policies and procedures are in place and are up to date, with the senior leadership team responsible for approval and oversight.

We also heard about other quality improvements concerning medication management and care home support:

There are two appointment slots per day allocated to the pharmacist to discuss medication issues with a GP. The dispensary manager described improved processes for managing vaccines, new standard operating procedures (SoPs) to

support staff who may be new or unfamiliar with the practice, and monthly medication audits.

The practice has primary care responsibility for Glencoe Nursing Home which has 20 beds. Weekly ward rounds are undertaken by nurses and the senior nurse feeds back to the practice as needed. The care home lead has met with the practice, and with the practice also participating in community huddles, which include the district nurses, there is improved communication and responsiveness.

Recommendations

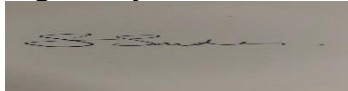
There is sufficient evidence in the action plan, further supported by the quality insight visit of 25 March 2024 to assure ICB of sustained improvements to all areas identified by CQC and in line with contractual obligations.

There is no evidence that the practice requires enhanced quality surveillance at this time. This has been agreed with primary care commissioning colleagues and is expected be confirmed at ICB's Primary Care Operational Group.

Appendices

None

Signed by: Sara Sanders



Date: 23 April 2024