

Drayton Road 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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drayton Road Surgery on 1 December 2015. Overall the practice is rated as requires improvement.

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, reviews and investigations were not thorough enough. Learning and outcomes were not always shared to reduce the risk of reoccurrence.
- Risks to patients were assessed but were not always actioned, such as those relating to safety alerts, legionella and infection control.
- Data showed patient outcomes were good for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect and were cared for.
- Information about services was available but information on how to complain was not clearly signposted.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity which were regularly reviewed, with the exception of some Patient Group Directions.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Investigate significant events and complaints thoroughly and ensure that required action is taken and outcomes and learning are shared to reduce the risk of reoccurrence.

Summary of findings

- Ensure medicines are managed appropriately and that a cold chain policy is developed and followed with regard to the storage of vaccines.
- Ensure that patients' medication is kept under review to minimise risks associated with taking medicines that require monitoring.
- Review all emergency equipment and medicines to ensure they remain ready for use in a medical emergency.
- Improve staff knowledge and understanding of responsibilities regarding appropriate safeguarding of vulnerable adults.
- Take action to mitigate the risks identified in legionella and infection control audits.
- Develop an effective system for allocating roles and responsibilities to ensure identified risks are monitored.
- Take account of the risks associated with the future sustainability of the practice, giving adequate provision to succession planning in light of proposed staff changes and the increased demand on the service.

In addition the provider should:

- Improve procedures for updating Patient Group Directions.

- Provide patients with clear information on how to complain.
- Implement a system for responding to uncollected prescriptions on patients' records.
- Encourage a more systematic approach to registering carers.
- Develop more formalised processes for multi-disciplinary meetings and discussions to improve outcomes for vulnerable and high risk patients.
- Complete full cycle audits to evaluate and improve the quality of services provided.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 as inadequate for providing safe services and improvements must be made.

Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. In particular, risks identified in legionella and infection control audits were not actioned. Safety alerts were received into the practice and recorded but there was no evidence of them being actioned. There was insufficient attention to safeguarding vulnerable adults. Staff did not clearly identify appropriate action they would take if they suspected an adult was at risk.

Emergency drugs and vaccines we checked were in date. However, we found out of date syringes in the doctor's bag and nurse's room. We also found the practice did not have a cold chain policy and whilst fridge temperatures were being recorded daily, no action had been taken when the temperatures had exceeded the maximum recommended temperature. The practice had the appropriate emergency equipment available and we saw evidence it was monitored regularly. However, the emergency airway tubing was found to be open and appeared old and discoloured rather than in sterile sealed packaging. Three Patient Group directions (PGDs) were being used but had expired in September 2015.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health care Excellence (NICE) guidelines and other agreed guidelines. However, we saw no evidence to demonstrate these guidelines were shared within the practice and discussed between clinicians to improve practice and outcomes for patients. Data showed that the practice was performing in line with the average for local practices and England. The practice was supporting people to live healthier lives through health promotion and prevention of ill health, for example the availability of a smoking cessation advisor.

Requires improvement



Summary of findings

There was insufficient evidence to demonstrate how the practice worked with other healthcare professionals to improve outcomes for patients. The practice did not engage in multi-disciplinary meetings and whilst we were told that district nurses visited the practice regularly there was no evidence of what was discussed and how improvements were made to patient care.

Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients were positive about the care they received from the practice. They commented that they were treated with dignity and respect and that staff were caring, helpful and supportive. Information for patients was available, although information on how to complain was only available from the receptionists rather than being displayed in the waiting room. Patients felt involved in planning and making decisions about their care and treatment. We saw that staff treated patients with kindness and maintained their privacy.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. The practice had responded to patient feedback and recruited a long term female locum and extended appointment availability to provide for patients who found it difficult to attend appointments during normal working hours. Patients could get information about how to complain but this was not clearly signposted. There was no evidence that learning from complaints had been shared with staff, although we did see evidence of complaints being investigated. Patients who complained received a formal written apology when appropriate.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. There was no clear strategy or vision to assist staff to deliver future care and treatment. The practice was aware of increased demand for its services and had increased its catchment at the request of the local Clinical Commissioning Group (CCG) to encompass a new housing estate. There were concerns about the sustainability of the practice over a longer term, but there was no plan in place to address these. The GP owner had invested considerable finances in refurbishing the premises and to make improvements to the environment in which patients were treated. Practice policies were

Requires improvement



Summary of findings

available and staff knew where they were kept but told us they had never seen them. There was evidence of clinical audits but all were single cycle. The outcomes of these audits were not shared and the staff could not recall any changes that had been implemented as a result. There were monthly practice meetings which were minuted but there was no evidence that significant events or complaints were discussed at these meetings, although staff told us they could recall some discussions on significant events. There were no other meetings held and in particular there was an absence of clinical meetings to discuss and improve patient outcomes. The practice proactively sought feedback from staff and patients which they acted on. Staff informed us they felt well supported by the GP and that they worked well as a team.

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 provider was rated as inadequate for providing safe services and requires improvement for being effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however, some examples of good practice.

Nationally reported data showed that outcomes for patients were good in conditions commonly found in older people. Patients aged over 75 were invited for health checks and the practice kept registers of patients' health conditions to enable them to offer appropriate services, such as flu vaccines. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. We saw that staff were considerate of the needs of these patients and would offer additional assistance if required, for example arranging transport home from the practice and phoning patients to ensure they had arrived home safely.

Requires improvement



People with long term conditions

The provider was rated as inadequate for providing safe services and requires improvement for being effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however, some examples of good practice.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. These patients received a structured annual review and had tailored care plans that were updated. Interim reviews were available for patients that required them. There was a register of palliative care patients but they did not have care plans. Although district nurses attended the surgery regularly, we were not shown any evidence of palliative care patients being discussed or actions taken to improve their care.

Requires improvement



Families, children and young people

The provider was rated as inadequate for providing safe services and requires improvement for being effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however, some examples of good practice.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E

Requires improvement



Summary of findings

attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw limited evidence of working with health visitors who we were told visited the practice on an ad hoc basis and as needed. The practice's uptake for the cervical screening programme was 82.12% which was comparable to the national average of 81.88%.

Working age people (including those recently retired and students)

The provider was rated as inadequate for providing safe services and requires improvement for being effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however, some examples of good practice.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had extended surgery hours to encompass evening appointments on Mondays at the request of patients. We were told that these appointments were specifically for patients who were unable to attend the practice during normal working hours. Patients were able to order repeat prescriptions online; however, the practice had not extended its online services to include appointment booking. The practice had struggled to provide NHS health checks for patients aged 40-74 and had only completed 197 health checks since starting the initiative in 2012 (there were 1080 eligible patients at the practice).

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe services and requires improvement for being effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however, some examples of good practice.

The practice held a register of patients with learning disabilities and staff were aware of the number of patients. There were nine patients on the register and four had received an annual review in the 12 months prior to our inspection. The GP was unaware of a translator services available and advised us he had never struggled to communicate with a patient. The practice had information on various support agencies available to patients. Carers were supported particularly well by the practice. These patients received a telephone call from one of the receptionists to check on their status and wellbeing and offer support as needed. There was

Requires improvement



Summary of findings

evidence to show that staff had received training on safeguarding adults and children. However, when questioned they could only demonstrate an understanding of the requirements for protecting children. There was a policy for safeguarding adults and the staff when questioned discussed any action they would take if they suspected a patient was the victim of domestic violence. They were unable to identify any other safeguarding concerns for adults that they would need to identify and action.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing safe services and requires improvement for being effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however, some examples of good practice.

83.3% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice held a register of patients suffering from mental health conditions and although they did not attend multi-disciplinary meetings these patients received regular reviews. These patients were offered flexibility of appointments and the small practice population meant that these patients were easily recognised by the practice staff. The practice had told patients experiencing poor mental health how to access various support groups and organisations. The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. We saw evidence that required staff had received training in dementia.

Requires improvement



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 108 responses which is equivalent to 3.7% of the patient list) demonstrated that the practice was performing above local and national averages.

- 90.1% found it easy to get through to this surgery by phone compared to a CCG average of 58% and a national average of 73.3%.
- 92.6% found the receptionists at this surgery helpful (CCG average 84.6%, national average 86.8%).
- 91.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80.7%, national average 85.2%).
- 91.4% said the last appointment they got was convenient (CCG average 87.5%, national average 91.8%).
- 87.3% described their experience of making an appointment as good (CCG average 60.5%, national average 73.3%).

- 81.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68.1%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. We spoke with 4 patients and a representative of the PPG who were largely positive in their description of the service they received. (The PPG is a group of patients who work with the practice to discuss and develop the services provided). There were some negative comments made regarding the need to have more GPs available more often in the week, although these patients also told us they were likely to stay with the practice as they had been registered there for many years.

Areas for improvement

Drayton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor.

Background to Drayton Road Surgery

Drayton Road Surgery is located in Bletchley in Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The total practice population is 2856. Available information shows the practice to have a higher than average population of males aged between 30 to 54 years and females aged between 30 to 49 years. There are significantly lower than average populations of both males and females aged from 70 years to over 85 years. Whilst the percentage of its patient population that are in employment is similar to national averages, the percentage unemployed is significantly higher. The national average across England is 6.2% in comparison to the practice figure of 12.9%. National data indicates that the area is one of moderate deprivation, with a higher than national average value for children affected by deprivation.

This is a singled handed GP practice with one male GP and two female nurses working alongside a practice manager, three receptionists and three administration staff. There is a female locum GP who attends the surgery once a week. The practice holds a General Medical Services (GMS) contract with NHS England for providing services.

The practice is open from 8am to 8pm on Mondays and from 8am to 6.30pm Tuesday to Friday. Appointments with a GP are available from 9am to 12pm and from 4pm to 6pm

Monday to Friday. Extended hours appointments are available on Mondays between 6.30pm and 8pm. Appointments with a nurse are available from 8am to 1pm Monday to Thursday and from 8am to 11am on Fridays.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive 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.

How we carried out this inspection

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015. During our inspection we spoke with a range of staff including the GP owner, a locum GP, a practice nurse, the practice manager and members of the reception and administration team. We spoke with four patients and a representative of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's patient survey and comment cards where patients shared their views and experiences of the service.

Detailed findings

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The practice did not have a comprehensive system in place for reporting, recording and monitoring significant events. Significant event forms were available and we saw that records were completed and some action was taken as a result. There were only three significant events recorded in the previous 12 months. Staff told us significant events were discussed at meetings however when we reviewed minutes of meetings there was no evidence to confirm this. We saw no detail in minutes of meetings that showed discussions of significant events, developments in learning or changes made as a result of outcomes of either significant events or complaints. Staff also informed us of a significant event they had raised following an incident in the waiting room. This incident had highlighted that the staff required training on how to handle bodily fluids and in particular how to clean up a spillage of bodily fluids. We were told by staff that this incident was discussed and it was agreed all staff were to receive training. On reviewing records there was no recorded evidence of this significant event being raised.

Although staff could recall discussions on significant events they told us they were unaware of outcomes. We saw records of an event involving a patient who had not received the correct treatment before being discharged from hospital. This patient had raised their concerns with a GP who had recorded it as a significant event as per the practice protocol. The GP told us they did not know what the outcome of this significant event was.

Staff were able to tell us how safety alerts were received by the practice and circulated by email. However there were no records of any discussions or changes implemented. Staff we spoke with could not recall making any changes or taking any action following the receipt of safety alerts. The clinical staff informed us that they received guidance from the National Institute for Health and Care Excellence (NICE) routinely, which they followed, however staff told us they did not discuss these in the practice.

Overview of safety systems and processes

We saw the practice had policies in place around safeguarding both children and adults. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff informed us that they knew there were policies but they had not seen them.

There was a GP lead for safeguarding trained to level three (for child safeguarding). Staff told us they had received training in safeguarding both adults and children but when questioned could only demonstrate an understanding of their responsibilities for protecting children. When probed further about adult safeguarding concerns they discussed domestic violence and told us they would notify the police. We were informed that safeguarding concerns around children would be reported to the health visitor initially rather than to the local authority as detailed in the practice policy.

Meetings with the health visitor occurred on an ad hoc basis and as needed if there was an urgent concern. We saw evidence of two meetings with the health visitor that had occurred in the 12 months prior to the inspection (one a week prior to the inspection). Staff informed us that the health visitors regularly visited the surgery and that the health visitor was due the day after inspection to discuss a concern that had been raised by the practice. We saw no evidence that safeguarding concerns were discussed in practice meetings or shared with the rest of the team. There was an alerting system on the practice computer software which highlighted patients with identified safeguarding concerns.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks 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).

There was a current infection prevention and control (IPC) policy in place but it was unclear who the IPC lead was. Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. We saw an infection control audit had been conducted by the practice manager in September 2015. There were some low risk concerns identified in the audit but there was no action plan documenting any changes that needed to be implemented. All staff except a receptionist, summarizer and the cleaner had received infection control training. A cleaner attended daily and a cleaning schedule was

Are services safe?

followed outlining the frequency with which different cleaning tasks needed to be completed. Cleaning equipment was appropriately colour coded to denote their use.

The practice did not demonstrate appropriate arrangements for managing medicines. All the medicines we checked were within their expiry dates on the day of inspection, however, we did find out of date syringes in the nurse's room and in the doctor's bag. Following our inspection the practice informed us they took immediate action to remove these syringes and replace them.

Records showed that stock levels and expiry dates were monitored, although only the nurse had responsibility for monitoring, receiving and ordering stock. One of the practice nurses used Patient Group Directions (PGDs) to administer vaccines that had been produced in line with legal requirements and national guidance; however, three of these PGDs had expired in September 2015.

The vaccine fridge was stored securely and we saw the fridge temperatures were monitored and logged daily by the nurse. On reviewing these records we noticed that maximum temperatures had exceeded the maximum allowance on several consecutive days. The practice had no cold chain policy and no understanding of what action they needed to take if fridge temperatures were recorded as being too high. (Cold chain refers to the process used to maintain optimal conditions during the transport, storage and handling of vaccines). If the cold chain is broken some vaccines may still be safe to use, but their expiration date may need to be altered. We noted the fridge to be over filled with vaccines touching the back of the fridge which had become sodden. Following our inspection the practice took immediate action by cancelling their vaccination clinics whilst they sought advice on the safety of their vaccines. Following advice they destroyed all the vaccines in the fridge and ordered new stock to be maintained appropriately. The practice also informed us they had developed a cold chain policy which they intended to implement immediately.

Blank prescription forms for use in printers and those for hand written prescriptions were securely stored and there were systems in place to monitor their use. No controlled drugs were kept at the practice. There was a system in place to monitor repeat prescriptions but prescriptions that were uncollected were destroyed by receptionists and the GP was not informed. We were told that repeat

prescriptions needing authorisation by a GP, for example high risk medications, were highlighted on the practice computer system and were only authorised by the GP. However, on investigation we found the practice did not have an effective system in place to monitor medicines that require monitoring. For example, the practice had 246 patients taking medication to prevent the production of a specific hormone which circulates in the blood. Of these 246 only 82 had received the necessary reviews in the 13 months prior to our inspection.

We reviewed five personnel files and found that 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.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and we saw evidence of fire drills being carried out. All electrical equipment was checked to ensure it was working properly.

A legionella risk assessment had been carried out in January 2015. Whilst the practice was predominantly low risk, the lack of adequate monitoring and checking of water had resulted in some high risk areas being identified, for example the domestic cold water. The practice had taken no action to address these concerns and had not developed a system to regularly monitor and check water temperatures as recommended.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us they worked at the lowest level of staffing making it difficult on occasion to take leave or request any flexibility. The staff we spoke with told us they worked well as a team and felt competent to fulfil their responsibilities. The practice manager informed us he was retiring in February and there was no recruitment in progress to replace him at the time of our inspection. In addition to the long term female locum GP, who attended the practice on Tuesdays, the practice did use alternative locum staff on occasion. We saw there was information for

Are services safe?

locum staff to ensure they were familiarised with the practice systems and protocols. However the GP informed us he did not formally review the work of locums or nurses at any time.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. There was a panic button in the reception area and a green emergency icon on the computer system that staff could use to raise an alert and call for help. All staff received regular training in basic life support and fire safety procedures and those we spoke with said they felt confident in their knowledge of what to do in an emergency situation. The practice had a defibrillator on the premises and oxygen with adult and children's masks. There was a first aid kit and an accident

record folder available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All emergency medicines we checked were in date. We saw that equipment was checked regularly although there was concern that the tubes used with breathing support equipment were not in sealed sterile packaging, instead they appeared old and discoloured. The practice took immediate action following our inspection and replaced these with new sterile tubes in sealed packaging.

We saw that the practice had a business continuity plan in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. There was a clearly identified system for alerting staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP advised us that he received information in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. As the sole GP at the practice, until the recent employment of a female locum who had been attending the surgery since March 2015, he told us he did not discuss the guidance with any of the practice team including the nurses. Similarly other clinical staff told us that they received guidance which they followed but did not discuss within the practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93.9% of the total number of points available, with 3.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed;

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 87.6% where the national average was 88.4%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average at 80.7% where the national average was 83.1%.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with diagnosed psychoses who have a comprehensive agreed care plan was 91.7% where the national average is 86%. Psychosis is a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions.

- The percentage of patients with dementia whose care had been reviewed in the preceding 12 months was 83.3%, which was comparable to the national average of 83.8%.

The practice had conducted clinical audits however the GP informed us he had not completed any repeat cycle audits for more than two years. The three audits we saw were all single cycle. An audit on patients' use of a specific medication, dated May 2015, stated that it was to be repeated three months later but this had not been done. This audit did show some evidence of changes and learning that had occurred as a result of the audit. Despite this the GP could not recall implementing any changes as a result of any recent audits.

A pharmacist advisor from the local Clinical Commissioning Group (CCG) visited the practice fortnightly and the practice's prescribing trends were in line with local expectations.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff interviewed spoke highly of their working environment and the support they received from the practice manager and GP owner, as well as the female locum.

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. Staff received training that included safeguarding and basic life support and infection control. Protected learning time was available to staff, during which they held meetings or completed in-house and external training. The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. It became evident during the course of our inspection that training provided did not always appropriately meet the learning needs of staff nor did it always cover the scope of their work. For example, whilst we saw evidence that staff had received training on safeguarding vulnerable adults, upon investigation it became evident that this training was limited to issues surrounding domestic violence.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. The GP did not review or audit the work of nurses or locums at the practice but we did see evidence of nurses receiving annual appraisals and the GPs own revalidation. All non-clinical staff had had an appraisal within the last 12 months.

The practice had successfully recruited a long term female locum in March 2015 in response to patient feedback requesting access to a female GP. They had also increased their nursing staff by employing an additional part time nurse to increase the provision of available appointments.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Unplanned hospital admissions were reviewed by the GP who would follow up patients and review them accordingly. The practice held a register of patients at risk of unplanned hospital admission or readmission and at the time of our inspection there were 64 patients on this register.

The practice held a register of palliative care patients and at the time of our inspection there were ten patients on this register. The GP told us that the practice did not produce written care plans for palliative care patients and did not hold multi-disciplinary meetings to discuss the needs of these or other high risk and vulnerable patients. Staff advised us that district nurses visited the practice regularly to discuss patients but these discussions were not formalised.

Staff we spoke with were able to demonstrate a clear understanding of their responsibilities to protect patient confidentiality and ensure that records were stored

securely. For example, by ensuring they removed their smart cards from computers and by refraining from disclosing personal identifiable information about patients they were discussing in public areas of the practice.

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. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. However, staff were not familiar with guidance regarding parental responsibility.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice, including those with long term conditions (or at risk of developing long term conditions), those with mental health concerns and carers. Smoking cessation advice was available from a specialist advisor who attended the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.1%, which was comparable to the national average of 81.9%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 86.1% to 100%. Flu vaccination rates for the over 65s were 75.1%, and at risk groups 57.1%. These were also comparable to national averages.

All new patients were offered a health check. NHS health checks were also available for people aged 40–74, however figures for completion of these health checks were low. At the time of our inspection for the period September 2012 to September 2015 the practice had completed 197 of 1080

Are services effective?

(for example, treatment is effective)

eligible health checks for the 40 – 74 year olds. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk was in an office area within the waiting room and staff answered incoming calls to patients in between attending to patients. We saw measures the staff took to protect patient confidentiality as much as possible.

Reception staff recognised when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The reception staff we observed demonstrated a high level of empathy for patients, particularly the elderly. For example, we were told of occasions when staff had taken elderly patients home when they had been unable to get transport. During our inspection we witnessed a receptionist who dealt with two phone calls from patients in tears. She was sympathetic, calming and was able to reassure patients before booking an appointment. She informed us that she often received similar calls from patients and always offered support to the best of her ability. We saw that receptionists followed up concerns regarding patient welfare, for example ensuring patients arrived home safely.

All of the 47 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the staff were helpful, caring and treated them with dignity and respect. Staff told us the practice had a family feel due to its small size and long standing position in the local community, with many patients having multiple generations of their families registered at the practice. Staff informed us that they welcomed a variety of new patients and had on occasion initiated temporary registrations for individuals who had docked their barges at the nearby canal.

We also spoke with four patients and a member of the patient participation group (PPG). They provided mixed feedback on the practice. They gave credit to the efforts the

practice made but two patients said they felt the practice needed more GPs available on a regular basis. These patients also said they would be less likely to recommend the practice to friends and family as they felt there were practices with more doctors available. The same patients did however go on to say they would not change to another practice themselves as they were happy with the service. All the patients we spoke with said they found it easy to get appointments and told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85.8% said the GP was good at listening to them compared to the CCG average of 84.8% and national average of 88.6%.
- 83.6% said the GP gave them enough time (CCG average 81.3%, national average 86.6%).
- 92.2% said they had confidence and trust in the last GP they saw (CCG average 93.1%, national average 95.2%).
- 90.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.1%, national average 90.4%).
- 92.6% said they found the receptionists at the practice helpful (CCG average 84.6%, national average 86.8%)

However, the practice scored below average in the national survey for involving patients in decisions about their care and for GPs treating patients with care and concern

- 70.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85.1%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 84.8%)

Care planning and involvement in decisions about care and treatment

The patients we spoke with told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during

Are services caring?

consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded below average to questions about their involvement in planning and making decisions about their care and treatment.

- 79.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.1% and national average of 86%.
- 66.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 74.7%, national average 81.4%)

We saw the practice had responded to these lower scores promptly and had an action plan of improvements they would make to increase their patient satisfaction for these areas. For example, by ensuring they discuss options with patients in detail and allowing them time to make a decision on their treatment.

Staff told us that translation services were available for patients who did not have English as a first language however the GP was not aware of a translation service and said that he had never had a patient he could not communicate with. There was a hearing loop in reception for patients with a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, such as smoking cessation advice, drug and alcohol misuse support, carers organisations and information for young families and children.

Upon registering with the practice carers completed a carers information form, which allowed any additional needs to be identified. The practice computer system alerted practice staff if a patient was also a carer. The practice had only identified 0.14% of its practice list as carers and had taken steps to support them. We saw that the provision for carers was managed by an individual member of staff, who was committed to ensuring the practice maintained contact with carers. They rang carers every four weeks to offer them support and ensure they were coping with their responsibilities. Carers were offered home visits if needed and appointments at times that were convenient. Written information was available in the waiting room and on the practice website, encouraging carers to identify themselves and to direct carers to various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP usually contacted them and the practice would send a sympathy card if the patient was well known to them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a service for all age groups and served a patient population with diverse cultural and ethnic needs and those living in deprived circumstances. We found the GP and other staff were familiar with the needs of their patients and the local community. The practice had considered the needs of patients with disabilities, for instance, there was an access ramp and access enabled toilet facilities available. There was a suitable area provided for baby changing and staff told us they provided information in large print if needed.

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to improve services. For example, despite its small size the practice had recently increased its catchment area to include provision for a new housing estate that was being developed. The practice had also joined the local smoking cessation initiative to improve the service available to its patients. The practice offered a range of enhanced services including provision for patients at risk of unplanned hospital admissions and dementia assessments. Staff told us the practice computer system alerted them of patients at risk of unplanned hospital admission. If these patients became unwell they had access to a direct line to a named GP. If these patients were admitted to hospital they would be contacted by their GP and their care plan would be amended accordingly. At the time of our inspection 64 patients (2.24% of the practice's population) were receiving such care.

The practice held a register of patients requiring palliative care. We were informed that multi-disciplinary meetings were not formally held to discuss patients with complex needs or those requiring end of life care. Staff told us district nurses visited the practice regularly throughout the week to discuss concerns and share information with the GPs, however we were shown no documented evidence of these discussions and there was no such visit on the day of our inspection. We did not see evidence that these patients were discussed at practice meetings and we were told that although the GPs and nurse spoke frequently, discussions were not documented.

We saw that patients with diabetes received an annual health review at the practice, with an interim basic check at six months if needed. The practice offered flexible appointments for reviews rather than set times for clinics,

although specific clinics would occasionally be held if required. There were registers for patients with dementia and those with a learning disability. These patients were also invited for an annual review. In the twelve months prior to our inspection the practice had completed 40% of the annual reviews for patients on the learning disability register and 57% for the patients on the dementia register.

The practice had a patient participation group (PPG) who met with the practice and staff quarterly to make suggestions for improvements. We met a representative from the PPG who told us the practice listened to its patients and showed concern for the local community. For example, when there had been some concerns in the local community about the proposed changes to the way health services were to be provided in their locality, the PPG had raised this with the practice. The practice manager met with local residents to share their knowledge of the changes and to discuss any concerns people had.

Access to the service

The practice was open from 8am to 8pm on Mondays and from 8am to 6.30pm Tuesday to Friday. Appointments with a GP were available from 9am to 12pm and from 4pm to 6pm Monday to Friday. Extended hours appointments were available on Mondays between 6.30pm and 8pm. Appointments with a nurse were available from 8am to 1pm Monday to Thursday and from 8am to 11am on Fridays.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for children and those with serious medical conditions. On the day of our inspection we found there were six appointments available the same afternoon. The first routine pre-bookable appointment was available seven days from the day of our inspection and there were eight appointments available that day. Home visits were available for patients who required them. Extended hours appointments on Mondays were useful for patients who found it difficult to attend appointments during normal working hours. There were nurse clinics every day including appointments for minor illnesses and vaccines.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

- 72.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.4% and national average of 74.9%.
- 90.1% patients said they could get through easily to the surgery by phone (CCG average 58%, national average 73.3%).
- 87.3% patients described their experience of making an appointment as good (CCG average 60.5%, national average 73.3%).
- 81.9% patients said they usually waited 15 minutes or less after their appointment time (CCG average 68.1%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

There was no information in the patient waiting room or on the practice website advising patients on how they could

make a complaint or raise a concern. Staff told us patients would have to approach the reception or ask to speak to the practice manager if they wished to raise a complaint. Of the four patients we spoke to, two informed us they had complained to the practice and that their complaints had been dealt with in a timely manner.

We looked at the summary of complaints that had been received in the 12 months prior to our inspection. There had been four complaints received. Where mistakes had been made it was noted the practice had apologised formally to the complainant. However, there was no evidence to demonstrate the practice had identified or implemented any learning from the complaints. We saw an example of a complaint which had arisen when a patient had become aware of an error on his medical notes. This had occurred as his notes had been incorrectly completed with details of a medical condition that another member of his household suffered. We saw that the patient received an apology and explanation and we were told that staff were advised to be more careful in future. We did not see evidence of this complaint being discussed at a team meeting or that steps to prevent reoccurrence were clearly identified and shared.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a statement of purpose but this was not displayed in the waiting area or on the practice website. There was not a clear strategy in place to demonstrate how the practice intended to achieve the aims set out in its statement of purpose, such as continually improving healthcare services it provides its patients through learning monitoring and auditing. There was no business plan in place documenting how the practice intended to move forward. Staff had difficulty articulating the vision for the practice and were unaware of plans for the service in the following twelve months. They told us there had been no discussion with them around this.

There was a lack of clarity on the sustainability of the practice. The part-time practice manager told us he intended to retire in February and there was no process in place to replace him, nor had he discussed with the GP any plans to ensure the sustainability of the practice. The GP and practice manager informed us they had concerns that the practice could not cope with the influx of new patients expected due to the recent increase in their catchment area. Despite these concerns the GP had recently invested substantial finances in refurbishing the practice and improving the environment in which patients were treated, highlighting his ongoing commitment to the practice and its patient population.

All staff we spoke with were positive about the practice and how well they worked together as a team. They felt the practice held an advantage over larger surgeries by providing a family feel and being embedded in the local community. The staff told us they knew their patients and this familiarity meant complaints were sparse and patients received tailored care.

Governance arrangements

The practice arrangements for governance and performance management did not always operate effectively. There had been no recent strategy planning and the practice did not hold regular governance meetings. Discussions occurred on an ad hoc basis and were not recorded to evidence outcomes.

The practice had a number of policies and procedures in place to govern activity and these were available to staff in

paper copy from within the practice managers office and reception office. We looked at a sample of these policies and procedures and saw that they had been reviewed and were up to date.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed that they were performing in line with local Clinical Commissioning Group (CCG) and England averages. Performance in these areas was monitored by the GP and practice manager, with the support of administrative staff. We saw evidence of QOF data being discussed in practice meetings and actions taken to maintain or improve outcomes, for example making provision for more diabetic review appointments with the nurse, to ensure patients with diabetes were being monitored appropriately.

We saw that clinical audits had been undertaken by the GP; however he told us he had not completed any full cycle audits for two years and all the audits we saw were single cycle. We were shown an audit on patients taking a specific medication which was undertaken in May 2015. It stated that the audit was to be repeated after three months and this had not been done. Although the GP could not recall making any changes to practice following a recent audit, the audit we saw did detail some changes and learning that had occurred, for example some patients had had their medication changed and others had been reviewed.

The practice had not taken required action to ensure they were managing all identified risks and issues. Recommendations identified in legionella and infection control risk assessments had not been actioned and there were no plans to address concerns identified. Although the practice reviewed when things went wrong, there was no evidence that outcomes or lessons learnt were shared with staff to reduce the risk of reoccurrence. Equally where the practice had a system for receiving safety alerts regarding medicines and equipment into the practice, there was no evidence of any changes that had occurred as a result and the alerts were not discussed at practice meetings.

Leadership, openness and transparency

Lines of accountability were incoherent at the practice. Whilst all staff understood that the GP was the business owner and ultimate decision maker, there was a lack of

Are services well-led?

Requires improvement 

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

clarity on who had assigned responsibility for infection control, with some staff naming the GP and others naming the nurse. The staff members we spoke with were not consistently clear on their own roles and responsibilities.

The GP was visible in the practice and encouraged an open culture of honesty and transparency within the practice team. Staff were encouraged to raise concerns and the staff we spoke with said they would be willing to discuss any problems they had with the practice manager, GP or GP locum. Staff we spoke with told us the practice manager and GPs were approachable and always took the time to listen to all members of staff. They told us the small team size meant they spoke to each other regularly and although these discussions were not documented they were a fundamental method of sharing information and learning in the practice.

The GP informed us that he did not carry out any reviews to monitor the clinical work of locums or nurses at the practice. He informed us that he received best practice clinical guidelines from various sources, including the National Institute for Health and Care Excellence (NICE) but that he could not recall any changes he had made following receipt and review of this guidance. He also told us that he did not cascade this information with the rest of the staff or discuss it at any meetings. Similarly the nurse told us she received guidance and would keep her knowledge up to date but did not discuss it at the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and comments received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice. For example, the practice received feedback from patients highlighting a need for evening appointments and for access to a female

GP. As a result the practice had successfully recruited a female locum to attend the practice every Tuesday and increased the surgery opening hours to encompass evening appointments on Mondays.

The practice was taking part in the Friends and Family Test. This is a NHS scheme to get patients' opinion of a service by asking if they would recommend that service to friends or family members. The most recent results indicated that 92% of patients who had responded were likely to recommend the practice to friends or family.

Staff told us they had the opportunity to raise any concerns they had during practice staff meetings or during daily interactions with the practice manager and GPs.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and support. Non-clinical staff also said their development was supported, for example one of the administration staff had recently trained as a phlebotomist. We saw that protected learning time was used to provide staff with training and development they needed to carry out their roles. We saw that nurses had attended regular training events to maintain their knowledge of clinical topics they were involved in such as diabetes and cytology screening.

From our review of documentation and conversations with staff we saw that staff received regular appraisals of their performance and competencies. The examples we looked at showed these were an opportunity for staff to discuss any learning needs.

The practice could not demonstrate that they had used reviews of significant events and other incidents such as complaints to ensure they had improved outcomes for patients.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not regularly review all emergency equipment to ensure it remains ready for use in a medical emergency.</p> <p>The provider did not ensure there were effective systems and processes in place to mitigate the risks identified in legionella and infection control audits.</p> <p>The provider had not ensured the proper and safe management of medicines. We found the provider did not regularly review patients taking medicines that required regularly monitoring.</p> <p>The provider did not have a cold chain policy and medicines stored in fridges were not managed appropriately to reduce risks associated with medicines.</p> <p>Regulation 12 (2) (a)(b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure that staff received adequate training with regard to safeguarding vulnerable adults.</p> <p>Regulation 13 (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

We found that significant events and complaints were not managed appropriately to reduce the risk of reoccurrence.

We found that roles and responsibilities were not clearly identified in the practice which led to identified risks not being monitored, for example, responsibility for infection control was not clearly recognised.

The provider did not have effective systems in place to ensure they were routinely assessing and monitoring the service provided and responding to planned changes. The provider had not given adequate provision to future planning for the sustainability of the service in light of increased demand and proposed staff changes.

Regulation 17 (1) (2) (a) (b)

This section is primarily information for the provider

Enforcement actions

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.