

# The Stanmore 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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Inadequate	

# 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 Stanmore Surgery on 25 May 2016. Overall the practice is rated as inadequate.

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example there were no recruitment records for staff and appropriate recruitment checks on staff had not been undertaken prior to their employment. Actions identified to address concerns with infection control had not been taken.
- There were serious concerns identified in incident reporting, safeguarding, chaperoning, medicines management, health and safety, fire safety and dealing with emergencies and major incidents.
- Staffing arrangements were not adequate to keep patients safe.

- Patient outcomes were poor because there were no routine patient health checks and non-urgent reviews of chronic health conditions which led to opportunistic patient reviews and poor outcomes.
- Patients were positive about their interactions with clinical staff; however, satisfaction scores with reception staff were low.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Care and treatment must be provided in a safe way for patients. This includes introducing processes for significant events, incidents and near misses, safeguarding children and vulnerable adults, addressing concerns with medicines prescribing, infection prevention and control as well as health and fire safety.

# Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff, for example, Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients.
- Ensure systems or processes are established and operated effectively to carry out quality improvement activity to monitor improvement and implement formal governance arrangements to assess, monitor and mitigate risk.
- Ensure all staff receive training at appropriate intervals and annual appraisals.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure there is a comprehensive business continuity plan in place.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is effective leadership capacity to deliver all improvements.

The areas where the provider should make improvement are:

- Improve processes for making appointments.
- Establish an effective system for identifying and supporting carers.
- Advertise within the practice the provision of the translation service for patients.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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 were not clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. Patients did not receive reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes had weaknesses and were not in place in a way to keep them safe. For example, we found areas of concern in safeguarding, recruitment, infection control, medicines management, management of unforeseen circumstances and dealing with emergencies.
- There was insufficient attention to safeguarding children and vulnerable adults. Safeguarding policies were inadequate and not all clinical staff had received update training in safeguarding.
- There were not enough staff to keep patients safe. There were not enough GPs and nurses which resulted in opportunistic patient reviews.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- Staff had access to NICE guidelines but there were no systems in place to keep staff up to date in the practice as formal meetings were not held in the practice where these were discussed.
- Data showed patient outcomes were worse than clinical commissioning group (CCG) and national averages. For example, the percentage of patients with COPD who had a review undertaken in the preceding 12 months of 2014/2015 was 0%, compared to the CCG average of 91% and national average of 90. Twenty patients had been identified on the COPD register during this period.
- Little reference was made to quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.

Inadequate



# Summary of findings

- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

## Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care but satisfaction scores on nurse consultations were low. For example, 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85% whereas 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 85%.
- The majority of patients said they were treated with respect and they felt listened to and supported by the doctors however, not all felt supported and listened to.
- Information for patients about the services were not wholly available and not everybody would be able to understand or access them. The practice did not have an active website.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services and improvements must be made.

- Feedback from patients reported that they could access appointments when they needed them; however, telephone access was highlighted as an issue.
- The practice did not provide online services such as appointment requests and repeat prescription requests.
- The practice premises were unsuitable for patients whose mobility problems restricted them using the practice stairs to go to the first floor, where another consultation room was located.
- End of life care was inadequate and information regarding the palliative care register was inconsistent.

**Requires improvement**



## Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice vision to deliver good outcomes for patients was not effective and there was no robust strategy in place.

**Inadequate**



# Summary of findings

- The practice policies in place to govern activity were out of date, not specific to the practice and incomplete.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had sought feedback from staff or patients but there was no evidence of we an active patient participation group.
- Staff told us they had not received regular performance reviews and did not have clear objectives.

# 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

**Inadequate**



The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for providing responsive and caring services. The issues identified as inadequate overall affect all patients including this population group.

- The safety of care for older people was not a priority and there were limited attempts at measuring safe practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were poor for example, 54% of patients with hypertension had normal blood pressure levels in the last 12 months and this was lower than CCG average of 82% and national average of 84%.
- Home visits and same day appointments for those with enhanced needs were offered.
- Transport was booked for older people requiring hospital transport.
- There was restricted access for those with poor mobility at the practice for example, the practice nurses' room was located upstairs and the stairs that led to this room were unsuitable and put patients at risk of injury. The practice told us that allowances were made for patients to be seen downstairs.

### People with long term conditions

**Inadequate**



The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for providing caring and responsive services. The issues identified as inadequate overall affect all patients including this population group.

- Performance for diabetes related indicators for 2014/2015 was worse than CCG and national average. For example, 47% of the 126 practice patients with diabetes on the register had normal cholesterol levels in the last 12 months compared to the CCG average of 80% and national average of 81%.
- Longer appointments and home visits were available when patients needed them.

# Summary of findings

- They told us patients at risk of hospital admission were invited to receive the flu vaccine but there was no clear system in place to follow up these patients following discharge from hospital or to ensure their care plans were updated to reflect any additional needs.
- There was minimal joint working with the palliative care team and there were inconsistencies regarding the palliative care register.
- Very few of these patients had a personalised care plan.
- Structured annual reviews were not undertaken to check that patients' health and care needs were being met.

## Families, children and young people

Inadequate



The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for providing caring and responsive services. The issues identified as inadequate overall affect all patients including this population group.

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Immunisation rates were also relatively high for a number of the standard childhood immunisations. For example the vaccinations given to under two year olds ranged from 27% to 91%, compared to the CCG average ranging between 22% and 80% and five year olds from 35% to 93% compared to the CCG average ranging between 60% and 85%. Cervical screening uptake was low, for example, uptake for the cervical screening programme was 72%, which was lower than the CCG average of 77% and the national average of 82%. This was due to staff shortages resulting in limited clinical hours, unsuitability of the premises and the lack of a female sample taker when the practice nurses were not available.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Pregnant women and children under 10 years of age were placed on the priority list for urgent appointments.

## Working age people (including those recently retired and students)

Inadequate



The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for providing caring and responsive services. The issues identified as inadequate overall affect all patients including this population group.



# Summary of findings

- The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not reflect the needs of this group.
- The practice did not have a website so patient could not book appointments online. Appointments could only be booked by telephone.
- The practice offered extended hours for working people on a Monday between 7.00am and 8.00am.
- There was limited access to new patient health checks due to staff shortages.
- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

## People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for providing caring and responsive services. The issues identified as inadequate overall affect all patients including this population group.

- The practice identified six patients with learning disability on the register however, there was no recall system in place therefore, it was unclear how many had received an annual review of their care or how many had a care plan in place or had been followed up.
- The practice offered longer appointments for patients with learning disability.
- Some staff knew how to recognise signs of abuse in vulnerable adults and children, but the arrangements in place for safeguarding were inadequate.

## People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for providing caring and responsive services. The issues identified as inadequate overall affect all patients including this population group.

- Data for 2014/2015 showed 0% of the seven patients on the dementia register during this period had their care reviewed in the last 12 months compared to the CCG average of 86% and national average of 84%.
- Data for 2014/2015 showed 26% of the 23 patients on the mental health register had a comprehensive agreed care plan compared to the CCG average of 91% and national average of 88%.

**Inadequate**



**Inadequate**



# Summary of findings

- The practice had identified lack of clinical capacity and understanding of correct coding as a factor that contributed to poor patient outcomes.
- We were not provided with evidence to show that the practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about support groups or voluntary organisations and the mental health nurse had recently commenced a mental health clinic at the practice although not all staff had been made aware of this.
- The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Some staff had received training on how to care for people with mental health needs but no dementia training was available.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and sixty two survey forms were distributed and 100 were returned. This represented 4% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were mostly positive about the standard of care received. Patients said they felt the practice offered a good service and involved them in their care. Some of the comment cards highlighted issues with telephone access, the premises, the environment as well as appointment booking and waiting times.

We spoke with 11 patients during the inspection. All patients felt the GPs were caring, approachable and were good at listening to them. However, they also raised issues with the premises requiring improvement and refurbishment. Some highlighted issues with telephone access and patients told us that the 10 minute appointments were too restrictive especially for elderly patients.

# The Stanmore Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

## Background to The Stanmore Surgery

Stanmore Surgery is located in Stanmore, Middlesex and holds a General Medical Services (GMS) contract with NHS England, which offers enhanced services which include facilitating timely diagnosis and support for people with dementia and influenza immunisations. The practice's services are commissioned by Harrow Clinical Commissioning Group (CCG). They are registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is staffed by two part time GPs, one male and one female as well as one locum GP who provide a combination of nine sessions a week. The GPs provide three and four sessions respectively and the locum GP provides two sessions a week. The practice also employs two part-time practice nurses; one locum and one permanent who work a combination of two days a week and a combination of eight hours a week. The practice manager works Monday to Friday for three hours a day in the evening remotely. Four part time reception staff members are also employed by the practice, two cover the morning sessions and two others cover the afternoon sessions.

The practice is open between 8.00am and 6.00pm on Monday, Tuesday, Thursday and Friday and between 8.00am and 1.00pm on Wednesday. Extended hours appointments are offered on Monday between 7.00am and 8.00am. Outside of these hours, the answerphone redirects patients to their out of hours provider.

The practice has a list size of 2,400 patients and provides a range of services including immunisations, antenatal and postnatal care, vaccinations such as yellow fever and family planning services.

The practice is located in an area where there is a larger than average population aged between 25 and 39 years of age. The practice also has a large population of elderly patients over 65 years of age.

The practice was inspected in February 2014 under the previous inspection regime and was found to be non-compliant in infection control. A follow up responsive inspection in August 2014 showed the practice had met this standard.

## Why we carried out this inspection

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 May 2016. During our visit we:

- Spoke with a range of staff including two GPs, a practice manager, a practice administrator and a receptionist.
- Spoke with 11 patients who used the service.
- Observed how patients were being cared for and talked with carers family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed practice documentation such as policies and audits.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 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).

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 system in place for reporting and recording significant events was inadequate.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We did not see evidence that when things went wrong with care and treatment, patients received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, there was a delay in the delivery of influenza immunisations to the practice which resulted in a redelivery being arranged for a week's time. As a result, patients had to attend their local pharmacies to receive their immunisations. We did not see evidence that the patients received a written or verbal apology or told of what action would be taken to prevent the same incident recurring.
- The practice analysed significant events but there was no evidence to show how lessons learned were shared with staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. There was no evidence from practice meetings that they discussed patient safety alerts or significant events. The practice told us that practice meetings did not occur on a regular basis, instead took place every two to three months due to the lack of availability of staff working elsewhere. The practice nurse told us that she was not involved in significant event analysis and did not attend practice meetings due to part time employment at the practice.

### Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements in place to safeguard children and vulnerable adults from abuse were inadequate. These arrangements did not reflect relevant legislation and local requirements as the safeguarding policies were outdated and incomplete. They did not outline who to contact for further guidance if staff had concerns about

a patient's welfare. There was a lead member of staff for safeguarding but this was not highlighted in the policy. The GPs did not attend formal safeguarding meetings but discussed safeguarding informally. There was a child protection register in place but the GPs were not aware of an adult safeguarding register being in place. Eight patients had been identified on the child protection register, however four of these were inappropriate entries due to their age. Not all staff had received training on safeguarding children and vulnerable adults relevant to their role. Not all GPs had attended update training for child protection or child safeguarding level three.

- 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 but had not received a Disclosure and Barring Service (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) and a risk assessment had not been completed.
- The practice had not maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy but in need of extensive repair. For example, the stair carpet was worn and the stairs that led to an upstairs consulting room were too steep and posed a risk to patients with poor mobility. The practice told us that allowances were made for patients with mobility problems to be seen downstairs.
- The practice told us that they had recently been approved funding to regenerate and expand the premises; however, we were not provided with confirmation of this and there was no set date in place for works to commence. The lead GP was the infection control clinical lead who liaised with the local infection prevention teams however, we found the practice had not acted on a three year old action plan and two previous infection control audit recommendations from 2014 and 2016. Both these audits found the flooring and handwashing sinks were non-compliant but to date no action had been taken. We found there were no handwashing sinks in the staff toilet therefore, staff had to wash their hands in the kitchen and office areas. There was also no cleaning schedule for specific

## Are services safe?

equipment such as the propulse ear irrigator. Not all staff had received infection control training specific to the practice and were unable to identify any infection control concerns within the practice.

- The practice had arrangements in place for monitoring the stock levels and expiry dates of emergency medicines. However, the processes in place for managing medicines, including vaccines and emergency medicines, in the practice were not effective (including prescribing, recording, handling, storing and security). Blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use. We found some prescriptions were kept in a locked cupboard in reception; however, the room was not locked even when unoccupied and we observed patients had to go past the reception to get to the consulting rooms. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation but these were not signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Processes and systems were not in place for handling repeat prescriptions which included the review of high risk medicines. The GPs were not always reviewing blood results before prescribing. We saw four examples where patients on high risk medicines did not have blood monitoring recorded in their notes. This included patients on warfarin (an oral anticoagulant that prevents blood clotting) who had not received regular blood tests and their international normalised ratio (INR), used to measure how long it takes for blood to clot, had not been updated in their notes.
- The practice carried out limited medicines audits, with the support of the local CCG pharmacy teams.
- We were unable to review any personnel files to establish if appropriate recruitment checks had been undertaken prior to employment because the practice did not keep these records, as required by legislation. For example, we were unable to check records for 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

Risks to patients were not assessed or well managed.

- The procedures in place for monitoring and managing risks to patient and staff safety were inadequate. The health and safety policy available was not signed or dated and was not specific to the practice. The control of substances hazardous to health (COSHH) policy, cold chain policy and needlestick policy were inadequately recorded in the health and safety policy. For example, the needlestick policy did not contain information regarding what to do in the event of a sharps injury. The practice had a health and safety risk assessment carried out but the action plan was incomplete. The practice had received a recent fire risk assessment which recorded a list of recommendations. We saw some recommendations, such as unlocking the fire escape door and oxygen room signage, had been actioned but this was not recorded on the action plan, therefore, it was difficult to determine which parts of the action plan had been actioned. The practice also provided us with their own fire risk assessment checklist which they used in preparation for the fire risk assessment but we found this checklist was poorly documented. The fire safety policy was poorly documented and did not specify who the nominated fire marshals were. The practice was also not undertaking regular fire drills. We were provided with three outdated fire drill records.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a Legionella risk assessments in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice did not have sufficient numbers of staff, particularly clinical staff, to keep patients safe. All members of staff worked only part-time hours due to external commitments. For example, both the senior GP and salaried GP provided three and four sessions respectively and the practice nurses only provided eight hours of nursing care a week. In their absence, a locum GP provided two sessions and there was no nurse cover.. The practice manager worked remotely, three hours a night only to support the practice and we found this system ineffective due to the lack of information sharing. For example, the practice manager had not been informed that the mental health nurse had recently held a mental health clinic at the practice.

## Are services safe?

### Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
  - All clinical staff received annual basic life support training but we found non clinical staff had not received this training. There were emergency medicines available in the treatment room.
  - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were not available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
  - The business continuity plan in place was out of date and inconsistent with other policies in the practice. For example, the business continuity plan stated that there was no fire alarm installed at the practice whereas the fire policy stated that if a fire broke out, the fire alarm should be raised. We also saw evidence of a fire alarm at inspection. The plan included emergency contact numbers for staff but did not include all contact numbers for external contacts identified in the plan.



# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice did not have systems in place to keep all clinical staff up to date. The practice told us that they did not have formal meeting minutes where these were discussed; however, they held informal discussions and read medical journals. They also had online access to guidelines from NICE and used this information to deliver care and treatment.
- The practice monitored these guidelines through data collection.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 were 42% of the total number of points available.

The practice achieved poor outcomes in all indicators and performance was worse than local and national average. Data from 2014/2015 showed:

- Performance for diabetes related indicators was worse than the CCG and national average. For example, 33% of patients with diabetes had a foot examination compared to the CCG average of 86% and national average of 88%.
- 39% of patients with diabetes had normal average blood sugar levels compared to the CCG average of 77% and national average of 76%.
- 47% of patients with diabetes whose last cholesterol was normal compared to the CCG average of 80% and national average of 81%.
- Performance for mental health related indicators was worse than the CCG and national average. For example, 26% of patients with mental health conditions had a care plan compared to the CCG average of 91% and national average of 88%.

- 0% of patients diagnosed with dementia had a face to face review compared to the CCG average of 86% and 84%.
- Performance for other long term conditions was worse than the CCG and national average. For example, the percentage of patients with asthma on the register, who had an asthma review in the preceding 12 months was 33%, compared to the CCG average of 74% and national average of 75%.
- The percentage of patients with hypertension whom the last blood pressure reading in the last 12 months was normal was 54%, compared to the CCG average of 82% and national average of 84%.

The prescribing indicators for hypnotics were 0.64, higher than the CCG average of 0.19 and national average of 0.26 as well as antibiotic items prescribed which were 11%, higher than the CCG average of 7% and national average of 5%. We discussed this data with the GP who told us that this was as a result of their high elderly population.

Sixteen QOF indicators were significantly worse than the CCG and national averages and highlighted for further enquiry. The practice were aware of this data and told us that they had recently undergone a period of staff transition. Patients were being reviewed opportunistically and there was no recall system in place. They also highlighted problems with incorrect coding and told us that the GPs and non-clinical staff had now received coding training although we were not provided with evidence of this.

Our review of patient records found that several patients diagnosed with dementia had not received formal assessments. We also looked at three patients' records for patients diagnosed with asthma and found they had last been reviewed in September and October 2015. Two patients diagnosed with chronic obstructive pulmonary disease (COPD) had last been reviewed in July and September 2015.

There was limited evidence of quality improvement activity, clinical audit.

- There had been three clinical audits completed in the last two years, none of these were completed audits. One audit had been prompted by their medicines management advisor who had advised the GPs to review their patients on inhaled corticosteroids (anti-inflammatory medicines prescribed for a wide

# Are services effective?

## (for example, treatment is effective)

range of conditions) because the practice was one of the highest prescribers in the CCG. Twenty five patients prescribed these inhalers were randomly selected and reviewed. Result showed only 64% of these patients had received an annual medication review and the practice acknowledged that there was a clear need to recall these patients for an asthma or COPD check with a medication review. The audit was one cycle and therefore it was difficult to assess any improvement.

- The practice participated in local benchmarking only.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment however there was no formal training or development process in place;

- There was no evidence of an induction programme for all newly appointed staff because there were no recruitment records available. Not all staff had received mandatory training such as safeguarding, information governance or fire safety and some staff had received training from their other places of work and not from the practice; this included training such as infection control and chaperoning.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw the practice nurse undertook several update training but this was self-initiated and the practice did not check this or keep any records.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Not all staff had received an appraisal in the last 12 months and we were not provided with evidence of appraisals as staff records were not available. Staff told us that they had access to appropriate training to cover the scope of their work but some of the staff had received training at other places of work. We were not provided with evidence of one-to-one meetings, coaching or mentoring. Two of the GPs had received a recent appraisal and support for revalidation and they provided clinical supervision to the locum GP.

- Not all staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Most of the staff told us that they had access to and made use of e-learning training modules but they were not offered any protected learning time and any training was done in their own time.

### Coordinating patient care and information sharing

Patient information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. However, there was a limited amount of care plans and the practice told us that this was due to the lack of administration support and limited allocated time which led to a lack of capacity. The GPs had completed only three care plans this year and we sampled one comprehensive care plan completed in March 2015 which had not yet been updated.
- The practice highlighted issues with staff knowledge of IT and the use of their internal documents management system. This meant that when we looked at their filing system workflow, which contained letters and results, we found more than 4,000 documents were still awaiting coding. All had been scanned and we looked at eight examples and found two of these had not been signed but they had been actioned appropriately in the patient records. The practice manager was not aware of this and told us that staff had received coding training.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice did not have a clear process in place to monitor unplanned admissions and there were inconsistencies with what the GPs told us regarding this. For example, one GP told us that they kept an unplanned admissions list whereas another GP told us that they were unsure who monitored unplanned admissions as there was no allocated lead and any action such as patient follow ups were done opportunistically when they received discharge summaries. There was no risk profiling or data available to show the impact on admissions and no audit had been completed.

# Are services effective?

## (for example, treatment is effective)

There was little evidence of staff working together and with other health and social care professionals to understand and meet the range and complexity of patients' needs. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, the mental health nurse had commenced monthly clinics at the practice to review patients however, only one patient had been reviewed so far.

There were no formal monthly meetings that took place but rather ad hoc communication with the health visitors as well as verbal and fax communication with the community heart nurse. The GPs occasionally undertook joint home visits with the district nurses on request and there was no evidence of joint working with the midwives.

### 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Carers and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises once a month and smoking cessation advice was available from a local pharmacy.

The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 77% and the national average of 82%. The practice told us that the low uptake was due to the reduced nursing hours which led to limited available hours where smears were offered as well as the lack of a female sample taker. The practice nurse was also based upstairs. However, patients with reduced mobility were unable to use the stairs, which we observed to be too steep and unsuitable for patients particularly those with mobility problems.

The practice did however continue to encourage uptake by reminding patients of the smear programme opportunistically when they attended the practice. The doctors also got patients to see the nurse at the same time but this was only if there was enough capacity and any patients who did not attend their appointment were followed up by the reception staff. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mostly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 27% to 91%, compared to the CCG average ranging between 22% and 80% and five year olds from 35% to 93% compared to the CCG average ranging between 60% and 85%.

We were not assured that patients had consistent access to appropriate health assessments and checks and we did not see evidence of this. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice nurse told us that this role used to be undertaken by another clinician who recently left the practice; however, currently this was not being carried out due to the lack of capacity and clinical hours in the practice.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them 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; conversations taking place in these rooms could not be overheard.
- There was no suitable private room offered to patients to discuss sensitive issues. Patients were directed upstairs and this was unsuitable for those with mobility problems. We noted conversations taking place at reception could be overheard and this was mainly due to the infrastructure of the premises.

Thirteen of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and involved them in their care. Eight of the comment cards highlighted issues with the premises and environment as well as the booking and waiting times.

The practice told us that they had an active patient participation group (PPG) however, there were no members present during the inspection. To mitigate this, the practice had requested another patient who lived locally to attend the practice at short notice and represent the PPG. We found this was inappropriate as the patient was not a member of the PPG, they were unable to provide any information and had become distressed during the interview because of their medical condition. We ended our interview because of our concerns for his health.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs but scores on consultations with nurses and interaction with reception staff were low. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 87%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 86%.

The practice was aware of the survey results relating to reception staff attitude and this was in line with the complaints received by the inspection team prior to inspection as well as the complaints the practice had received directly. They told us that they were working on improving the service offered to patients, however, we were not provided with the evidence to show what action they had taken to resolve all these complaints.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by the doctors and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was mostly positive and aligned with these views. Although we saw a limited amount of care plans, we saw that those in place were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. GP results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 85%.

Satisfaction scores for nurse consultations were lower than CCG and national average and the practice were aware of this. They told us that the lack of nursing hours and nurse time restrictions during consultations contributed to the low scores.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language; however, we did not see notices in the reception areas informing patients this service was available.
- Information leaflets on mental health services were available in easy read format. There were no leaflets displayed in other languages.

### **Patient and carer support to cope emotionally with care and treatment**

There was no practice website and we saw only limited patient information leaflets and notices in the patient waiting area which directed patients on how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers (2% of the practice list). They had a carers policy in place; however, we found this was incomplete. The practice told us that carers were offered flu vaccinations and were invited for health assessments once a year although we were not provided with evidence to demonstrate this. There was information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card and offered patient consultation at a flexible time and location to meet the family's needs. There was no information about bereavement services displayed in the practice.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice told us that they had reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to its services. For example, they held quarterly prescribing meetings with the pharmacists and conducted two recent medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The GPs told us that they also attended monthly network locality meetings.

Services were planned and delivered to take into account some of the needs of different patient groups. For example:

- The practice offered extended hours on a Monday between 7.00am and 8.00am.
- There were longer appointments available for patients with a learning disability and mental health conditions.
- Patients experiencing poor mental health were told about support groups and voluntary organisations.
- Same day telephone consultations were offered for older people and home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. Pregnant women and children under 10 years of age were placed on the priority list.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice arranged hospital transport for patients requiring this service. There were disabled facilities, a hearing loop and translation services available.

However, we found the practice did not plan and deliver services to take into account some of the patient groups;

- Not all clinical rooms were on the ground floor so patients with mobility problems were restricted to the ground floor only. The stairs posed a safety risk to all patients accessing nursing consultations as they were too steep. The practice told us that arrangements were made for patients with mobility issues who could not access upstairs to be seen downstairs.

- Online services such as appointment requests and repeat prescription requests were not provided.
- Although the practice was providing services such as child health surveillance and flu vaccinations for at risk groups, there was no provision of routine care or monitoring of patients with chronic disease and no routine health checks for new or existing patients.
- A female sample taker was not always available to undertake screening tests for women and the lack of convenient appointment times for the working age population group disadvantaged this group.
- There were inconsistencies regarding arrangements for end of life care. Although the practice recorded discussions about patients' end of life needs, one of the GPs told us that they did not maintain a palliative care register and did not hold formal palliative care meetings. However, another GP informed us that they did have a palliative care register which identified six palliative care patients and was managed together with the district nurses.

### Access to the service

The practice was open between 8.00am and 6.00pm on Monday, Tuesday, Thursday and Friday and between 8.00am and 1.00pm on Wednesday. Extended hours appointments were offered on Monday between 7.00am and 8.00am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them; however, some highlighted issues with telephone access.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

This was achieved by gathering information from the patient or carer in advance to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns, however, it did not encompass responding to concerns raised through the NHS Choices website and those sent to the CQC.

The practice did not review comments on NHS choices and we found patients had raised issues such as problems with repeat prescriptions, reception staff attitude, difficulty with telephone access and referral letters not being actioned in a timely way which had not been responded to.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice vision to deliver high quality care and promote good outcomes for patients was not effective.

- The practice did not have a mission statement. The staff discussed a vision to improve services for patients.
- Although the practice discussed objectives for the forthcoming year such as expanding the premises, they did not provide us with evidence of a robust strategy or any supporting business plans in place to achieve these objectives. For example, the development plans provided by the practice did not have a set date in place and it was unclear whether the salaried GP would become a full time or part time partner.

### Governance arrangements

Governance arrangements had systemic weaknesses and did not ensure the practice was run safely and effectively, and performance was not being monitored in all areas.

- Practice specific policies were not implemented and were not available to all staff. We found all the policies were out of date and incomplete. Policies such as the health and safety policy were not specific to the practice. We also found the practice did not always follow the recommendations identified in their infection control audits.
- The business continuity plan was out of date and inconsistent with other policies in the practice such as the fire policy.
- There was a staffing structure and staff were aware of their own roles and responsibilities, although some staff had difficulties with using the computers and undertaking tasks such as fax transmission of scanned documents. The practice acknowledged that some of their staff had received IT training but continued to find this challenging.
- A programme of continuous clinical and internal audit was not effective enough to monitor quality and to make improvements. The practice had only undertaken three one cycle audits in the last two years. Infection control audits were undertaken but there was no documentation of any actions taken.
- There were poor arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was no governance framework

in place to ensure that the practice was meeting its responsibilities for ensuring the safety of its patients and this included the lack of mandatory staff training such as basic life support and safeguarding.

### Leadership and culture

Although on the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care we found leadership arrangements were not effective enough to ensure safe and high quality care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice told us that they encouraged a culture of openness and honesty and although they carried out investigations when they were unintended or unexpected safety incidents, we did not see evidence to support this.

There was a leadership structure in place and staff felt supported by management however:

- The practice held ad hoc meetings due to GP and practice manager unavailability. We found all of the practice staff had external work commitments and the practice manager managed the practice remotely and came into the practice occasionally. The practice nurse did not attend practice meetings and any communication with the practice team was via email.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by 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 sought patients' feedback although they did not review NHS Choices patient feedback.



# Are services well-led?

Inadequate 

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

- The practice told us that the patient participation group PPG met every three months. However, we were not assured that the PPG was an active entity or met on a regular basis. On the day of inspection, there were no members from the PPG group present, instead the practice had requested a patient who lived locally, who was not a member of the group to represent them instead. The practice did not have a website and evidence submitted after the inspection included three different sets of 2015 PPG meeting minutes which did not contain sufficient information to determine what feedback was given by the PPG. There were no meeting minutes provided for 2016.
- The practice did gather feedback from patients through their own patient surveys such as the patient satisfaction survey, friends and family test as well as their own suggestion box within the practice. For example, patients were not aware of the extended hours and this as a result was subsequently advertised on the practice leaflet.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management however, they were unable to provide examples of any suggestions submitted. Staff also told us they felt involved and engaged to improve how the practice was run.