

# Drs. Zachariah, Lee, Acheson & Sinha

## 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?

Requires improvement



Are services effective?

Good



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 Drs. Zachariah, Lee, Acheson & Sinha on 11 November 2016. 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, the practice could not give examples of any incidences that had taken place in the practice as they told us none had occurred.
- Risks to patients were assessed and managed, with the exception of those relating to infection control, patient record safety and risk assessments.
- Data showed patient outcomes were comparable to the national average, with the exception of mental health indicators and childhood immunisations, which were lower than the national average.
- Although audits had been carried the practice could not provide evidence that a programme of continuous clinical and internal audits were used to monitor quality and to make improvements.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all patients felt treatment was explained and they did not feel involved in decisions about their care.
- Patients said they found it difficult to make an appointment with a named GP; however, they said that urgent appointments were available the same day.
- Patients said that they were not satisfied with the practice opening hours. The GP survey results showed 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

# Summary of findings

- The practice could not demonstrate how they proactively sought feedback from patients, although they had a PPG, it was not active.
- The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure systems are established to monitor infection control in the practice, including infection control audits and provide staff with role specific infection control training.
- Ensure patient records are stored in a secure place, which can only be accessed by authorised people.
- Ensure risk assessments are carried out by trained and qualified people with the skills to do so, including COSHH and legionella risk assessment. Ensure any actions for improvement identified are acted on.
- Ensure staff receive mandatory training, to include information governance and infection control specific to their roles.
- Ensure systems are in place to actively seek feedback from people to access and monitor the quality of

service being provided. Ensure these are analysed and action is taken to make improvements including the review of all complaints and feedback from Patient Participation Group (PPG).

In addition the provider should:

- Review the business continuity plan and include up to date and current staff contact list.
- Take action to ensure patient outcomes are in line with national and local averages including people with mental health conditions and childhood immunisations.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Identify ways to improve patient's access to the practice.
- Ensure that the practice strategy and supporting business plans are documented to reflect the practice vision and values.
- Ensure a programme of quality improvement including clinical audit is carried out to monitor and make improvements to patient outcomes.
- Consider having formal governance meetings with the whole practice team.

**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 requires improvement for providing safe services.

**Requires 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. For example, patient records were not securely kept and could be accessed by people entering the practice.
- The practice was clean and tidy however, infection control audits had not been carried out and staff had not received infection control training. We saw there was carpet in both non-clinical and clinical rooms and fabric seating was used in the practice, which posed an infection control risk.
- Practice specific risk assessments were carried out by the practice manager, including fire safety and COSHH. However, the practice manager did not have the qualifications or skills to effectively carry these risk assessments out.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice could not give examples of any incidences that had taken place in the practice as they told us none had taken place.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average with the exception of mental health indicators and child immunisations.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out however they did not demonstrate quality improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, with the exception of lack of training in information governance and infection control.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than CCG and national averages for satisfaction scores on consultations with GPs and was comparable to others on consultations with nurse.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt treatment was explained and did not feel involved in decisions about their care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified relatively low number of carers however; we saw that the practice had actively been auditing this.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Patients said that they were not satisfied with the practice opening hours. The GP survey results showed 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%.
- Patients said they found it difficult to make an appointment with a named GP; however, they said they that urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice provides minor surgery including minor excisions and joint injections.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver good quality care and promote good outcomes for patients. Staff were not clear about the vision and their responsibilities in relation to it.

**Requires improvement**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was a governance framework to support the delivery of good quality care. However, there were areas, which required improving, including: infection control and patient record security.
- Although audits had been carried out the practice could not provide evidence that a programme of continuous clinical and internal audits were used to monitor quality and to make improvements.
- Non-clinical staff were informed of governance through ad hoc discussions and were not invited to attend formal meetings.
- The practice could not demonstrate how they proactively sought feedback from patients, although they had a PPG, they were not active.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# 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 requires improvement for safe, responsive and for well-led and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 79% of people with diabetes on the register who had a blood glucose level of 64mmol/mol or less in the preceding 12 months, compared to the CCG average of 70% and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

**Requires improvement**



# Summary of findings

- 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 attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 95%, which was above the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives and health visitors

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

The provider was rated as requires improvement for safe, responsive and well-led and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Extended opening hours were offered on alternate Saturdays between 9am to 12pm and on Monday and Friday between 6.30pm and 7pm with a GP.
- There was a walk-in surgery every morning between 9am and 12pm with the practice nurse. However, people on the day told us that opening times of the practice were not suitable for working age people as there were not appointments available before 9am.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- People could book and cancel appointments online as well as order repeat prescriptions online.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, responsive and for well-led and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as requires improvement for safe, responsive and for well-led and good for effective and caring. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators was lower than the national average. For example, 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for CCG average and 89% for national average. The practice told us that due to a senior member of staffs ill health for over one year there had been a breakdown of the recall system.
- Performance for dementia related indicators was similar to the national average. For example, 75 out of 78 patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to 82% for CCG average and 84% for national averages
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or below local and national averages. Two hundred and forty-six survey forms were distributed and 112 were returned. This represented 2% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% 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%.
- 69% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% 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 34 patient Care Quality Commission comment cards about the service experienced. Thirty of these were all positive. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG) and four patients on the day of inspection. They also 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, especially the reception staff and nurse.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure systems are established to monitor infection control in the practice, including infection control audits and provide staff with role specific infection control training.
- Ensure patient records are stored in a secure place, which can only be accessed by authorised people.
- Ensure risk assessments are carried out by trained and qualified people with the skills to do so, including COSHH and legionella risk assessment. Ensure any actions for improvement identified are acted on.
- Ensure staff receive mandatory training, to include information governance and infection control specific to their roles.
- Ensure systems are in place to actively seek feedback from people to access and monitor the quality of service being provided. Ensure these are analysed and action is taken to make improvements including the review of all complaints and feedback from Patient Participation Group (PPG).

### Action the service **SHOULD** take to improve

- Review the business continuity plan and include up to date and current staff contact list.
- Take action to ensure patient outcomes are in line with national and local averages including people with mental health conditions and childhood immunisations.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Identify ways to improve patient's access to the practice
- Ensure that the practice strategy and supporting business plans are documented to reflect the practice vision and values.
- Ensure a programme of quality improvement including clinical audit is carried out to monitor and make improvements to patient outcomes.
- Consider having formal governance meetings with the whole practice team.

# Drs. Zachariah, Lee, Acheson & Sinha

## 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.

## Background to Drs. Zachariah, Lee, Acheson & Sinha

Drs. Zachariah, Lee, Acheson & Sinha, also known as The Green Wood Practice, is located in Romford providing GP services to approximately 5,525 patients. The practice is also responsible for providing GP services to 34 patients at the local care home. Services are provided under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Havering Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and family planning.

Drs. Zachariah, Lee, Acheson & Sinha also provide GP services from a separate location at the Ardleigh Green Surgery, 106 Ardleigh Green Rd, Hornchurch RM11 2LP.

The practice has three GP partners and three salaried GPs. There are two male and four female GPs. The GPs provide 24 sessions Monday to Friday and one session on alternate Saturdays. The practice employs one practice nurse and is actively recruiting another. There are seven reception staff,

two administrative staff, one deputy practice manager and one practice manager. The practice is an approved teaching practice, supporting second year undergraduate medical students.

The practice telephone line is open between 9am to 1pm and 5pm to 6.30pm Monday to Friday, with the exception of Thursdays, when the practice closes at 1pm. The practice doors are open from 9am to 11am and 5pm to 6.30pm. Appointments are from 9am to 11pm every morning and 5pm to 6.30pm on Mondays and Fridays and from 4pm to 5.30pm evenings on Tuesday and Wednesdays. Extended hours appointments are offered Monday and Fridays between 6.30pm and 7.30pm with the practice nurse. The practice is open on alternate Saturdays for booked appointments between 9am and 11.30am. Out of hours service are provided through the GP HUB between 6pm and 10pm on week days and 8am to 8pm on weekends. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

The practice has a higher than national average population of people aged 65 to 84 years. Life expectancy for males is 80 years, which is higher than the CCG and national average of 79 years. The female life expectancy in the practice is 84 years, which is the same as the CCG average of 84 years and higher than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

# Detailed findings

## 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.

Drs. Zachariah, Lee, Acheson & Sinha was not inspected under the previous inspection regime

## 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 11 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, reception and administration and practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents who would then record it in the recording form available on the practice's computer system. However, not all staff knew how to access the form. The incident recording form supported the recording of notifiable incidents under 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).
- We saw that the significant events recorded were of external incidences and therefore we did not see evidence that when things went wrong with care and treatment in the practice, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We did see examples of significant events, which had occurred in the providers other registered location. In these cases, we saw that the practice carried out a thorough analysis of the significant events and learning outcomes had been documented on to the form.

We reviewed safety records, incident reports, patient safety alerts and found these were not recorded in the practice meeting minutes. Staff told us that the practice meetings were only for clinical staff and management and therefore non-clinical staff were informed of incidences informally by the practice manager. We were told by management and clinical staff that safety alerts were actioned however no audit trail of actions taken were recorded.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the nurse to level 2 and non-clinical staff to level 1.

- Patient records were kept in two locations. The majority were stored in the reception office in unlockable cabinets. Others were stored in a spare room next to the GP consultation rooms, which had no door and was not in lockable cabinets. These could be accessed by people who entered the practice.
- A notice in the waiting and nurse's 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 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, we saw that carpet was used in both clinical and non-clinical rooms in the practice, which posed an infection control risk. Cleaning equipment was available but there was no disposable mop heads and colour codes were not used for different areas of the practice. The practice had not carried out annual infection control audits. Staff had not received any infection control training. The practice did not have an infection control lead, although the practice nurse told us that they liaised with the local infection prevention teams, they said that getting infection control training was a priority in the local area and the CCG were not able to provide training at the present time.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines

## Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were 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, which identified local health and safety representatives. The practice had up to date fire risk assessments which was carried out by the practice manager, it identified that there was combustible gas stored in the nurses room but had not identified any actions to reduce the risk of fire. We saw a fire drill had been carried out in November 2016. 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 manager had carried out a control of substances hazardous to health risk assessment (COSHH), however this did not identify the specific products being used, there was no data sheets for individual products and there was no

detail of the risk posed by each product. We also saw that an in house legionella risk assessment was carried out, however the document was not on headed paper, it did not contain qualifications of the person who carried out the risk assessment and had not been signed by the person carrying out the risk assessment. We also saw that an action for improvement had been identified however there were no records to show that the practice had implemented this.

- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had 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 staff received annual basic life support training and 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 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 practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff.



# 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 had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice could not evidence how they monitored that these guidelines were followed through risk assessments, audits or random sample checks of patient records.

### 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 93% of the total number of points available. The practice was not an outlier for exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 79% of people with diabetes on the register who had a blood glucose level of 64mmol/mol or less in the preceding 12 months, compared to the CCG average of 70% and national average of 78%.
- Performance for mental health related indicators was lower than the national average. For example, 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding

12 months compared to 91% for CCG average and 89% for national average. The practice told us that due to a senior member of staffs ill health for over one year there had been a breakdown of the recall system.

- Performance for dementia related indicators was similar to the national average. For example, 75 out of 78 patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to 82% for CCG average and 84% for national averages

There was evidence of clinical audit.

- There had been five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- For example, we saw a very detailed and in depth audit carried out on pregabalin prescribing to evaluate if NICE guidance was being followed. Pregabalin is a medicine used to treat neuropathic pain. The first audit was carried out in 2013 over a six month data collection period, the practice found that 61 people were being prescribed pregabalin. Results showed that in approximately 50% of patients pregabalin was prescribed in line with NICE guidance. The audit was repeated in 2014 and results showed that in approximately 40% of patients being prescribed pregabalin was prescribed in line with NICE guidance. Although, this was a reduction the practice found that this was due to a GP who had a specialist interest in psychiatry who had the experience and competency to prescribe the medication appropriately.
- Audits were identified by CCG and local medicines management teams, however the practice could not demonstrate that they had a programme of audits.
- The practice participated in local audits, national benchmarking and peer reviews.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an informal induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- 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 and warfarin management.
- 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 monthly CCG meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us that they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. However, the practice could not evidence that staff had received information governance and infection control training. Staff had access to and made use of e-learning training modules and in-house training.

### 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 intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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. We reviewed three clinical staff training records and found one GP had completed training in 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 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:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 95%, which was above the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were lower than national averages. For example, childhood immunisation rates for the vaccinations given to under two year ranged from 82% to 86% and five year olds from 78% to 88%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 34 patient Care Quality Commission comment cards about the service experienced. Thirty of these were all positive. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG) and four patients on the day of inspection. They also 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, especially the reception staff and nurse.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs in most cases was comparable to CCG but lower than the national averages. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 92%.

The practice satisfaction scored on consultations with the nurse was comparable to the CCG and national averages. For example:

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Two people on the day of inspection told us that they were not happy with the care they received from one particular GP; however, they had not informed the management team about this. They felt that the GP did not listen and was not compassionate. Four comment cards said that people felt the GPs were under a time constraint and consultations were rushed.

### 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 staff 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 also positive and aligned with these views. We also saw that care plans 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. Results were mixed when compared with local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.

## Are services caring?

- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

On the day of inspection, people told us that both nurses and GPs explained tests and treatments and they felt involved in the decisions about their care.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (0.3% of the practice list). The practice had also identified that 65 patients had a carer who was not registered at the practice. Written information was available to direct carers to the various avenues of support available to them. We saw that the practice had actively been auditing the number of carers and were continuing to identify more carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided minor surgery including minor excisions and joint injections.

- The practice offered extended hours on a Monday and Friday evenings from 6.30pm and 7pm and on alternate Saturday mornings between 9am to 12pm for working patients who could not attend during normal opening hours.
- The practice has a walk-in service every morning between 9am and 12pm with the practice nurse. Appointments with the nurse were available four days a week between 4pm and 5.30pm.
- There were longer appointments available for patients with a learning disability.
- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. There was no hearing loop for people hard of hearing.

### Access to the service

The practice telephone line was open between 9am to 1pm mornings and 5pm to 6.30pm on the evenings Monday to Friday, with the exception of Thursdays[WS2], when the practice closed at 1pm. The practice doors were open from 9am to 11am and 5pm to 6.30pm. Appointments were from 9am to 11pm every morning and 5pm to 6.30pm on Mondays and Fridays and from 4pm to 5.30pm evenings on Tuesday and Wednesdays. Extended hours appointments were offered Monday and Fridays between 6.30pm and 7pm with a GP. The practice was open on alternate Saturdays for booked appointments between 9am and 11.30am. Out of hours service was provided through the GP

HUB between 6pm and 10pm on week days and 8am to 8pm on weekends. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were not satisfied with the practices opening hours although they said they could get through to practice by telephone when they needed to. All of the people we spoke to were unhappy about the practice being closed during lunch times and did not like that the practice was closed for a half day on Thursday. People said that they felt the practice should be open earlier to meet the demands of working people and offer later appointments as the extended hours were still not suitable for working people. The practice told us that there were walk-in centres available and out of hours services when the practice was closed.

People on the day of inspection told us that they found it difficult to make an appointment with a named GP and said waiting times could be up to three weeks.

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. GPs would telephone the patient or carer in advance to gather information 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 an effective system in place for handling complaints and concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system poster in reception, summary leaflet available and information on their website.

We looked at nine complaints received in the last 12 months and found that seven were concerns about clinical

staff attitude or behaviour and two were about other concerns. We did see that when there were complaints these were satisfactorily handled, dealt with in a timely way with openness and transparency and patients were given verbal or written apologies. The management team told us that they learnt from complaints however, recordings of these were limited and learning outcomes were not clear. We saw that annual reviews of the complaints were carried out but the practice could not demonstrate how this was used to improve the quality of care.

# 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 vision to deliver good quality care and promote good outcomes for patients.

- The practice did not have a mission statement. They did have documented values, however not all staff knew and understood them.
- The practice did not have a strategy and supporting business to reflect the vision and values.

### Governance arrangements

The practice had a governance framework, which supported the delivery of good quality care. However, there were areas which required improving, including:

- A comprehensive understanding of the performance of the practice was not evident, as there were no practice meetings for all staff in the practice and information was provided to staff in ad hoc discussions.
- Although audits had been carried out we did not see evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of infection control, risk assessments and patient record security.
- Practice specific policies were implemented and were available to all staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

### Leadership and culture

On the day of inspection the GP partners told us they prioritised safe, good quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice did not hold regular team meetings for all staff. The management and GPs had meetings weekly, which were documented.
- Staff told us there was an open culture within the practice and they would not hesitate to raise any issues with the management team and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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 told us that they encouraged and valued feedback from patients, the public and staff. However, on the day of inspection the practice could not demonstrate how they proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice told us that they had a patient reference group (PRG), with whom they communicated with via email. The practice told us that they were in the process of establishing a patient participation group (PPG) however, when we spoke to members of the PRG we found that they had not been an active group and had not had communication from the practice for a few years. They told us that they had not carried out patient surveys or submitted proposals for improvements to the practice management team.
- The practice management told us that they gathered feedback from staff through appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

# Are services well-led?

Requires improvement



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

colleagues and management. Staff however told us that they did not have enough computer access during peak times at reception when three staff were working. They reported that this led to delays in booking

appointments and following up queries, as they had to wait for each other to finish using the computer. Despite being raised as an issue the management team had not yet taken any action to resolve this.



## 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><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to assess and monitor the risk of infection prevention and control and the risks posed by not ensuring staff were appropriately trained in infection control and information governance.</p> <p>The provider carried out risk assessments however; these were not completed or reviewed by people with the qualifications to do so. Some risk assessments included actions however; there was no evidence to show these had been actioned.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to assess, monitor and improve the service and quality of experience through the feedback of patients.</p> <p>The provider failed to keep patient records secure at all times and could be accessed by unauthorised people.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>