# Victoria Medical Practice

## Quality Report

The Health Centre, Victoria Road, Washington, Tyne and Wear, NE37 2PU
Tel: 0191 415 5656
Website: www.victoriamedicalpractice-concorde.nhs.uk

Date of inspection visit: 22 September 2015
Date of publication: 10/12/2015

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? | Requires improvement |
| Are services caring? | Good |
| Are services responsive to people's needs? | Requires improvement |
| Are services well-led? | Inadequate |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Victoria Medical Practice on 22 September 2015. Overall the practice is rated as inadequate.

We had previously carried out an inspection of the practice on 2 September 2014 when a breach of legal requirements was found;

- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers (which corresponds to Regulation 18 (2) of the HSCA 2008 (Regulated Activities) Regulations 2014).

After the inspection on 2 September 2014 the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008.

We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

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

- The practice did not have systems or processes which were established or operated effectively in order to keep patients safe. For example, the systems in place for the management of medicines were not safe. There were no formal care plans or register in place to manage risk associated with the care of high risk patients.
- Policies and procedures were not comprehensive or robust, for example, the practice recruitment policy did not contain information for which members of staff required a disclosure and barring check (DBS).
- The practice was insular regarding decision making. There was a lack of decision making and a need for support from an external body for further development of the practice leadership.
- Staff had not been subject to a disclosure and barring check (DBS).

# Summary of findings

- There were concerns in relation to the way significant events were handled once they were raised.
- We were not assured that there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice.
- The practice could not demonstrate how they were managing, monitoring and improving outcomes for patients through the use of effective clinical audit. There was no scheduled audit log of clinical audit and the audits we saw were not comprehensive.
- The practice had failed to address a requirement made at the previous inspection regarding the lack of staff appraisal.
- The confidentiality of patients was compromised at the reception desk. Personal information discussed by receptionists could be overheard.
- There was no specific complaints policy. The patient information leaflet on complaints did not contain information regarding taking a complaint further than the practice, for example, to NHS England or the Parliamentary and Health Service Ombudsman.
- CQC registration issues in the practice had not been addressed for over a year by the management team.
- Staff had received the appropriate training with the exception of information governance and some staff had not received health and safety training.
- Patients said they felt involved in decisions made about their care and treatment. Results from the GP National GP showed 100% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and national average of 95%.
- Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP for either routine or emergency appointments. Results from the GP National GP showed 88% patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.

There were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure privacy of patient information.
- Take action to ensure care and treatment is provided in a safe way for patients through the proper and safe management of medicines and the management of risk associated with the care of high risk patients.
- Put in place systems or processes which must be established and operated effectively in order to demonstrate good governance.
- Ensure registration issues with Care Quality Commission are addressed.
- Ensure that recruitment information is available for each person employed. This includes completing Disclosure and Barring Service (DBS) checks for those staff who need them.
- Ensure that staff receive appropriate appraisal to enable them to carry out the duties they are employed to do.

In addition the provider should:

- Carry out an infection control risk assessment.
- Consider the introduction of on-line services.

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 vary the provider's registration 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?**

**Inadequate**

The practice is rated as inadequate for providing safe services and improvements must be made. Patients were at risk of harm because effective systems and processes were not in place to keep them safe. Areas of concern included; the processes for recording and learning from significant events and patient safety alerts. Disclosure and barring checks (DBS) had not been carried out on staff and the systems in place for the management of medicines were not safe. However, appropriate standards of cleanliness and hygiene were followed. There were some procedures in place for monitoring and managing risks to patients and staff safety. There was insufficient information to enable us to understand and be assured about safety because of a lack of good governance.

**Are services effective?**

**Requires improvement**

The practice is rated as requires improvement for providing effective services and improvements must be made. There was no scheduled audit log of clinical audit and audits we saw were not comprehensive. There were no formal care plans or register in place to manage risk associated with the care of high risk patients. Individual patients' care needs were discussed at multi-disciplinary meetings (MDT). Staff appraisals were not being carried out.

Results for 2013/14 Quality and Outcomes Framework (QOF) were 99.2% of the total number of points available, which was 4.3% above the clinical commissioning group (CCG) average and 5.2% above the England average. Staff had received the appropriate training with the exception of information governance and some staff had not received health and safety training.

**Are services caring?**

**Good**

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for all aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect.

However, The confidentiality of patients was compromised at the reception desk. Personal information discussed by receptionists could be overheard.

# Summary of findings

**Are services responsive to people's needs?**

**Requires improvement**

The practice is rated as requires improvement for providing responsive services. There was no system in place to ensure the practice involved patients in the development and improvement of the practice. There was no specific complaints policy. The patient information leaflet on complaints did not specifically contain information regarding taking a complaint further than the practice, for example, to NHS England or the Parliamentary and Health Service Ombudsman.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP for either routine or emergency appointments. Data from the National GP Patient Survey showed that 88% of patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.

**Are services well-led?**

**Inadequate**

The practice is rated as inadequate for being well-led. It did not have a clear strategy and there was no formal business plan in place. The practice had policies and procedures to govern activity; however they were not comprehensive or robust. There was a lack of good governance and the number of concerns we identified during the inspection reflected this. For example, in relation to our concerns about the management of medicines, confidentiality, staff appraisal and recruitment procedures. There were no systems in place to gain patient feedback.

# 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 the care of older people. The practice was rated as inadequate for safety and for being well-led and requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients are above national averages for conditions commonly found in older people. The care of older patients is discussed at multi-disciplinary team (MDT) meetings. The practice was responsive to the needs of older people, including offering home visits, this included immunisations for flu and shingles vaccines. Patients over the age of 75 had a named GP.

### People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The practice was rated as inadequate for safety and for being well-led and requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Both GP partners shared the lead roles for chronic disease management, with the practice nurses assisting. There were registers of patients with long-term conditions and, as far as possible, the practice tried to arrange one review appointment to cover multiple conditions. There were arrangements in place for repeat prescriptions. Staff were alerted if a patient was overdue a medication review. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for safety and for being well-led and requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had a dedicated GP as the lead for safeguarding vulnerable children. There was a safeguarding children policy. There were regular MDT meetings involving child care professionals such as health visitors. This covered safeguarding and families who

# Summary of findings

required support. There was open access to appointments for children under the age of five. The practice offered child health and ante-natal clinics. A full range of immunisations for children, in line with current national guidance were offered. Percentages of children receiving vaccinations were in line with the local clinical commissioning group (CCG) figures.

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

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice was rated as inadequate for safety and for being well-led and requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were extended opening hours on Monday evenings until 8pm. There were telephone consultations available with both GPs and practice nurses during the day. There was a full range of health promotion and screening that reflected the needs for this age group. NHS health checks were offered to patients between the ages of 40 and 74. However, there were no on-line services.

**People whose circumstances may make them vulnerable**

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safety and for being well-led and requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Nine patients were on the register, which was validated annually. They received an annual health check with the practice nurse and then the GP. The practice manager was the lead for patients at the practice who were also carers.

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

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safety and for being well-led and requires improvement for being effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

# Summary of findings

The practice had a register of those patients who experienced poor mental health. Patients were recalled for an annual health check and medication review. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice stated their dementia diagnosis rate was 73.3% for the last twelve months. This was below the local CCG average of 77.5% and the national average of 77.9%

# Summary of findings

## What people who use the service say

We spoke with four patients on the day of our inspection. All of the patients we spoke with were satisfied with the care they received from the practice. They told us staff were friendly and helpful and they received a good service. Patients said they did not have difficulty obtaining an appointment to see a GP for either routine or emergency appointments.

We reviewed three Care Quality Commission (CQC) comment cards completed by patients prior to the inspection. Two of the comments stated the patients were satisfied with the service they received. On the other comment card the patients was unhappy at being unable to obtain an appointment at a time which suited them.

The latest National GP Patient Survey, published in July 2015, showed that scores from patients were above local Clinical Commissioning Group (CCG) and national averages. Patients who described their overall experience as good was 98%, which was above the local CCG average of 88% and the national average of 85%. Other results were as follows:

- GP Patient Survey score for opening hours – 86% (CCG average 81%, national average 75%);
- Percentage of patients who were able to see or get to speak to their usual GP - 80% (CCG average 60%, national average 60%);
- Percentage of patients who describe their experience of making an appointment as good - 88% (CCG average 76%, national average 73%);
- Percentage of patients who find the receptionists at this surgery helpful - 92% (CCG average 90%, national average 87%);
- The proportion of patients who would recommend their GP surgery – 85% (CCG average 81%, national average 78%).

These results were based on 117 surveys that were returned from a total of 291 sent out; a response rate of 40%.

## Areas for improvement

**Action the service MUST take to improve**

- Ensure privacy of patient information.
- Take action to ensure care and treatment is provided in a safe way for patients through the proper and safe management of medicines and the management of risk associated with the care of high risk patients.
- Put in place systems or processes which must be established and operated effectively in order to demonstrate good governance.
- Ensure registration issues with Care Quality Commission are addressed.
- Ensure that recruitment information is available for each person employed. This includes completing Disclosure and Barring Service (DBS) checks for those staff who need them.
- Ensure that staff receive appropriate appraisal to enable them to carry out the duties they are employed to do.

**Action the service SHOULD take to improve**

- Carry out an infection control risk assessment.
- Consider the introduction of on-line services.

# Victoria Medical Practice

**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 advisor and a specialist advisor with experience of GP practice management.

## Background to Victoria Medical Practice

The area covered by Victoria Medical Centre included the Washington and Springwell Village areas. The practice provides services from the following address and this is where we carried out the inspection: The Health Centre, Victoria Road, Washington, Tyne and Wear, NE37 2PU.

The surgery is located in a purpose built premises in the Concord area of Washington. The surgery is shared with four other GP practices. Victoria Medical Practice have their own consultation and treatment rooms in the building and share some facilities such as toilets and parking. Facilities for patients are located on the ground floor.

The practice has two GP partners, one male and one female. One GP is full time, the other part-time. There are two part time practice nurses. There is a practice manager and there are five administrative staff.

The practice provides services to approximately 3,000 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) agreement with NHS England.

The practice is open Monday to Friday 8:30am to 6pm with extended opening hours on a Monday evening until 8pm. Appointments could be made during this time. Patients were able to book appointments either on the telephone or at the front desk.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

## Why we carried out this inspection

We undertook a comprehensive inspection of Victoria Medical Practice on 22 September 2015. 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. This inspection was planned to check whether the registered 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. This inspection was also carried out to check that improvements to meet legal requirements planned by the practice after our inspection on 2 September 2014 had been made.

## How we carried out this inspection

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?

# Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

We carried out an announced visit on 22 September 2015. During our visit we spoke with staff. This included one of the GP partners, the practice manager, a practice nurse and reception and administrative staff. We also spoke with four patients. We reviewed three Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

# Are services safe?

## Our findings

### Safe track record and learning

When we inspected the practice in September 2014 we identified some concerns in relation to the way significant events were handled once they were raised. We also had concerns regarding systems in place to manage patient safety alerts. We said this was an area where the practice should improve.

We asked the practice manager about the process for managing significant events and had concerns regarding the process. They told us there was no central formal log for recording them. We saw three significant events. None of the templates which accompanied the significant events had any summary or action plan in relation to them. There had been a serious issue of 2-3 months' worth of discharge summaries from one of the hospitals linked to the practice going missing. The practice estimated there were between 300 and 400 which had gone missing. There was only one of these incidents logged. There was no documented record of the actions taken by the practice regarding dealing with this event. We made further enquiries following the inspection with the practice regarding this. They confirmed that the discharge summaries had all been sent to the practice again and any which had not been actioned had been dealt with. The practice could not demonstrate what actions they had taken in order to keep patients safe.

We were not assured there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice. We asked the lead GP and practice manager about the audit trail for the dissemination of National Patient Safety Alerts. They said they were circulated by hard copy to staff. The lead GP said that normally the first person to act on safety alerts was usually the practice pharmacist. There was not a process in place to ensure that staff had read and acted upon safety alerts and assurances could not be given that safety alerts had been acted upon in a timely way. We raised concerns at the feedback session at the end of the inspection, about the audit trail the practice had. The practice manager and lead GP said they would look at how they could improve the process for ensuring staff saw and acted on the relevant safety alerts.

### Overview of safety systems and processes

The practice could not demonstrate a safe track record through having risk management systems in place.

- Arrangements were in place to safeguard adults and children from abuse. There was a lead member of staff for safeguarding who was trained to level 3 for safeguarding children. The practice held multi-disciplinary team meetings where vulnerable and at risk patients were discussed and reports were provided where necessary for other agencies. Staff we spoke with demonstrated they understood their responsibilities and had completed training relevant to their role.
- Notices were displayed in the waiting area and consulting rooms, advising patients that they could request a chaperone, if required. The practice nurses or administrative staff carried out this role. Staff who acted as chaperones had not been risk assessed nor had a Disclosure and Barring Service (DBS) check been completed to help make sure they were safe to carry out this role. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were some procedures in place for monitoring and managing risks to patients and staff safety. There was a fire risk assessment in place and staff had received fire safety training. There was a health and safety policy; however there was no health and safety risk assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses acted as the infection control lead and was overseen by the lead GP. Staff had received infection control training. There was no overall infection control risk assessment and the infection control policy was not fully developed. There had been two infection control audits carried out in the last year. The practice manager believed that NHS property services who owned the building had carried out a legionella risk assessment.

Inadequate

# Are services safe?

- Recruitment checks were carried out on locum GPs who worked at the practice. We saw that checks on their suitability had been carried out. Staff had all been employed prior to registration with CQC and there were no recruitment records such as interview notes. However, there had been no DBS checks carried out for staff other than the GPs. The practice manager said there had been no risk assessment regarding not carrying out DBS checks for non-clinical staff. They thought the two practice nurses employed had received a DBS check. They confirmed later in the day that one practice nurse did not have one and the other practice nurse had not had a DBS carried out at this practice only at another practice seven years ago. The practice recruitment policy did not contain information on which members of staff required a DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. As the practice was small and administrative staff were trained to cover for each other when they took annual leave. The GP partners covered each other and locum GPs were used when necessary.

### Medicines management

The practice did not have suitable arrangements in place for the proper and safe management of medicines.

The emergency medicines were kept in one of the GP consultation rooms. Individual loose items of medicines were kept on a shelf in a locked cupboard, with nothing to indicate that this was emergency medicines. There was no facility to gather them up, such as a bag, in the event of an emergency and take them to a sick or injured patient. In the cupboard there were, for example, intramuscular steroid injectable medicines, which have no role in an emergency situation. There was no other assistive equipment present which is vital in an emergency situation, such as dressings, needles, cannula and syringes. This would render the administration of necessary emergency drugs difficult and would significantly hinder the first aid management of emergencies.

The vaccine refrigerator's in-built thermometer was at six degrees Celsius which was within the recommended range for the medicines stored. (Guidance states that the temperature must be maintained between +2 degrees Celsius and +8 degrees Celsius.) However, the second plugged in thermometer monitoring the temperature of the refrigerator was showing 11.5 degrees Celsius. It was unclear from the temperature recording which thermometer reading was being used. The medicine refrigerator temperature monitoring records showed that the temperatures recorded were all between two and eight degrees Celsius. We saw that on numerous occasions in recent months the temperature of the refrigerator had not been recorded.

There were arrangements in place for the obtaining, prescribing, recording, handling and security of medicines. We saw that prescription pads were securely stored and blank prescription forms were handled in accordance with national guidance.

### Arrangements to deal with emergencies and major incidents

Staff had completed basic life support training. There was a defibrillator available on the premises which was shared between the five practices based in the health centre. Oxygen was also available.

When we inspected the practice in September 2014 we reported that the practice business continuity plan should contain up-to-date information. We looked at the practice business continuity plan and saw this was a one page A4 sized document. It was not comprehensive. It set out what contingency plans the practice would provide, not what they would do in the event of an emergency. It did not set out, for example, which service providers to contact in an emergency or where they would operate from in the event of the practice having to close in an emergency situation. There were no details of who to inform in an emergency such as NHSE and CQC available.

There was a fire risk assessment in place and staff had received fire safety training. There had been a full fire drill in the summer of 2015 for the whole health centre.

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. There were shared services by four of the GP practices in the health centre, for example, phlebotomy, physiotherapist and podiatry.

The practice's uptake for the cervical screening programme was 83.2%, which was above the national average of 76.9% and CCG average of 78.3%. The practice also encouraged its patients to attend national screening programmes such as breast cancer screening.

Each year the practice organised a two day schedule of visits where the practice nurse, with the assistance of the practiced manager, visited those patients who cannot attend the surgery to administer their yearly flu vaccine. This year they had made 73 visits.

Patients had access to appropriate health assessments and checks. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Co-ordinating patient care

The practice must improve the way it assesses the risks to the health and safety of patients receiving care.

We asked the lead GP about the arrangements in place to manage risk associated with the care of high risk patients. There was no formal register of these patients and no formal care plan documentation. We saw minutes of practice bi-monthly multi-disciplinary team (MDT) meetings which showed that the care and support needs of 'at-risk' patients were discussed with the district and palliative care nurses and leads from adult social care. This information was not transcribed into patient's notes. The practice had named GPs for patients over the age of 75. The practice reviewed all unexpected deaths of patients at MDT meetings to identify if care could have been improved.

We asked the lead GP to identify two care records of patients who were vulnerable or frail. The quality of written documentation for each clinical consultation was sufficient but there was no formal plan in the notes. There was no documentation of next of kin involvement in the decision making process regarding proactive care planning, for example, preference for place of death.

The 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. Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. However, the practice did not have a formal system to review unplanned admissions to hospital. Hospital discharge summaries were reviewed to try to identify care gaps.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results for 2013/14 were 99.2% of the total number of points available, which was 4.3% above the clinical commissioning group (CCG) average and 5.2% above the England average. The clinical exception rate was 7.1% which was 0.9 points below the CCG average and 0.8 below the national average. The latest publicly available QOF data from 2013/14 showed:

Requires improvement

# Are services effective?

## (for example, treatment is effective)

- Performance for diabetes related indicators was higher than the England average (100% compared to 90.1% nationally).
- Performance for asthma related indicators was higher than the England average (100% compared to 97.2% nationally).
- Performance for mental health related indicators was lower than the England average (87.5% compared to 89.4% nationally).
- The percentage of patients diagnosed as living with dementia whose care had been reviewed in the preceding 12 months was higher than the England average (91.2% compared to 93.4% nationally).

The practice must improve the way it carries out clinical audit. There was no scheduled audit log of clinical audit. Two clinical audits were provided to us on the day of the inspection. The first audit had no formally identified standards and no formal re audit. It stated patient care had improved as a consequence. There were no learning outcomes. The second audit was a two cycle audit. There were limited documented learning outcomes as result of audit with no specific action plan to address the outcomes.

### Effective staffing

When we inspected the practice in September 2014 we identified some concerns in relation to the way staff were supported to carry out their duties. There was a breach of Regulation as staff did not receive appraisals and appropriate training.

The Commission received an action plan from the practice dated 6 February 2015 stating that the practice would be compliant with the breach of regulation by 30 March 2015. The action plan stated that appraisals would be carried out by 31/03/2015 and from then on, on an annual basis. In addition the action plan stated that staff training needs were being assessed.

We found the practice were continuing to fail to ensure staff received appropriate support by way of staff appraisal. We asked to see examples of staff appraisals. The practice manager said these had still not been carried out, although staff had completed personal development plans (PDP.) These were forms which staff had completed which set out gaps in their skills. The forms were not signed or dated. We saw that two members of staff, had completed pre-appraisal forms giving information of what had gone well in the last year and what could be improved, these had not been actioned. The practice manager said one of the GP partners was the lead for staff training and development. They had wanted to carry out the appraisals but had not had time to do so. There were no future dates set for staff appraisals.

We looked at staff training records and saw that staff had received the appropriate training with the exception of information governance and some staff had not received health and safety training.

Good

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients, both at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

The practice must improve confidentiality of patients at the reception desk. The inspection team overheard confidential personal information discussed by receptionists on the front desk on a number of occasions. This was also over heard by patients and visitors to the practice who were in the waiting room. Names, dates of birth and medication details could clearly be over heard. For example, the name of a patient and a discussion of medicines prescribed for a mental health condition. Calls for appointments were also taken at the reception desk. There was no music playing in the waiting area to muffle the receptionist's conversations. Staff told us they thought that confidentiality was a problem at the reception desk and they tried to take patients to a room to speak privately as far as they possibly could.

We spoke with four patients on the day of our inspection. All of the patients we spoke with were satisfied with the care they received from the practice. They told us staff were friendly and helpful and they received a good service. We reviewed three Care Quality Commission (CQC) comment cards completed by patients prior to the inspection. Two of the comments stated the patients were satisfied with the service they received.

There was information in the patient waiting room which provided information about how to access a number of support groups and organisations. There was a practice register of carers. Written information was available for them to ensure they understood the various avenues of support available to them. Patients were offered annual flu vaccines.

Staff told us that if families had suffered bereavement, a card was sent to the family and where appropriate the GP would call to offer support and advice.

Data from the National GP Patient Survey, published in July 2015, showed from 117 responses that performance was higher than both local and national averages. For example:

- 96% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 97% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and national average of 95%.
- 99% said the nurse was good at listening to them compared to the local CCG average of 94% and national average of 91%.
- 99% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 99% said they had confidence and trust in the last nurse they saw compared to the local CCG average of 98% and national average of 97%.
- 92% said they found reception staff helpful compared to the local CCG average of 90% and national average of 87%.

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

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive.

Results from the National GP Patient Survey Results were higher than the local CCG and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 81%.
- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 93% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

Good

# Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language.

Requires improvement

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice met with the local clinical commissioning group (CCG) outcomes for patients in the area. The practice was involved in a local GP alliance which is currently focusing on improving GP recruitment in the area.

When we inspected the practice in September 2014 we identified that there was no system in place to ensure the practice involved patients in the development and improvement of the practice. We said this was an area where the practice should improve.

The practice could not give examples where patients' views had brought about changes to services. The practice did not have a patient participation group (PPG) and had not completed its own patient surveys. Also, patients did not have access to a suggestion box. The practice manager said they had tried to start a PPG without success and surveys were something they had considered carrying out. They did however say they felt they received positive and good feedback from the National GP Patient Survey and felt they provided a good service.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example:

- The practice offered appointments Monday to Friday from 8am to 6pm and had extended opening hours on a Monday evening until 8pm. Telephone consultations were also offered.
- Staff told us that the GP partners would review the appointment system, for example, in winter, if more where needed and would extend surgery hours by 30 minutes if appointment availability was poor.
- All children under the age of five were given an on the day appointment without Triage.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these which included flu and shingles vaccinations where appropriate.
- The signage outside of the health centre was poor. There was no signage to say which GP practices operated from the building, or what the opening hours or out-of-hours arrangements were.
- There were disabled facilities and translation services available; however there was no hearing loop.

### Access to the service

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see a GP were available to be booked within four working days. There were urgent appointments available for the next day. Staff told us however GPs would triage any patient who required an urgent appointment if one was unavailable on the day.

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP for either routine or emergency appointments.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was higher than the local Clinical Commissioning Group (CCG) and national averages. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the local CCG average of 81% and national average of 75%.
- 91% patients said they could get through easily to the surgery by telephone compared to the local CCG average of 79% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the local CCG average of 76% and national average of 73%.
- 78% patients said they usually waited 15 minutes or less after their appointment time compared to the local CCG average of 71% and national average of 65%.

### Listening and learning from concerns and complaints

There was no specific complaints policy. The practice manager gave us a patient information leaflet on complaints and an action/summary sheet when we asked for the complaints policy. The patient information leaflet which was given to patients who wished to make a complaint did not specifically contain information regarding taking a complaint further than the practice, for example, to NHS England or the Parliamentary and Health Service Ombudsman. The practice manager said there had been no complaints received in the practice since 2011.

# 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 statement of purpose stated their aim was:

- To provide a high standard of medical care.
- To be committed to their patients' needs.
- To maintain a motivated skilled work team and to treat all patients and staff with respect, dignity and honesty.

Staff we spoke with talked about the care of patients being their main priority; they knew them well as they were a small practice.

The practice did not have a formal business plan in place. The practice manager said the management team felt they were a small family run practice who knew the needs of their patients well.

### Governance arrangements

The practice did not have systems or processes which were established or operated effectively in order to demonstrate good governance on the day of the inspection. Examples of these failings included:

- The practice was insular regarding decision making. There was a lack of decision making and a need for support from an external body for further development of the practice leadership.
- There were concerns in relation to the way significant events were handled once they were raised.
- We were not assured there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice.
- The business continuity plan was not comprehensive. It set out what contingency plans the practice would provide, not what they would do in the event of an emergency.
- There were no systems in place to gain patient feedback and the practice could not give examples where patients' views had brought about changes to services.
- There was no scheduled audit log of clinical audit and audits we saw were not comprehensive.
- There were no formal care plans or register in place to manage risk associated with the care of high risk patients.
- The practice had failed to address an identified breach of the Health and Social Care Act 2008 and associated regulations. An action plan was received by the Commission to say the practice would be complaint with the breach of regulation by 30 March 2015, this was not met.
- There was no specific complaints policy. The patient information leaflet on complaints did not specifically contain information regarding taking a complaint further than the practice, for example, to NHS England or the Parliamentary and Health Service Ombudsman.
- Policies and procedures were not comprehensive. For example the infection prevention and control policy was incomplete. This was three paragraphs in length and stated when the policy was to be reviewed, what its purpose was and staff would be committed to providing a clean environment. There was no further information or guidance.
- CQC registration issues in the practice had not been addressed for over a year by the management team.
- Pre-inspection information request by CQC prior to the inspection was not sent to the Commission as requested.

We also identified issues with the management of medicines, confidentiality and recruitment procedures. The lack of good governance had contributed to all of these issues.

### Innovation

We saw little evidence of innovation in the practice.

This section is primarily information for the provider

# 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<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect<br>How the regulation was not being met:<br>The provider did not ensure the privacy of patients because of the lack of confidentiality at the reception desk.<br>Regulation 10, (1),(2),(a) |

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>How the regulation was not being met:<br>The provider was not assessing the risks of the high risk patients receiving care and treatment.<br>The provider was not ensuring the proper and safe management of medicines.<br>Regulation 12, (2),(a),(g) |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>How the regulation was not being met:<br>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.<br>The provider did not seek the views of patients for the purposes of continually evaluating and improving the services.<br>Regulation 17, (2),(b),(e) |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>How the regulation was not being met:<br>The provider had not carried out appraisals to assure themselves that staff were able to carry out the duties they were employed to perform? |

This section is primarily information for the provider

# Enforcement actions

Regulation 18, (2),(a)

| Regulated activity | Regulation |
| --- | --- |
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>How the regulation was not being met:<br>The provider did not ensure the person's employed were of good character.<br>Regulation 19, (1),(a) |