

St Mary's Surgery

Quality Report

Field Road, Bloxwich
Walsall WS3 3JP
Tel: 01922 775151

Date of inspection visit: 24 February 2016
Date of publication: 23/06/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

| | | |
|--|----------------------|---|
| Overall rating for this service | Inadequate |  |
| Are services safe? | Inadequate |  |
| Are services effective? | Inadequate |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Requires improvement |  |
| Are services well-led? | Inadequate |  |

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 6 |
| What people who use the service say | 9 |
| Areas for improvement | 9 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 10 |
| Background to St Mary's Surgery | 10 |
| Why we carried out this inspection | 10 |
| How we carried out this inspection | 10 |
| Detailed findings | 12 |
| Action we have told the provider to take | 19 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St. Mary's Surgery on 24 February 2016. Overall the practice is rated as inadequate.

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

- Staff assessed patients' needs but did not have effective procedures in place to ensure care and treatment was delivered in line with current evidence based guidance.
- The practice did not have a Patient Participation Group in place and on speaking with patients there was no evidence that feedback had been sought from them in the past.
- Some audits had been carried out however we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
 - There was no evidence that medicine safety alerts were actioned appropriately.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand.
- There was a system in place for reporting and recording significant events, action plans and lessons learnt were documented.
- Staff understood and fulfilled their responsibilities to raise safety concerns and to report incidents and near misses however it was unclear who the Safeguarding lead was.
- As tenants in the health centre, the provider had not assured themselves that risks to patients, visitors and staff had been appropriately assessed and managed.

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

Summary of findings

The provider must:

- Ensure appropriate assessment of needs are undertaken and an accurate and complete record is in place including the care and treatment provided and the decisions taken in relation to the care and treatment
- Ensure robust system is in place for receiving, reviewing and actioning all safety alerts to ensure that appropriate action is taken.
- Ensure appropriate processes to assess, monitor improvement and mitigate risks in relation to both the safety and quality of the service, for example the use of risk assessment and audit.
- Review and risk assess the emergency medicines to ensure appropriate supply.

The provider should:

- Identify carers and ensure support for this group of patients.
- Not detail information about complaints received in patient's medical records
- Ensure that where lead roles have been allocated staff are fully aware, trained and supported for their role and responsibility.
- Review and implement processes for recording, for example safeguarding concerns and ensure checks of emergency equipment are maintained.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as 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 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.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services. The practice had processes and practices in place to keep patients safeguarded from abuse and there were enough staff to keep patients safe, however there was no clear guidance on who was the safeguarding lead and the role the safeguarding lead had in the practice. Risks to patients who used services were not well assessed and there were no systems and processes in place to address these risks for example, we found limited medicines available to treat emergency situations, with no risk assessment for this in place. No risk assessments had been completed for Health and Safety since 2013. A fire risk assessment had been completed in January 2016 however no information was available at the time of inspection.

We found a lack of supportive evidence for the employment of staff. The practice manager confirmed that verbal references had been received for the latest employee, but this had not been recorded on the personnel file.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services. Some of the staff referred to guidance from the National Institute for Health and Care Excellence (NICE) but there was no clear process in place to confirm that the guidance had been used to assess the needs of the patients. There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, but on reviewing patient records we found them to be inconsistent and not documented adequately. There was no evidence that audits were driving improvement in performance to improve patient outcomes.

Inadequate



Are services caring?

The practice is rated as good for providing caring services. Patients we spoke with told us they were satisfied with their care and the comment cards patients had completed prior to our inspection provided positive opinions about staff, their approach and the care provided to them. Data from the GP survey in January 2016 showed that many patients rated the practice higher than local averages for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Information for patients about the services available was easy to understand and accessible. From the

Good



Summary of findings

2700 patients registered at the practice, only four had been identified as carers, however the practice did have a care co-ordinator in place who regularly reviewed the list and actively tried to encourage patients to advise if they had become carers..

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group. Patients said they found it easy to make appointments via telephone and we saw evidence of how patients were offered a range of appointments to suit their needs. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. A community psychiatric nurse held weekly clinics at the practice to assess and review patients and the practice also worked with the CCG pharmacist so patients received regular medication reviews. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities, however they were unable to demonstrate they were well equipped to treat people and meet their needs as limited emergency drugs were available. Information about how to complain was displayed in the reception area. Evidence showed the practice had responded quickly to the one complaint it had received. Patients with long term conditions were offered regular reviews and there were immunisation clinics for babies and children.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led. The practice did not always demonstrate that staff had the necessary capacity for the lead roles within the practice, for example safeguarding lead. The practice had a number of policies and procedures to govern activity and support the delivery of good quality care however we found that some of the arrangements to identify risk were out of date. For example, health & safety risk assessments. The practice did not have a system in place to ensure appropriate action was taken for safety alerts. Since the inspection we have asked for information on how alerts were dealt with, the practice were unable to supply us with evidence of robust procedures and assurance that action had been taken, however we have received assurances from the Clinical Commissioning Group pharmacy support that the relevant actions are taken when alerts are received. The practice did not have a patient participation group and on speaking with patients they informed us that they had not been asked for feedback.

Inadequate



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 practice is rated as inadequate for the care of older people. The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups. However we did see some areas of good practice for this population group.

Nationally reported data showed that outcomes for patients were similar for conditions commonly found in older people. The practice offered had a range of enhanced services, for example dementia and unplanned admissions. It was responsive to the needs of older people, and offered home visits and telephone consultations as required and on the day appointments for those with enhanced needs.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups

The nursing staff had lead roles in chronic disease management. The practice worked closely with the specialist diabetic nurse. The nurse prescriber at the practice had completed all the relevant training to carry out initiation of insulin for diabetic patients. 97% of diabetic patients had received their flu vaccination. Patients were offered longer appointments and home visits were available with one of the partners when needed for patients who were unable to attend the surgery. Data showed that the practice's achievement for the management of long term conditions was comparable to both local and national average. For those patients with the most complex needs, we saw evidence that the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups

There were policies and procedures to support staff should they have any safeguarding concerns about children, but the staff were unaware of who the safeguarding lead was in the practice. The clinical team offered immunisations to children in line with the national immunisation programme. Appointments were available

Inadequate



Summary of findings

outside of school hours and on the same day for children under five if they were needed. Facilities were available for parents and carers with young babies, including a baby changing room. The practice was easily accessible for pushchairs with all the consultation rooms being on one level. Midwives held weekly clinics at the practice.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups

The practice had adjusted some of its services by offering extended opening hours to see a GP and nurse on a Monday evening and one of the GPs also offered telephone consultations from 6.30pm to 7pm on Tuesday. The practice offered online booking of appointments and prescription ordering through NHS Choices website, although did not have their own website. A full range of health promotion and screening that reflected the needs for this age group were also available this included health checks to all new patients and routine NHS health checks for patients aged 40-74 years.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups

Home visits were carried out to patients who were housebound and to other patients on the day that had a need. The practice held a register of patients living in vulnerable circumstances including those with a learning disability and offered longer appointments for patients with a learning disability. The practice had six patients on its learning disability register. There was a hearing loop available to support patients where necessary. The practice held a register of four carers and a carers corner with information on support available was situated in the main foyer of the building. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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, but it was not clear when speaking with the staff who was the safeguarding lead at the practice. Details of the relevant agencies to contact were displayed on staff noticeboards and staff had completed the relevant training for their role.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for providing safe, effective and well led services; this affects all six population groups

The community psychiatric nurse held a clinic once a week at the practice to review and monitor patients experiencing poor mental health. 95% of people on the mental health register had received annual reviews and 77% patients with dementia had received at least one review in the previous 12 months. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing above the local and national averages in most areas. 348 survey forms were distributed and 107 were returned. This represented 30.7% return rate.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%)
- 93% described the overall experience of their GP surgery as fairly good or very good (85% average, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. All comments were positive about the service and staff. Patients commented that staff were friendly, helpful and informative.

We spoke with two patients during the inspection. Both patients said that they were happy with the care they received. The patients we spoke with felt fully informed and involved in the decisions about their care and treatment. They 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.

Areas for improvement

Action the service **MUST** take to improve

- Ensure appropriate assessment of needs are undertaken and an accurate and complete record is in place including the care and treatment provided and the decisions taken in relation to the care and treatment
- Ensure robust system is in place for receiving, reviewing and actioning safety alerts to ensure that appropriate action is taken.
- Ensure appropriate processes to assess, monitor improvement and mitigate risks in relation to both the safety and quality of the service, for example the with the use of risk assessment and audit.

- Review and risk assess the emergency medicines to ensure appropriate supply.

Action the service **SHOULD** take to improve

- Identify carers and ensure support for this group of patients.
- Not detail information about complaints received in patient's medical records
- Ensure that where lead roles have been allocated staff are fully aware, trained and supported for their role and responsibility.
- Review and implement processes for recording, for example safeguarding concerns and ensure checks of emergency equipment are maintained.

St Mary's Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC Inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

Background to St Mary's Surgery

St. Mary's Surgery is situated in Bloxwich, Walsall. St Mary's Surgery provides primary medical services and has approximately 2700 patients and holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice is located in a purpose built health and social care centre and shares the facilities with other NHS Services, including five GP practices. The area served is ranked as one of the highest deprived areas compared to England as a whole and ranked as one out of ten, with ten being the least deprived. The practice team consists of two GP partners (both male) and one long term locum GP (female). There is an independent nurse prescriber, a practice nurse and a phlebotomist. There is a part time practice manager, and four administration staff who share the responsibilities of reception and administrative tasks.

The practice was open between 8am to 7pm Mondays, 8am to 6.30pm Tuesday, Wednesday and Thursday and on Friday 8am to 1pm. The practice closes the last Wednesday afternoon of each month for staff training/meetings. Emergency appointments are available daily and

telephone consultations are also available for those who need advice. Home visits are available to those patients who are unable to attend the surgery. The out of hours service is provided by NHS 111 service.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274, 000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to manage commissioning responsibilities for local health services.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the service and asked other organisations and health care professionals to share what they knew about the service. We also sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 39 completed cards where patients

Detailed findings

shared their views and experiences of the service. We carried out an announced inspection on 24 February 2016. During our inspection we spoke with a range of staff including the practice manager, clinical and non-clinical staff. We spoke with patients who used the service and we observed the way the service was delivered however we did not observe any aspects of patient care or treatment.

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 open and transparent approach for reporting significant events, staff told us they were encouraged to report any significant events and near misses and were aware of the process for doing so. Staff would either verbally advise or email the practice manager who was the lead. We saw evidence that the practice had documented three significant events for 2015, for example a hospital letter had been scanned into the wrong patient's notes and abnormal test results received had not been acted on immediately. We found the review of events clear with appropriate actions taken and lessons learnt shared.

There was a system in place for the management of safety alerts in relation to medicines. The practice told us that all medicine alerts were appropriately actioned by the practice pharmacist, supported by the Clinical Commissioning Group (CCG). The practice did not demonstrate that effective systems were in place for safety alerts not related to medicines.

Overview of safety systems and processes

The practice had systems and processes in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and staff had a list of contact numbers displayed on the staff noticeboard. There was some confusion amongst the staff who the safeguarding lead was. We were advised by the practice manager that one of the GPs was the lead but on speaking with the GP it was unclear whether he was aware of his responsibilities in relation to the role; however the appropriate level of training had been completed. Other staff demonstrated they understood their responsibilities and had received training specific to their role. We reviewed minutes of multi-disciplinary team meetings where safeguarding issues had been discussed with a plan of action agreed.

On reviewing personnel files we found gaps in the recruitment process. We were advised that the practice had received verbal references for the latest recruited team member, but there was no record of this.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a

Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We observed the premises to be clean and tidy. We saw evidence of cleaning schedules and audits carried out by the contractor. The practice nurse was the infection control lead and had attended the latest update in January 2016. The nurse was aware of her responsibilities within the role and supported training of the staff within the practice.

Annual infection control audits were undertaken, the last audit had been completed on 6 January 2016 and the practice scored 86 points out of 100. We saw evidence of an action plan to address improvements identified and confirmation that some items had been rectified as a result, for example Control of Hazardous Substances (COSHH) data sheets were in place for cleaning agents. There were still some outstanding actions for example, the soap dispensers were not situated in close proximity to the sinks and the chairs in the waiting room were not of washable material. The practice told us that these areas were under the control of the property owners however we saw no evidence that action had been taken to address these specific points.

There were arrangements for managing medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). We saw that systems were in place to monitor the temperature of fridges which stored medicines, with a log of temperatures being kept. The practice had an agreement with the other practices within the building for the storage of vaccines in case there was a breakdown of the fridges. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support from the medical staff was received for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

There was a health and safety policy available and a designated fire marshal at the practice. The practice did not have any up to date fire risk assessments, the last one had been completed in 2012, however since the inspection we have seen evidence of an assessment that had been

Are services safe?

completed by an external contractor in January 2016. The practice did not have a copy of this or any internal checks available at the time of the inspection. The last fire drill was carried out in June 2014, however the staff were aware of the evacuation procedures.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had written confirmation that the next testing would be done in June 2016. Clinical equipment had been checked, the last certificate was dated January 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. The legionella test was carried out in November 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice did not demonstrate that they had considered the availability of emergency medicines in order respond to emergencies. We found limited emergency medicines in

the practice and on speaking with the nursing staff they were unaware of what emergency medicines the doctors had and where they were kept. There was no central emergency medical box for the clinical team to access.

There was a business continuity plan in place. Good business continuity plans will keep a service running through interruptions to services of any kind. The potential impact on patient access and safety had not been considered and robust plans to manage the risks were not in place, for example health and safety risk assessments. A health and safety risk assessment had been completed in 2013 but no reviews had been carried out.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, however when a member of the clinical staff was asked questions about the procedure they were unable to explain how this worked. All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We were advised that emergency equipment was checked regularly; however there was no evidence of this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Some of the GPs and nurses referred to guidelines from the National Institute for Health and Care Excellence (NICE); however one of the GPs could not give an example of how NICE guidelines or clinical guidance had been shared and implemented. The practice had no formal process in place to monitor that guidelines were followed through with the use of risk assessments, audits or random sample checks of patient records. We reviewed five patients' records and found in all cases inadequate records for example in relation to medical history, diagnosis, referrals and follow up to care and treatment.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example: patients on the 'at risk' register and learning disabilities. The practice took part in the avoiding unplanned admissions scheme.

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 93.4% of the total number of points available, Exception reporting was 5.6%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 95.7% which was slightly higher than the CCG and national averages by 4.3% and 6.5%.
- Performance for patients with hypertension related indicators was 81.8% which was lower than the CCG and national average by 17.4% and 16%.
- For dementia related indicators the practice were below the CCG and national averages by 8.3% and 6% at 88.5%

- Performance for mental health related indicators was 100% which was higher than the CCG and national average by 5.3% and 7.2%. Exception reporting was in line with the CCG and national average.

The practice held regular meetings with the CCG pharmacist who assisted the practice in monitoring their prescribing. The senior partner also attended regular CCG meetings.

There had been no complete clinical audits carried out although some preliminary work around statin medication and mirabegron had been carried out. Mirabegron was identified as increasing the chances of vascular disease for patients with uncontrolled hypertension. No re-audits had been completed in order to drive improvements within the practice.

Effective staffing

The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, Cardiopulmonary resuscitation (CPR) and manual handling. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training via an e-learning system and they were encouraged to do all the modules specific to their role. We saw evidence that all staff had received appraisals in the last twelve months.

Coordinating patient care and information sharing

Information to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and intranet system, although we reviewed five patient records and found that these records lacked sufficient information. Information such as NHS patient information leaflets were available. The practice nurse informed us that they were not involved in clinical meetings, but had access to the doctor if guidance was needed. Staff worked together with other health care professionals to understand and meet the range and

Are services effective?

(for example, treatment is effective)

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 to or after discharge from hospital. We saw evidence that multi-disciplinary team meetings took place every three months however care plans were not routinely reviewed and updated by all doctors at the practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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 practice also carried out dementia screening, 2014/15 data highlighted 100% of patients identified on the dementia register had received an annual review.

Supporting patients to live healthier lives

The practice identified some of their practice population who may be in need of extra support. These included patients who were at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and drug addiction. The practice worked closely with the community psychiatric nurse who ran one clinic a week to support patients with mental health needs. Smoking cessation advice was available from the practice nurse at the practice. The practice's uptake for the cervical screening programme was 86.3%, which was comparable to the national average of 81.83%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77.4% to 100% and five year olds from 96.3% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 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 and situated away from the main reception area so 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 and notices were displayed advising patients that this was available if required.

All of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two patients who told us they were satisfied with the care provided by the practice and said the reception staff were very helpful.

Results from the national GP patient survey published in January 2016 showed higher than the CCG and national average in most areas of how patients felt they were treated with compassion, dignity and respect. The practice was above average in most areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%
- 91% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%)
- 76% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%)

- 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients we spoke to 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 on the comment cards we received was also positive and aligned with these views.

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 below in comparison to local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language and that the GPs spoke various Asian languages which supports the current practice population.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Carers corner was situated in the main foyer of the building. In order to offer further support to patients, practices routinely proactively identify patients who are also carers. We saw from records that the practice had identified only four patients as being carers. One of the administration staff was the lead for co-ordinating multi-disciplinary team meetings and also supporting patients and their families if they suffered bereavement and encouraged patients to advise the practice if they became carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example reducing unplanned admissions to hospital. The practice offered extended opening times to see a GP or nurse on a Monday evening from 6.30pm to 7pm and telephone consultations on a Tuesday evening until 7pm for working patients who could not attend during normal opening hours. There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who were unable to get into the surgery and same day appointments were available for children and those with serious medical conditions. There were vaccination clinics for babies and children and patients were also able to receive travel vaccinations available on the NHS.

There were disabled facilities and translation services available and a hearing loop, however not all of the reception staff were aware that a hearing loop was available. Baby changing facilities were accessible and clean.

Access to the service

The practice was open between 8am to 7pm Mondays, 8am to 6.30pm Tuesday, Wednesday and Thursday and on Friday 8am to 1pm. Appointments were from 8am to 11.30am and 4.30pm to 6.30 pm Monday, 8am to 11.50am and 4pm to 6pm Tuesday, 8am to 12.30pm and 4pm to 6pm Wednesday, 8.30am to 11.20am and 4pm to 6pm Thursday and 8am to 11am Friday. Extended surgery hours were offered between 6.30pm to 7pm on a Monday evening. One of the GPs also offered telephone consultations after evening surgery on a Tuesday evening

until 7pm. In addition to pre-bookable appointments that could be booked up to a month 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 in line with local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%
- 70% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%)

The practice informed us that due to recruitment issues, they had been 12 months without a second nurse which had caused difficulties in the provision of nursing services. A new nurse had started at the practice in June 2015.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. 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 a notice displayed in the waiting area. Patients were told to write to the practice manager if they wished to complain or raise any concerns.

The practice had recorded one written complaint in the last twelve months. We found that a record of actions and learning had been recorded. We were told that complaints received will be discussed at the end of year staff meeting in March 2016, but the only recorded complaint was the written one that had been received.

The practice manager told us that all verbal complaints were investigated but we saw no evidence to confirm this. We saw one verbal complaint detailed in a patient's record, but no evidence of follow up or action taken was recorded.

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

There was no evidence that the practice had a vision or strategy in place. There were no plans in place for the sustainability or development of the practice. We discussed with one of the partners who confirmed this. Staff we spoke with felt supported by the management team and were able to give feedback and suggestions in relation to the running of the practice.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to all staff. However there were gaps in governance arrangements in relation to assessing, monitoring and mitigating risks. For example in relation to health and patient safety and the requirement for emergency medicines. The practice were unable to provide assurance of how urgent safety alerts were managed.

The practice did not demonstrate that a schedule of audit was in place to identify and drive areas for improvement. Feedback on the quality of the service was not proactively sought to ensure the patient views and opinions were considered.

The practice had received one complaint, which they had reviewed and replied to, but there was no evidence that this had been discussed with the practice staff.

Patient records reviewed did not demonstrate that appropriate record keeping was in place.

As tenants in the health centre, the provider had not assured themselves that risks to patients, visitors and staff had been appropriately assessed and managed.

Leadership and culture

The policies in place recorded a leadership structure with named members of staff in lead roles. Generally staff we spoke with were clear about their own roles and responsibilities. However there were examples where the leadership knowledge was not clearly demonstrated. The practice manager was responsible for the day to day management of the practice although this was a part time role without any specific support and training. When the

practice manager was not available a senior receptionist was available to support the staff and patients. One of the GPs was the lead for safeguarding, but staff were unaware who the lead was.

The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff. The practice had a whistleblowing policy and staff told us they felt confident to raise any concerns. Whistleblowing is when staff are able to report suspected wrong doing at work; this is officially referred to as 'making a disclosure in the public interest'. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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

The practice did not have a patient participation group (PPG) The practice manager told us that there had been a group at the practice previously, but this had lost its members and another one had not been started. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. The practice had a display in the waiting area detailing information on how to join. On speaking with two patients we were told that the practice had not sought their feedback and there was no suggestion box available in the waiting area for patients to leave feedback. On speaking with staff, we were told that if a patient wishes to complain they would have to put the complaint in writing to the manager.

The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they were comfortable to give feedback and discuss any issues or concerns with management and staff meetings were held monthly. We found limited evidence of meetings that had been held and the only minutes available were from August 2015 and November 2015.

The practice had reviewed the results of the national patient survey published in July 2015 which identified that services relating to nursing staff were not as positive as the other results from the survey. The practice attributed this to the lack of nursing staff they experienced for 12 months during 2014-2015.

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 Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users by assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <ul style="list-style-type: none">• doing all that is reasonably practicable to mitigate any such risks• where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;• the proper and safe management of medicines; <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There were no procedures for receiving, reviewing and actioning safety alerts to ensure that appropriate action is taken.• Minimal emergency medicines were available; practice was unable to demonstrate how they would respond to situations that may arise. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> |

Requirement notices

Good Governance

The provider must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

The provider must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

How the regulation was not being met:

- Appropriate processes were not in place to mitigate risks in relation to the safety and quality of the services offered. For example reviews of health and safety risk assessments and the use of clinical audit.
- We reviewed five patients' records and found in all cases inadequate records for example in relation to medical history, diagnosis, referrals and follow up to care and treatment.