

Dr Maria Coutinho

Quality Report

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

Ratings

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

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	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Maria Coutinho	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 13 July 2016. Overall the practice is rated as requires improvement.

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

- The practice premises were in a generally poor condition. Risk assessments of the premises had identified concerns with health and safety, accessibility and infection control. The practice told us they could not fully resolve these concerns while the current premises were in use. The practice told us they had secured agreement to relocate to new premises, but no date had been set at the time of the inspection.
- There was an open and transparent approach to safety but there was no effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Practice performance data showed patient outcomes were comparable to the national average.
- 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 generally found it easy to make an appointment with a named GP and 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. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some were undated; therefore it was not clear when they had been written or when they were due for review.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was not aware of the requirements of the duty of candour, although we saw that when things went wrong patients received reasonable support, truthful information, and a written apology.

The areas where the provider must make improvements are:

- Take action to address identified concerns with the physical environment relating to infection control, accessibility and health and safety.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure there is a defibrillator available on the premises, or carry out an assessment of the risks to patients associated with the decision not to have one.

In addition the provider should:

- Ensure all policies and procedures in the practice are up to date and regularly reviewed.

- Ensure the provider and staff are familiar with the CQC duty of candour and understand their responsibilities in relation to it.
- Ensure that any individual providing an interpreting service on behalf of a patient is competent and suitable to carry out that role, in order that all patients are able to give informed consent to care and treatment.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure response letters to complaints provide details of the local health service ombudsman or other avenues for patients to pursue if they are not happy with the outcome.

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Risk assessments had identified concerns with health and safety, accessibility and infection control, all relating to the physical environment. The practice told us they were not able to address these concerns without relocating the premises.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there was no formal policy in place for identifying and investigating significant events.
- The provider was not aware of the requirements of the duty of candour, although we saw that when things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice did not have a defibrillator available on the premises, and had not carried out an assessment of the risks to patients associated with this decision
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good 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 to secure improvements to services where these were identified.
- 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.
- Longer appointments were available to a range of patients, and some patients had individual arrangements with the practice to book appointments in accordance with their individual needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Practice specific policies were implemented and were available to all staff. Some of the policies and procedures were undated; therefore it was not clear when they had been written or when they were due for review.
- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings.
- Staff received regular performance reviews and had clear objectives.

Requires improvement



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The provider supported learning and improvement within the practice.
- The practice had been working with the local Clinical Commissioning Group and other stakeholders to secure agreement from NHS England to relocate the premises to a nearby health centre.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider is rated as requires improvement for the care of older people. The practice was rated as inadequate for safe and requires improvement for well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had introduced regular multidisciplinary team meetings to review care plans for patients who required home visits and patients with a diagnosis of dementia.
- The practice carried out weekly visits to a local care home.

Requires improvement



People with long term conditions

The provider is rated as requires improvement for the care of people with long term conditions. The practice was rated as inadequate for safe and requires improvement for well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were lower than the national average. The practice had taken steps to improve performance in this area which included providing an information session for patients from the diabetes specialist nurse and a dietician.
- The practice had conducted a review of its patients to identify those with a Body Mass Index (BMI) over 25. Seven-hundred and sixty four patients were identified. These patients were invited to the practice for advice on diet and exercise. Subsequently 111 patients attended the practice regularly for support and

Requires improvement



Summary of findings

review with the practice nurse and 16 were referred to a local weight management scheme. This was an ongoing review and at the time of the inspection 20 patients had been successful in reaching their target weight.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice nurse had completed a training programme for an NHS funded initiative that aimed to help NHS staff carry out personalised care planning for people with long term conditions.

Families, children and young people

The provider is rated as requires improvement for the care of families, children and young people. The practice was rated as inadequate for safe and requires improvement for well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with or above national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The provider is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as inadequate for safe and requires

Requires improvement



Summary of findings

improvement for well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice held a list of patients who were able to pre-book appointments with a particular GP as a priority due to their personal circumstances.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The provider is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe and requires improvement for well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

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

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safe and requires

Requires improvement



Summary of findings

improvement for well led, resulting in the practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Performance for mental health related performance indicators was similar to the Clinical Commissioning Group (CCG) and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and one survey forms were distributed and 120 were returned. This represented 4% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group average of 74% and the national average of 73%.
 - 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group average of 79% and the national average of 85%.
 - 80% of patients described the overall experience of this GP practice as good compared to the Clinical Commissioning Group average of 82% and the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the Clinical Commissioning Group average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards of which 26 were positive about the standard of care received. Patients commented that the doctors treat them with dignity and respect, and that the receptionists are caring and helpful, although three comments were critical of the attitude of their doctor.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Maria Coutinho

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser.

Background to Dr Maria Coutinho

The practice, also known as Trinity Medical Centre, is based in the London Borough of Greenwich. The practice is run by one GP (female) who works full time at the practice.

The practice is housed in two converted terraced houses and a basement extension, from which the practice has been based since 2008.

The practice is in an area with a mixed demographic, including areas of both relatively high and relatively low deprivation. The practice has a list size of approximately 3,340. In addition to the GP who runs the practice, there are two salaried GPs (one female and one male). In total 13 GP sessions are offered per week. There is also a practice nurse and a healthcare assistant, a practice manager and six other administrative and reception staff.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, family planning, and diagnostic and screening procedures.

The practice is open between 8:00am and 6:30pm Monday to Friday. Scheduled appointments are available throughout the day apart from 12:00 noon until 1:30pm daily, during this time the telephone lines are open to

advise and direct patients. The practice has extended hours on Monday from 6:30pm until 7:30pm and Wednesday from 7am to 8am where appointments with a GP, nurse or healthcare assistant are all available.

The practice was previously inspected in April 2014 under the CQCs previous inspection methodology and was found to be meeting the regulations in place at the time. This was the first inspection under the new methodology, which includes ratings.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2016. During our visit we:

- Spoke with a range of staff including the GP provider, the practice nurse, the practice manager and administrative staff, and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was no effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager verbally of any significant incidents but were not aware of the practice policy regarding this. There was no policy, recording form or protocol available for them to use. The practice had identified three significant events in the preceding 12 months and evidence was seen that actions and learning from these had been identified and were shared with the staff team.
- We saw evidence that when things went wrong with care and treatment, and these were identified as significant events, patients were informed of the incident, received reasonable support, and truthful information.
- The practice did not carry out analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken when failings were identified. For example, the practice had investigated a delay in test results being made available to a patient, and took action to ensure all staff knew how to identify and locate test results when they are received by the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained

to child protection or child safeguarding level 3, the nurse to level 2 and the administrative staff to level 1. All staff at the practice had received training in adult safeguarding to level 1.

- The GPs told us they did not regularly attend safeguarding meetings but always provided reports where necessary for other agencies.
- 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained standards of cleanliness and hygiene, with a daily cleaning service as well as daily individual cleaning schedules for medical equipment. We observed the premises to be generally clean and tidy, although the physical environment did not allow the practice to minimise the risk of infection. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. The most recent infection control audit took place in May 2016 and the practice had achieved a score of 82%. The audit had identified poor environmental condition in the practice, including damaged, uneven and unsuitable flooring, textured wall paper posing a risk of dust collection and sinks with taps that were operated by hand rather than elbow. The practice told us that they had secured agreement with the local Clinical Commissioning Group and NHS England to relocate to nearby premises in a purpose built health centre which would remove these risks. No date had been set for the relocation to take place. An action plan was in place and evidence was seen that concerns with daily infection control practice, for example the immunity status of cleaning staff and the arrangements for the storage of clinical specimens, had been addressed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

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

Monitoring risks to patients

Risks to patients were assessed, but risks relating to the physical environment were not being addressed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A risk assessment of the premises in 2016 had highlighted several concerns arising from poor maintenance of the building which had an impact on

patient safety. This included poor condition of floors and walls, a lack of ventilation, and poor accessibility for patients who are less mobile. The practice was aware of these risks to patients and said that they were unable to address them unless they relocated their premises. At the time of the inspection plans for relocation had been agreed by NHS England.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

We looked at the practice's arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a policy in place, and information on display in the practice relating to medical emergencies. Reception staff told us that in the event of a medical emergency they would immediately interrupt the doctor or nurse for assistance.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises, and had not carried out an assessment of how they would respond to medical emergencies which required one.
- The practice had oxygen available with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice had conducted reviews of all patients who had been prescribed vitamin B tablets, and their prescriptions were reviewed in light of NICE guidelines.

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 91% of the total number of points available, compared to the national average of 92% with an exception reporting rate of 3% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the Clinical Commissioning Group (CCG) and national averages, with an exception reporting rate of 3% compared to the CCG average of 9% and the national average of 11%. For example, 70% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 78% and the national average of 78%. The number of patients who had received an annual review for diabetes was 78% compared to the CCG average of 87% and the national average of 88%.

- Performance for mental health related indicators were either in line with or below local and national averages. For example, 71% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 85% and the national average of 88%.
- 100% of a total of 14 patients with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption in the preceding 12 months compared to the CCG average of 86% and the national average of 90%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% of a total of three, compared to the CCG average of 84% and the national average of 84%.

The practice had been proactive in identifying patients who were at risk of diabetes; these patients were discussed in clinical meetings, offered appointments for advice on diet and lifestyle, and were referred to a local self-management course.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of antibiotic prescribing at the practice led an increase from 43% to 66% of clear explanations being made in patient notes, and an increase from 77% to 85% of local guidelines being followed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Are services effective?

(for example, treatment is effective)

example, nursing staff had received training updates in 2016 for immunizations, cervical screening and asthma. The practice nurse had completed a training programme for an NHS funded initiative that aimed to help NHS staff carry out personalised care planning for people with long term conditions.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff attended quarterly training days hosted by the Clinical Commissioning Group. Recent additional training for reception staff included a course for managing difficult or challenging situations with patients.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- Some patients had requested that their children act as interpreters during consultations, which the practice allowed without considering the risks. For these patients the practice could therefore not be assured that appropriate consent has been obtained, or that information has been fully explained and understood.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had conducted a review of its patients to identify those with a Body Mass Index (BMI) over 25. Seven-hundred and sixty four patients were identified. These patients were invited to the practice for advice on diet and exercise. Subsequently 111 patients attended the practice regularly for support and review with the practice nurse and 16 were referred to a local weight management scheme. This was an ongoing review and at the time of the inspection 20 of the 111 patients had been successful in reaching their target weight.

Are services effective? (for example, treatment is effective)

- The nurse had been trained to provide smoking cessation advice and support.

The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 82% (CCG average 85% to 93%) and five year olds from 65% to 83% (CCG average 69% to 92%). The practice provided unpublished and unverified evidence dated February 2016 that vaccination rates for under two year olds had improved to range from 78% - 96%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Twenty six of the 29 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 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. However, we were told patients often asked relatives to attend.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours access on Monday morning from 7:00am until 8:00am and on Wednesday evening from 6:30pm until 7.30pm for working patients who could not attend during normal opening hours.
- The practice held a list of patients who were able to pre-book appointments with a particular GP as a priority due to their personal circumstances. This list included patients who were at risk of unplanned admission to hospital.
- There were longer appointments available for patients with a learning disability.
- Thirty minute appointments were available with the practice nurse for patients who were aged over 75.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, and translation services available.
- The practice website provided links to general information about UK health services in 20 languages.

Access to the service

The practice was open between 8:00am and 6:30pm on Tuesday, Thursday and Friday, between 8:00am and 7:30pm on Monday and between 7:00am and 6.30pm on Wednesday. Scheduled appointments were available throughout the day apart from 12:00 noon until 1:30pm daily. The practice had extended hours on Monday from 6:30pm until 7:30pm and Wednesday from 7:00am to 8:00am where appointments with a GP, nurse or healthcare

assistant were all available. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had conducted its own patient survey which was discussed with the practice Patient Participation Group (PPG). This led to an additional staff member taking telephone bookings in the mornings, and information being put on display in the reception area about how to book an appointment.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests for a home visit were assessed by the practice GPs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. One example was given of a home visit that was carried out by a GP after contact from a patient's neighbour who was concerned about them.

Listening and learning from concerns and complaints

The practice had an effective 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.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system including a complaints form and information on display in the waiting area.
- The practice routinely discussed complaints at clinical meetings.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency and an apology offered. Response letters did not always provide details of the local health service ombudsman or other avenues for patients to pursue if they are not happy with the outcome, as required by the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

The practice held an annual complaints meeting. We reviewed minutes of the meeting held in September 2015 at which four complaints from the previous year were discussed and learning points identified. In one example a patient had complained about being repeatedly unable to see a particular GP. The practice responded to this by increasing the number of pre-booked appointments for this GP and also set up a list of patients who were able to pre-book an appointment with their GP due to their individual circumstances.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a commitment to deliver high quality care and promote good outcomes for patients.

- The practice did not have a formal mission statement but staff knew and understood the values of the practice.
- The practice had supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had been successful in working with the local Clinical Commissioning Group and other stakeholders to secure agreement from NHS England to relocate the premises to a nearby health centre.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Some of the policies and procedures were not dated, therefore it was not clear when they had been written or when they were due for review.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The governance arrangements in place had not resolved long standing safety and infection control concerns with the premises.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, although staff knew how to respond to medical emergencies and to identify significant events, policies were not in place. The provider had not considered the risks of not having a defibrillator.

Leadership and culture

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology, although the provider and staff were not familiar with the CQC duty of candour and their responsibilities in relation to it.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. One staff member told us that additional training had been given on request when they were not confident about one aspect of their role.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The age range of the PPG was 35 to 72 years and members were from a wide range of ethnicities which reflected the diverse nature of the practice population.
- The results of a patient survey in January 2016 were discussed with the PPG. This led to improvements to the practice appointment booking system, the introduction

Are services well-led?

Requires improvement 

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

of name badges for reception staff and practice staff opening the blinds in the waiting room to allow more light in. The PPG were involved in designing the next patient survey.

- As part of their efforts to relocate their premises, the practice conducted a patient survey in June 2016 which received ninety five responses. 94% of patients were in support of the practice relocating and 98% stated they would remain as registered patients of the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following feedback from

staff the practice agreed to hold clinical meetings weekly rather than fortnightly. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The provider supported learning and development in the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had met with organisers of a local apprenticeship scheme to begin the process of recruiting an apprentice to work at the practice. The practice was part of a syndicate of four local practices who met regularly to discuss the health needs of the local population.

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 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>How the regulation was not being met:</p> <p>The registered person did not adequately assess the risks to the health and safety of service users receiving the care or treatment or do all that was reasonably practicable to mitigate any such risks in that:</p> <ul style="list-style-type: none">• The practice did not have a robust process for reporting, recording, acting on and monitoring significant events, incidents and near misses.• The practice had not taken sufficient action to address identified concerns with infection prevention and control and health and safety at the practice.• The practice did not have a defibrillator available on the premises, and had not carried out an assessment of the risks to patients associated with the decision not to have one. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>