

Beaconsfield Road Surgery

Quality Report

21 Beaconsfield Road
Hastings
East Sussex
TN34 3TW

Tel: 01424422389

Website: www.beaconsfieldroadsurgery.co.uk

Date of inspection visit: 08 December 2015

Date of publication: 18/02/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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	6
What people who use the service say	10
Areas for improvement	10
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Beaconsfield Road Surgery	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	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Beaconsfield Road Surgery on 08 December 2015. Overall the practice is rated as requires improvement. Specifically, we found the practice to be requires improvement for providing safe, effective, and well-led services.

The practice also requires improvement for providing services for 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 and people experiencing poor mental health (including people with dementia). The practice was good for providing a caring and a responsive service.

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

- Staff felt well supported but had not always received training appropriate to their roles. Specifically some administrative and reception staff had not received training in the safeguarding of children and vulnerable adults and some staff had not received training in the Mental Capacity Act of 2005.
- Risks to staff, patients and visitors were formally assessed and monitored, however not all actions identified by infection control auditing processes were implemented, specifically in relation to the state of repair of the building.
- Printer prescription sheets and some prescription pads were not always kept securely.
- There was a fire safety policy in place and regular safety checks were carried out, however the practice had not carried out a rehearsal of fire safety and evacuation procedures within the last year.

Summary of findings

- The practice had not risk assessed all staff as to whether they should have a Disclosure and Barring Service (DBS) check.
- There was a wide range of policies, procedures and risk assessments in place, but not all had been signed and dated or had a review date.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice worked closely with other organisations and with local community services in planning how care was provided to ensure that they met people's needs.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.
- 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.
- There was a comprehensive business continuity plan in place.
- Ensure that policies and procedures are implemented to keep blank prescriptions secure at all times.
- Ensure all actions identified by infection control auditing processes are implemented including improvements to the building.
- Ensure that all policies, procedures and risk assessments in place for assessing and monitoring risks to staff, patients and visitors, including fire safety arrangements and the legionella risk assessment are signed, dated and reviewed on a regular basis and that any actions identified are implemented. In particular ensuring that regular rehearsals of fire safety and evacuation procedures are carried out and fire escape routes are assessed.
- Ensure staff undertake training to enable them to gain the knowledge required in order to fulfil the duties and responsibilities pertaining to their role, including training in the safeguarding of children and vulnerable adults and the Mental Capacity Act 2005.

In addition the provider should:

- Assess whether their procedures for assessing and searching on national alerts such as National Institute for Health and Care Excellence (NICE) and Medicines & Healthcare Products Regulatory Agency (MHRA) alerts could be made more robust.
- Ensure that care plans are scanned in to the patient notes in a timely manner.
- Assess whether the emergency buzzer in the toilet for people with disabilities is accessible to patients with a disability.
- Ensure that all staff are risk assessed as to whether they require a DBS check to carry out their role.
- Ensure that all staff are aware who is the lead for child and vulnerable adult safeguarding within the practice.

We saw one area of outstanding practice:

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19.2% of the practice list as carers. Posters and leaflets in the waiting room were available to direct carers to the various avenues of support available to them. New information was sent to patients on the carers' register, a recent example being discounts with local and national businesses. There was a carers tab on the website and one of the patients who was a carer ran a dementia drop-in service locally.

Importantly, the provider must:

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Risks to patients and staff were assessed, but not always well-managed. For example, the practice had assessed the risks associated with fire safety, but had not conducted a rehearsal of their fire evacuation procedures within the last 12 months. The practice was clean and tidy and the staff had systems in place to reduce the risk of cross infection that they adhered to. They had also carried out an audit of infection control, but had not made the repairs and changes to the building that had been identified as necessary. There were medicines policies in place but blank printer prescription sheets and prescription pads carried by GPs were not always kept securely. Some staff had not received training in the safeguarding of children and vulnerable adults.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely, but did not have a formal robust system in place for discussing new alerts. Patients' needs were assessed and care was well planned and delivered in line with current legislation. However, staff had not always received training appropriate to their roles. For example some reception staff had not received training in safeguarding of vulnerable adults and children and some clinical staff had not had recent training in the Mental Capacity Act 2005 (MCA).

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice equal to or 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Patients were able to access urgent appointments on the same day or could book in advance on the internet, by phone or in person. Extended hours appointments were offered on Wednesday and Thursday evenings and there was an open surgery on Monday mornings. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and learned from them.

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity. Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe for example there was no record as to when fire evacuation procedures had last been rehearsed. Also some risks had not been recognised for example the printer prescriptions were left unattended in unlocked rooms. The provider was aware of, and complied with, the requirements of the Duty of Candour and the partners encouraged a culture of openness and honesty. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a focus of leading by learning and improvement and the management encouraged innovation and sharing of ideas.

Requires improvement



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 requires improvement for the care of older people. The practice was rated as requires improvement for the provision of safe, effective and well led services. The concerns that led to these ratings apply to all the population groups. The practice was rated good for providing caring and responsive services.

The practice was responsive to the needs of older people, and offered home visits and longer appointments for those with enhanced needs. They also worked closely with community nurses to share information regarding older housebound patients and ensure their access to appropriate support and care. The practice provided care for patients in several local care homes and provided regular visits and support for care home staff in dealing effectively with patients' needs. In one care home where they looked after a relatively large number of patients, they held a weekly ward round. For those older people with complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. During the early autumn additional flu vaccination clinics were held, including Saturday clinics. The percentage of people aged 65 or over who received a seasonal flu vaccine was in line with the national average.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for the provision of safe, effective and well led services. The concerns that led to these ratings apply to all the population groups. The practice was rated good for providing caring and responsive services.

GPs and nursing staff held lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for these patients to minimise the risk of unplanned hospital admissions, but had not always been scanned into the patient notes in a timely manner. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured regular review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. All patients living in residential homes with a long term condition had an annual review with a nurse. There were a variety of clinics run for the management of

Requires improvement



Summary of findings

specific long term conditions. For example in addition to routine diabetic clinics, one GP ran diabetic clinics with the practice nurse to manage the care of diabetic patients with complex care needs. An audit dated 07 October 2015 of the practice's diabetic patients showed the percentage of diabetics cared for by the practice and attaining all four recognised standards that indicated a good quality of diabetic control was over twice that of the national average achievement. This was supported within the results from the Quality and Outcomes Framework 2014 to 2015 which also showed that the practice performed better than the national average. Patients receiving end of life care were supported using the Gold Standards Framework which is a system designed to provide a high standard of care to patients nearing the end of their life. GPs held monthly meetings with the palliative care team.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for the provision of safe, effective and well led services. The concerns that led to these ratings apply to all the population groups. The practice was rated good for providing caring and responsive services.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice had identified a lead GP for the safeguarding of children. However, not all practice staff knew who the lead GP was or had received training in the safeguarding of children at a level appropriate to their role. Immunisation rates for the standard childhood immunisations were mixed. For example 12 month old immunisation rates (91.1%) were in line with the clinical commissioning group (CCG) average (92.3 - 92.7%) but the five year old immunisation rates (84.4% - 92.2%) were below the CCG average (89.8% - 95.8%). Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had a policy that if a request for an appointment was made for a child under 10 they were always seen. The percentage of women aged 25 or over and who had not attained the age of 65 whose notes record that a cervical screening test had been performed in the preceding five years was 93.5%. This was above the CCG 83.9% and national 81.8% averages.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

The practice was rated as requires improvement for the provision of safe, effective and well led services. The concerns that led to these ratings apply to all the population groups. The practice was rated good for providing caring and responsive services.

The practice offered extended opening hours for appointments and patients could book appointments or order repeat prescriptions online. Telephone consultations were available and there was a text reminder service for appointments. There was a full range of health promotion and screening that reflected the needs for this age group and there was accessible health promotion material available through the practice. The practice promoted services for the under 25's on its website and in the practice and staff had been trained to proactively offer (sexually transmitted infection) STI testing and distribute condoms to patients under the age of 25 who were sexually active.

Health checks were available to all new patients registering with the practice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for the provision of safe, effective and well led services. The concerns that led to these ratings apply to all the population groups. The practice was rated good for providing caring and responsive services.

The practice identified patients living in vulnerable circumstances and kept a register of those with a learning disability. They had carried out annual health checks for patients with a learning disability and supported them in developing care plans. Longer appointments were available to patients where needed, for example when a carer was required to attend with a patient. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients how to access various support groups and voluntary organisations. The practice had a carers' register and signposted carers to support services. They would proactively send new information out to carers. 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 although not all reception and administration staff had completed training in the safeguarding of vulnerable adults.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for the provision of safe, effective and well led services. The concerns that led to these ratings apply to all the population groups. The practice was rated good for providing caring and responsive services.

Patients experiencing poor mental health had comprehensive care plans. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive care plan documented in their medical records in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 92.5% (national average 88.47%). 85% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (national average 84.01%). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and demonstrated clear pathways of referral to mental health and drug and alcohol services. If a patient required urgent referral to the mental health services, the practice had clear protocols in place for urgent assessment and referral. The practice had arranged for a staff member to undertake the course for the Bradford Certificate in Dementia for Practitioners with a Special Interest so that they could work as part of the local memory assessment services team to aid in the diagnosis of dementia in the local area.

Requires improvement



Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views on the practice. We received four comment cards, three of which were positive about the standard of care received. The fourth didn't comment on the standard of care received. The three that commented considered all staff to be friendly and helpful. GPs were thought to be considerate and gave good advice.

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

The national GP patient survey results were published on 04 July 2015. The results showed the practice was performing in line with local and national averages. 285 survey forms were distributed and 114 were returned.

We reviewed the most recent GP national survey data for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. We noted that 91.7% of patients described their overall experience of the surgery as good compared to a clinical commissioning group (CCG) average of 86.7% and a national average of 85.2%. Also 93.1% found the receptionists at this surgery helpful (CCG average 89.4%, national average 86.9%). We saw that 87.2% felt that the last GP that they saw or spoke to was good at treating them with care and concern (CCG average 83.3%, national average 85.1%) and that 87.9% felt that the last nurse that they saw or spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).

Areas for improvement

Action the service MUST take to improve

- Ensure that policies and procedures are implemented to keep blank prescriptions secure at all times.
- Ensure all actions identified by infection control auditing processes are implemented including improvements to the building.
- Ensure that all policies, procedures and risk assessments in place for assessing and monitoring risks to staff, patients and visitors, including fire safety arrangements and the legionella risk assessment are signed, dated and reviewed on a regular basis and that any actions identified are implemented. In particular ensuring that regular rehearsals of fire safety and evacuation procedures are carried out and fire escape routes are assessed.

- Ensure staff undertake training to enable them to gain the knowledge required in order to fulfil the duties and responsibilities pertaining to their role, including training in the safeguarding of children and vulnerable adults and the Mental Capacity Act 2005.

Action the service SHOULD take to improve

- Assess whether their procedures for assessing and searching on national alerts such as National Institute for Health and Care Excellence (NICE) and Medicines & Healthcare Products Regulatory Agency (MHRA) alerts could be made more robust.
- Ensure that care plans are scanned in to the patient notes in a timely manner.
- Assess whether the emergency buzzer in the toilet for people with disabilities is accessible to patients with a disability.
- Ensure that all staff are risk assessed as to whether they require a DBS check to carry out their role.

Summary of findings

- Ensure that all staff are aware who is the lead for child and vulnerable adult safeguarding within the practice.

Outstanding practice

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19.2% of the practice list as carers. Posters and leaflets in the waiting room were available to direct carers to the various avenues of support available to them. New

information was sent to patients on the carers' register, a recent example being discounts with local and national businesses. There was a carers tab on the website and one of the patients who was a carer ran a dementia drop-in service locally.

Beaconsfield Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Beaconsfield Road Surgery

Beaconsfield Road Surgery offers personal medical services to the population of Hastings. There are approximately 5100 registered patients.

Beaconsfield Road Surgery is run by two partner GPs. The practice is also supported by a salaried GP and a previous partner who works part time. There are four practice nurses, two healthcare assistants, a phlebotomist, a team of receptionists, administrative staff, a practice manager and an assistant practice manager. There are two female GPs and two male GPs.

The practice collaborates closely with another local practice, but at the time of the inspection they were still operating as two separate partnerships at two separate registered locations with two separate patient lists. However many staff employed by the practice also worked at the collaborative practice. One of the partner GPs had regular surgeries across the two practices, but when working at the collaborative practice, was employed on a locum basis. Any GP holiday or sickness cover between the practices was treated on a locum basis. The collaborative practice will be inspected on a separate occasion.

The practice is open between 8.30am and 6pm Monday, Tuesday and Friday, 8.30am to 8pm on Wednesday and 8.30am to 7pm on Thursday.

When the practice is closed cover is provided by an out of hours service and is accessed via NHS 111. This information is available to patients on the practice website and on the telephone answer machine.

Patients can be seen at the practice in general clinics. These include health checks, annual reviews for patients suffering from chronic diseases including amongst others, coronary heart disease, previous stroke, hypertension, chronic kidney disease, asthma and diabetes. Dressings, anti-coagulation, spirometry and smoking and alcohol cessation advice are also offered.

Child immunisations are held throughout the week.

Well person checks are available with the nurses and this can include a cervical smear test for women if indicated.

Sexual health advice and investigations are offered.

Nurses also offer dietary advice and advice on exercise and weight loss and run travel clinics.

Some minor surgical procedures are also available following GP referral.

Annual influenza vaccination clinics are held in September, October and November some of which are held on Saturdays.

The practice has an average population of 0-18 year olds, a slightly lower than the national average population of 24-44 year olds and a slightly higher than the national average population of 45-84 year olds. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than average for England.

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2015. During our visit we:

- Spoke with a range of staff, GPs, nurses, health care assistants, reception and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts, as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We reviewed safety records, complaints records and incident reports. This showed the practice had managed these consistently over time. However, we identified some areas of risk which had not been identified by staff and other areas which had been identified but appropriate action had not been taken. For example in the management of printer prescription sheets and the actioning of some issues identified in the infection control audit.

Learning and improvement from safety incidents

The practice has a system in place for reporting, recording and monitoring significant events. We saw a policy which clearly outlined the significant event procedure and we also saw completed significant events review forms which described details of the event, importance level, reflection and actions. Significant events were discussed amongst the partners and practice manager. Three significant events were recorded in 2014 and three in 2015. We saw that records of incidents were completed in a comprehensive and timely manner and that there was appropriate action taken as a result. For example we were shown an example of a significant event which came to light as a complaint about a prescribing error. We saw that it had been acted upon and discussed at a partners' meeting. The patient had been informed of the outcome and changes made to prevent a recurrence. We were told that the latest significant event was to be reviewed at a meeting on 14 December 2015. Staff that we interviewed did know about the events and said that they would be told about any event that affected them. We were told by management and confirmed by staff that any information or learning that was identified was disseminated to staff immediately via a personal and group email system. We were also told that important issues were brought up at meetings which were minuted. Minutes were available behind the reception desk. We saw copies of minutes, although no significant events were on the agenda of the minutes that we

inspected. We did see examples where lessons were shared and action taken to improve safety in the practice. One example followed an incident when a test result was put in an absent GPs tray and not seen, a policy was put in place stating that results had to be physically shown to a GP.

National patient safety alerts from bodies such as the Medicines & Healthcare products Regulatory Agency (MHRA), National Institute for Health and Care Excellence (NICE) and General Medical Council (GMC) came into the practice via the computer system and were vetted by the practice manager and their deputy. They ran a computer search to identify any patients that might be affected, and then acted according to action stipulated by the alert. Staff were informed and hard copies were filed and kept for six months. The last safety alert search seen on the computer was 15 September 2015. However there was no record of searches on the system for two of the last three medicines alerts. We were told that any relevant safety alerts would be disseminated to staff via the personal or group directive email system, as well as speaking to staff individually. We were told that NICE guidelines would be discussed at business meetings and multi-disciplinary team (MDT) meetings although there wasn't a formal process for doing this. NICE guidance was however built into the clinical system guidance and templates.

Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young patients and adults that reflected relevant legislation and local requirements and 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 were posters showing clear referral pathways accessible to staff in all rooms and the posters also contained relevant contact numbers for the local authority safeguarding teams. The lead GP for safeguarding was a GP partner from the collaborative practice and most of the staff that we interviewed were not aware who the lead GP was. However those that did not know identified the senior partner at the practice as the child and adult safeguarding lead and told us that they would report concerns to them. The senior partner present was trained to level three child safeguarding and also trained in vulnerable adult safeguarding. We were shown evidence of a recent safeguarding referral which was correctly dealt with. We

Are services safe?

saw that the GPs had all been trained to level three child safeguarding and vulnerable adult safeguarding. Clinical staff were trained to the correct levels and we were told that reception and administration staff had access to online training, but the practice were unable to find any evidence to confirm that training had been completed.

There was a system to highlight vulnerable patients on the practice computer system and patient electronic records. Children considered to be at risk and subject to child protection plans were also highlighted.

Staff described the open culture within the practice where the GPs and practice manager were very accessible and that they were encouraged and supported to share information within the team and to report their concerns.

The practice had a chaperone policy. A chaperone is a person who can offer support to a patient who may require an intimate examination. The practice policy set out the arrangements for those patients who wished to have a member of staff present during clinical examinations or treatment. We were told that normally nursing staff were asked to work as chaperones. However two members of the reception and administration staff had been trained as chaperones, but had not been risk assessed as to whether a Disclosure and Barring Service (DBS) check was necessary. We found that the chaperone service was clearly advertised to patients within the practice.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However prescriptions were not always stored securely.

We checked medicines stored in the treatment rooms and medicine refrigerators. We found they were stored securely and were only accessible to authorised staff. All the medicines and vaccine stock were in date. There was a robust system in place for monitoring maximum and minimum fridge temperatures daily and there was a system of stock monitoring and control in place.

The practice implemented a comprehensive protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to

patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary. Reviews were undertaken for patients on repeat medicines. All hospital letters were passed to the GP to approve medication changes before they were added to the patients' records. All prescriptions were reviewed and signed by a GP before they were given to the patient. New blank prescription forms were stored securely and signed in and out by numbers. However there were no useable locks on any of the surgery doors and therefore printer prescription pads and pads held by GPs were potentially accessible in unlocked rooms. Controlled drugs were not stored on the premises and GPs did not carry medicines in their bags.

The practice had shared care arrangements for high risk drugs with secondary care.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Patients were able to opt to have their prescriptions delivered using the electronic prescription service to a pharmacy of their choice. They could also order repeat prescriptions online via the practice website.

Cleanliness and infection control

We observed the premises to be clean, however several aspects of the premises were in a state of disrepair.

One of the nurses was the lead for infection control within the practice and had undertaken up to date training to support their role. All practice nurses, had received up to date training in infection control. Infection control policies and procedures were in place to support staff and adhered to. An audit of infection control processes had been carried out regularly, the last being in September 2015. The practice had produced an action plan to ensure the findings of the audits were addressed. However our observations and discussions with the practice provided no evidence that any restorative work was planned to rectify the issues identified in the audit. The practice used a

Are services safe?

cleaning company to clean the practice and we saw a cleaning schedule which was signed for on a daily basis. Patients we spoke with told us they always found the practice to be clean.

Hand wash solution, hand sanitizer and paper towels were available in each room. Disposable gloves were available to help protect staff and patients from the risk of cross infection. Spillage kits were available within the practice.

We saw that the practice had arrangements in place for the segregation of clinical waste at the point of generation. Colour coded bags were in use to ensure the safe management of healthcare waste. An external waste management company provided waste collection services. Currently waste was stored in colour coded bags in a locked store area that couldn't be accessed by the public. Sharps containers were available in all consulting rooms and treatment rooms for the safe disposal of sharp items such as used needles.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw that the practice had a three year maintenance contract with a specialist company to carry out calibration and testing on clinical equipment and electrical safety (PAT) testing on other equipment. We saw evidence that equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. We saw evidence that testing and calibration of relevant equipment had been carried out in June 2015, for example, digital blood pressure machines, pulse oximeters and weighing scales. We saw that other electrical equipment was PAT tested when required by the maintenance company, but that the company had omitted to carry out PAT testing when they visited in June 2015 to test and calibrate clinical equipment. The practice have since booked an appointment to have this rectified.

Staffing and recruitment

Staff told us there were always appropriate numbers of staff on duty and that staff rotas were managed well. There was a system for members of staff, including GPs and administrative staff, to cover annual leave and the practice worked closely with their collaborative practice when

devising rotas. Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

The practice had a recruitment policy which set out the standards it followed when recruiting clinical and non-clinical staff. We examined personnel records and found that the practice had ensured that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. The practice had carried out criminal records checks through the Disclosure and Barring Service (DBS) of all clinical staff, but had not undertaken a risk assessment of reception and administration staff to determine the need for criminal records checks through the Disclosure and Barring Service (DBS).

Monitoring safety and responding to risk

The practice had some systems and processes to manage and monitor risks to patients, staff and visitors to the practice. We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies.

There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a Health and safety risk assessment had recently been carried out using HSE (Health and Safety Executive) guidance.

The practice had a fire risk assessment carried out in 2011 by a specialist company and the practice had carried out a further assessment using the HSE (Health and Safety Executive) website document recently, but it had not been signed and dated. We saw documented evidence that regular fire alarm checks were carried out weekly. We saw that there were two fire exit routes one upstairs (ground level) and one downstairs. We saw evidence that fire safety training had last been undertaken by all staff in January 2014 and by some nursing staff in January 2015 and March 2015. Fire safety was included in the practice induction process. There were two fire wardens who had been trained and had further training planned for January 2016.

Are services safe?

There was no record of a rehearsal of fire safety and evacuation procedures having taken place within the last 12 months although we were told that one had been carried out in 2014

We saw that control of substances hazardous to health risk assessments had been carried out on materials used within the practice and that the practice had carried out a risk assessment for Legionella in November 2015 although the document did not have a review date.

Arrangements to deal with emergencies and major incidents

There was a panic button in each consultation room and treatment room and an instant messaging system on the computers which alerted staff to any emergency. All staff

received regular basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use and we saw a system in place to record that they had been checked regularly. The practice had defibrillator and a supply of oxygen on the premises with adult and children's masks. There was also a first aid kit and accident book.

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, utilities and service contacts, medicines suppliers, other practices and NHS England area team contacts. A copy of the plan was stored off-site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. NICE guidelines were built into the clinical system guidance and templates. The staff we spoke with and evidence we reviewed confirmed these actions were aimed at ensuring that each patient was given support to achieve the best health outcome for them. We found from our discussions with the GPs and the nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and that these were reviewed when appropriate. In particular we noted that multidisciplinary team meetings were held monthly and that care plans of patients with complex needs were updated where appropriate at these meetings. GPs said that they discussed NICE guidelines during meetings, but that there was no formal system for doing so. We saw evidence of effective needs assessment in the case of a patient with a neurological condition and complex needs whose cause the practice had championed. The computer system contains decision support software and guidance which is regularly updated.

Management, monitoring and improving outcomes for people

Staff across the practice held key roles in the monitoring and improvement of outcomes for patients. These roles included data input and quality, clinical review scheduling, long term condition management and medicines management.

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 98.9% of the total number of points available, with 7.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) (93%) and national average (89%) at 94.2%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 88.6% (CCG 84.8%, national average 83.6%)
- Performance for mental health related indicators was similar to the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 92.5% (CCG 92.8%, national average 88.5%)
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 70.8% (CCG average 77.5%, National average 77%)

The practice had recognised that their performance with regards to dementia care could be improved and a member of staff had embarked on the Bradford Post Graduate Certificate in Dementia with a view to working with the local Memory Assessment Service who the practice referred patients to, and helping improve the outcomes of patients with a diagnosis of dementia.

The practice had carried out clinical audits. For example the practice had in the past invited a consultant physician into the practice to run three monthly consultant diabetic clinics during which they had trained one of the GPs in diabetic care. The training was disseminated to the rest of the team and protocols for care put in place. Although the consultant clinics were eventually withdrawn, one GP ran a clinic with the specialist nurse for more complex cases. An audit in to diabetic care was carried out over two years and two audit cycles had been completed. This had been shared with the clinical commissioning group (CCG). In both cycles the percentage of patients with a diagnosis of diabetes cared for by the practice and attaining all four recognised standards that indicated a good quality of diabetic control was over twice that of the national average achievement. We understand from the practice that the CCG are deciding whether or not the protocols that the practice have employed should be rolled out over the CCG area.

Effective staffing

Are services effective?

(for example, treatment is effective)

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as, infection prevention and control, fire safety, health and safety and confidentiality. Each relevant area of training must be ticked and signed for by both the new employee and practice manager or other staff member overseeing the training. New members of staff spend time with experienced members of staff until they are comfortable with their duties.

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that some staff were not up to date with training in some key areas. Staff had received training in basic life support and fire safety. However, some administration and reception staff had not received training in the safeguarding of children and vulnerable adults at a level appropriate to their role and some clinical staff had not received training in the Mental Capacity Act 2005. Reception and administrative staff had not been risk assessed as to whether they required Disclosure and Barring service (DBS) checks to carry out their roles, two of whom had been trained as chaperones.

We spoke with practice nurses who told us the practice supported education and ongoing professional development. We saw evidence that the nursing team had attended a wide range of up to date training in specialist areas such as wound care, hypertension, spirometry, cervical screening and immunisations. Those nurses with extended roles had undertaken training in the management of conditions such as chronic obstructive pulmonary disease, asthma and diabetes. The GPs supported the nurses in further training for example in physical examination. One of the GPs mentors the nurses in training.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Each member of staff had a yearly

appraisal at which they could freely discuss their performance, concerns and training needs. Each staff member then received a copy of their appraisal interview which they and their appraiser agreed and signed. Staff felt that they could ask for specific training and the practice did their best to provide it. One of the senior members of nursing staff had trained as a mentor and mentored other nursing staff and health care assistants (HCAs). Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision where appropriate. All staff had had an appraisal within the last 12 months.

Working with colleagues and other services 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. We also saw that Information about out of hours calls and hospital admissions were downloaded daily, scanned and then sent to the GPs for review.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Care plans were uploaded to the South East Coast Ambulance Service (SECAMB), and the organisation that provided out of hours care for the practice. We saw evidence that MDT (multi-disciplinary team) meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

The practice had a written policy for consent and staff sought patients' consent to care and treatment in line with legislation and guidance. Discussion with staff

Are services effective?

(for example, treatment is effective)

revealed that they understood the relevant consent and decision-making requirements of legislation and guidance although the practice could only demonstrate that three members of staff had had recent training with regard to the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff referred them to a GP who carried out assessments of capacity to consent in line with relevant guidance. GPs demonstrated an understanding of these guidelines.

We saw three examples of signed patient consent to minor surgery.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients under the age of 25 seeking sexual health and

contraceptive advice. Patients were then offered help and advice from trained staff within the practice and directed towards the relevant service should further more specialised help be required.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 93.48%, which was above the CCG average of 83.9% and the national average of 81.83%. 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 a little below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 91.3%, (CCG averages 91.2% - 96.7%) and five year olds from 82.8% to 92.2% (CCG averages 89.8% - 95.8%).

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 on the outcomes of health assessments and checks were made by the practice, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff knew not to enter unless they knocked and received an answer. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private area to discuss their needs. One end of the reception area was indented and allowed patients to talk to reception staff without being easily overheard.

We saw four patient CQC comment cards two were completed within the last two weeks and two in October. Three of the cards received were very positive about the service experienced, the fourth expressed disappointment at not being aware of the retirement plans of a previous partner. Patients said they felt the practice offered an excellent service and staff were cheerful, friendly, helpful, caring and treated them with dignity and respect. Patients who filled in comment cards also said that staff knew them by name and GPs took time to listen and explain their treatment.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally average or just above average for its satisfaction scores on consultations with GPs and nurses and also for how helpful patients found receptionists to be. For example:

- 87.7% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.3% and national average of 88.6%.
- 87.8% of patients said the GP gave them enough time (CCG average 85.4%, national average 86.8%).
- 93.6% of patients said they had confidence and trust in the last GP they saw (CCG average 93.7%, national average 95.3%)

- 87.2% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 83.3%, national average 85.1%).
- 87.9% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 93.1% of patients said they found the receptionists at the practice helpful (CCG average 89.4%, national average 86.9%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 that GPs took time to listen and that they felt involved in the 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 in line with or better than local and national averages. For example:

- 86.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.4% and national average of 86.3%.
- 88.7% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8%, national average 81.5%)

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.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 87.2% of patients said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 83.3%, England average 85.1%) and that 87.9% of patients said the nurses were also good at treating them with care and concern (CCG average 90.7%, England average 90.4%).

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19.2% of the practice list as carers. Posters and leaflets in the waiting room were available to direct carers to the various avenues of support available to them. New information was sent to patients on the carers' register, a recent example being discounts with local and national businesses. There was a carers tab on the website and one of the patients who was a carer ran a dementia drop-in service locally.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, their usual GP would normally phone them and this would be followed by a patient consultation if appropriate. One of the patients that we interviewed told us of help that they received following bereavement.

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. For example the practice had placed a successful bid to secure funding for a pharmacist in conjunction with four other local practices.

The needs of the practice population were well understood and systems were in place to address identified needs in the way services were delivered. For instance the practice looked after a large number of residents at a local nursing home. To improve continuity of care for the residents and efficiency, the practice arranged to carry out a weekly ward round of their patients at the nursing home, whilst still being available during the rest of the week for urgent care.

The practice provided care and support for the elderly by offering home visits and longer appointments for those with enhanced needs. Open surgeries were held on Monday mornings to increase access and for those older people with complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Influenza vaccination clinics were held in the Autumn and included Saturday clinics and all patients living in residential homes with a long term condition had an annual review with a nurse.

The practice supported patients with complex needs and those who were at risk of unplanned hospital admission. Personalised care plans were produced and were used to support patients to remain healthy and in their own homes. Patients with palliative care needs were well supported using the Gold Standards Framework. The practice had a palliative care register and held regular multidisciplinary meetings to discuss patients and their families' care and support needs. This enabled the practice to ensure a coordinated approach to care and timely information sharing.

There were specific clinics available for patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease. The clinics were run mainly by nurses who were trained in the management of these conditions. There was a joint GP and specialist diabetic nurse clinic run to manage more difficult diabetic cases. Patients with diabetes had regular reviews and the results

from the Quality and Outcomes Framework (QOF) show the practice performed better than the national average. The practice provided in-house spirometry (this is a lung function test that can help diagnose various lung conditions, for example chronic obstructive pulmonary disease). The practice had systems in place to offer blood testing for patients on warfarin (a blood thinning medication), giving advice on any dosage changes and repeat testing at the time of the test. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments and home visits were available when needed.

Care and support for families, children and young people were provided by the practice. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice has a policy that children under 10 were always seen. Children at risk were flagged as an alert on the practice computer system. Routine Immunisations were available by booking with a nurse.

The practice held a register of all patients with a learning disability. They offered them annual health checks and longer appointments at times when the waiting room would be quieter. The practice worked closely with community services if additional support needs were determined following a review.

The practice offered care and support to patients experiencing poor mental health. They regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia and there was a clear pathway of assessment and referral to the mental health team in an emergency. Patients were also told how to access various support groups and voluntary organisations.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice provided care and support to patients with a learning disability and worked closely with community services to support their needs.

The premises were a converted bungalow but some conversions had been made to improve access to patients with disabilities. The door to the practice and the consultation rooms were wide enough for wheelchair

Are services responsive to people's needs?

(for example, to feedback?)

access and toilet facilities were accessible for all patients and contained grab rails for those with limited mobility. There was an emergency buzzer in the toilet, but it did not appear that it would be very accessible to someone of limited mobility. Baby changing facilities were available for mothers with young babies. Staff told us that translation services were available for patients who did not have English as a first language and one of the GPs spoke Hindi and Gujarati. There was also a hearing loop in the waiting room. Staff would assist any patients that required help.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 9.30 am to 12.00am every morning and 3.30pm to 5.30 pm in the afternoon. Extended hours surgeries were offered from 6.30pm to 8pm on Wednesdays and until 7pm on Thursdays. Phone lines remained open until 6.30pm for emergency calls. Before 8.30am, calls were directed to the out of hours service. There was an open access surgery on Monday mornings and this was to be extended to Friday mornings following consultation with the patient participation group (PPG) in January 2016. Additionally pre-bookable appointments were available, which could be booked over the telephone or online. Urgent appointments were also available for people that needed them. There was a policy in place that staff should aim to answer calls within three rings.

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. Patients told us on the day that they were able to get appointments when they needed them.

- 84.2% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and national average of 75.7%.

- 85.1% of patients said they could get through easily to the surgery by phone (CCG average 77.1%, national average 74.4%).
- 81.2% of patients described their experience of making an appointment as good (CCG average 80.3%, national average 73.8%).
- 65.2% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65.2%).

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

We saw that information was available to help patients understand the complaints system including posters and leaflets. Complaints forms were available to patients and staff had a clear complaints procedure available to follow.

Complaints were retained in a complaints file as hard copies, there was also a list on the computer. We looked at four complaints received in the last 12 months. The complaints were dealt in a timely and transparent fashion, patients received an explanation and if necessary an apology. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example there was a situation where a complaint was made about the attitude of one of the GPs. The patient was invited to the practice for a meeting. It was felt that there had been a clash of communication styles and as a result an apology was made to the patient.

The patient participation group (PPG) had its own noticeboard and actively asked for feedback. There was a locked feedback box which could only be opened by the PPG. Feedback questions and answers were posted on the PPG board.

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 clear vision to deliver patient centred high quality care and promote good outcomes for patients. The practice was clinically well led with a core ethos to deliver the best quality clinical care whilst maintaining a high level of continuity.

We spoke with several members of staff and they all knew and understood these aims and objectives although they didn't recognise the specific description of vision and values. They were clear about what their responsibilities were in relation to these.

The practice had identified, and responded to, several significant challenges to the delivery of care over the previous two to three years. The senior partner and another partner had both retired and recruitment of GPs was recognised as a significant problem locally. The partners therefore formed a close collaboration with another local practice, sharing staff, collaborating on some policies and cross covering for holidays. The practice had applied to build new purpose built premises to be shared with the collaborative practice and expected to see completion towards the end of 2016.

This arrangement allowed for GP co-operation on learning and also audits. For instance results of an audit of reissued prescriptions at the collaborative practice led to a change of policy at Beaconsfield Road and auditing of reissuing of prescriptions on a monthly basis.

In addition to this, regular locums had been employed to increase patient access. One of the locums had just started work as a salaried GP for the practice. The practice had instituted a locum policy that meant that locums did not have to deal with test results or telephone consultations, but instead carried out more face to face consultations as it was felt that this would lead to better continuity of care.

Governance arrangements

The practice had policies and procedures in place to govern activity and these were accessible to all staff on the shared computer system and also in the practice manager's office. Some policies such as the Public Interest Disclosure (whistleblowing) policy were available in the staff handbook. Policies and procedures we looked at had been reviewed and were up to date.

The practice had some systems and processes to manage and monitor risks to patients, staff and visitors to the practice. The practice did have risk assessments in place to monitor the safety of the premises, such as a health and safety risk assessment, a fire risk assessment, an assessment of the control of substances hazardous to health and a legionella risk assessment. However the latest fire risk assessment which was on a Health and Safety Executive (HSE) document had not been signed and dated and there was no record of the last fire safety and evacuation rehearsal which we were told took place in 2014. The fire extinguishers had recently been checked, the fire alarm was tested on a weekly basis and we saw records of this testing. We identified some areas of risk which had not been identified by staff and other areas which had been identified but appropriate action had not been taken. For example printer prescription sheets were insecure and action in rectifying issues with the building in response to the infection control audit had not yet been implemented and we saw no evidence of plans to do so.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

The practice had developed a clear leadership structure in which the senior partner took the lead in most clinical roles and included named members of staff in lead administrative roles. However the role of safeguarding lead (vulnerable adults and children) was taken by a GP partner from the practice that they collaborated with and not all staff were aware of this and identified the Beaconsfield Road senior partner as the safeguarding lead. In all other aspects of leadership, staff were aware of the leadership structure within the practice. Reception, administration staff and nurses we spoke with were clear about their own roles and responsibilities.

Some regular meetings took place within the practice which enabled staff to keep up to date with practice developments and facilitated communication between the GPs and the staff team.

The GP partners held monthly business meetings on the evening of the second Monday of every month at which all

Are services well-led?

Requires improvement 

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

aspects of the running and work of the practice were discussed and which the practice manager attended. The nursing staff also met together fairly regularly but informally. Meetings for nurses, reception and administration staff were due to be held quarterly, however the previous two had been about six months apart. If there were important issues to discuss in between times, then the practice manager or her deputy would speak to staff directly and staff confirmed this. We were told that additional staff meetings could be called if required. All issues of significance and learning were conveyed on a one to one basis and also via the internal email directly to individuals and to teams. These flashed on to the computer screen as soon as a member of staff signed in with their key card. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues face to face with the practice manager or GPs, that they felt confident in doing so and felt supported if they did. The practice nurses felt that GP partners were open to any advice that they wished to offer.

Staff felt that they were kept up to date with issues that were appropriate to their role and that they felt respected, valued and supported.

Practice seeks and acts on feedback from its 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.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke to a member of the PPG who told us of the very good relationship that existed between the practice and the PPG. The PPG was active and met on a monthly basis. They carried out patient surveys and submitted proposals for improvements to the practice management team. There was a feedback box in the waiting room which was locked and only members of the PPG could open it. The practice had responded to feedback by giving the PPG a space on its website and a noticeboard which they had sole control over. Patients had asked for hand sanitiser in the waiting room and this had been

ordered and was due to be implemented shortly, they had also requested that the consultation rooms had the GPs names on the doors and that had been implemented. Additionally there had been concerns raised by patients about access and the practice were going to run an extra open surgery on Friday mornings starting in the first week of January 2016 in response to this.

There was information on display in the waiting room of action taken following feedback from patients. The PPG checked the feedback monthly and put up answers to feedback on the board. We saw that each feedback point had a response next to it.

A recent PPG survey had been carried out with 177 responses. This was in the process of being analysed and was to be discussed at their next meeting.

The practice gathered feedback from staff through informal discussions and via team meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged within the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

The practice leadership team was forward thinking and was not afraid to implement new ideas. For instance the practice had responsibility for most of the patients in one local care home and it was agreed that one of the GPs would carry out a weekly clinic at the care home and so deal with all of the routine issues and problems at one time whilst still providing the same urgent care. The partners held six monthly clinical meetings with partners from their collaborative practice and also the practice had made a successful bid in conjunction with four other practices for finance to employ a clinical pharmacist. The clinical pharmacist would undergo training to undertake minor illness clinics and medicine reviews. The practice was in the advanced stages of commissioning new premises which they were expecting to be built in the next nine to twelve months. The GPs had also been accepted as part of a team providing care to patients considered to be violent at a secure site, as an enhanced service.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider did not ensure that effective systems were in place to prevent, detect and control the spread of infections, including those that are healthcare associated.</p> <p>We found that the registered provider completed risk assessments, but did not always sign and date them and did not always use risk assessments relating to the health safety and welfare of service users to make adjustments as required to premises and staff training.</p> <p>We found that the registered provider had not ensured the proper and safe management of medicines.</p> <p>This was in breach of regulation 12 (1) (2) (a) (b) (d) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had assessed and monitored the risks relating to infection control, but had not always mitigated the risks identified.</p> <p>This was in breach of regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

We found that the registered provider had not ensured that all persons employed in the provision of a regulated activity had received appropriate training in relation to the Mental Capacity Act 2005 and the safeguarding of vulnerable adults and children.

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.