

# Bruce Grove Primary Health Care Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bruce Grove Medial Centre on 5 December 2016. Overall the practice is rated as requires improvement.

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

- An infection control audit had been undertaken but an action plan had not been developed to address the issues identified. There was no schedule for the cleaning of hand held clinical equipment such as spirometer, nebuliser and ear irrigator.
- Child size pads were not available for the defibrillator and staff had not been trained in its use.
- The practice did not have an active patient participation group (PPG).
- Low scores received from the national patient survey had not been addressed by the practice.
- Care plans were not produced for patients that were discharged from hospital.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The practice had a number of policies and procedures to govern activity, however not all staff were aware of their existence, for example infection control and adult safeguarding policies.
- Data showed patients outcomes were low compared to the national average. Although some audits has been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Information about services was available in a way patients could access.

The areas where the provider must make improvements are:

- Produce an action plan to address the concerns identified in the infection control audit.
- Ensure child size pads are made available for the defibrillator and that staff are trained in its use.

# Summary of findings

- Undertake clinical audits and re-audits to improve patient outcomes.
- Ensure all staff are aware of policies used to govern the practice.
- Produce a schedule for the cleaning of hand held clinical equipment.
- Produce a plan of how the practice intended to improve QOF figures.
- Review how the practice takes account of patient feedback including the implementation of a PPG.
- Review and address the low scores from the national patient survey.
- Implement care plans for patients that are discharged from hospital.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

In addition the provider should:

# 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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- An infection control audit had taken place but no action plan had been developed to address the issues outlined in the audit.
- Staff were not trained to use the defibrillator and no child masks were available.
- No schedule was present for the cleaning of handheld clinical equipment such as spirometer and ear irrigator.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average.
- There was no evidence of completed two cycle audits that was driving improvement in patient outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

**Requires improvement**



### Are services caring?

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

Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. The practice had not addressed these low scores.

**Requires improvement**



# Summary of findings

- 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.

**Good**



- 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.
- 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.

## Are services well-led?

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

**Requires improvement**



- The practice did not have an active patient participation group (PPG) to regularly engage with patients and gain feedback. However the practice hosted periodic open practice events where patients could drop in and informally discuss the practice.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some staff were unaware of their existence.
- There was a governance framework which attempted to support the delivery of the strategy and care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents however significant events were not always documented as thoroughly as needed in order to effectively learn from incidents.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

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

**Requires improvement**



### People with long term conditions

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

- 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 mainly below the CCG and national averages. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

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

- 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 Comparable to the local averages.

**Requires improvement**



# Summary of findings

- 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 83%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

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

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff was aware of their responsibilities regarding safeguarding. However some staff were unaware of the location of the adult safeguarding policy.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**



# Summary of findings

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

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

- Performance for mental health and dementia related indicators was below the local and national averages.
- The practice 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.
- Staff had an understanding of how to support patients with mental health needs and dementia.

## Requires improvement





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty nine survey forms were distributed and 102 were returned. This represented 4% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients stated that they were happy with the service provided, felt respected and the environment was always clean.

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

## Areas for improvement

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

- Produce an action plan to address the concerns identified in the infection control audit.
- Ensure child size pads are made available for the defibrillator and that staff are trained in its use.
- Undertake clinical audits and re-audits to improve patient outcomes.
- Ensure all staff are aware of policies used to govern the practice.
- Produce a schedule for the cleaning of hand held clinical equipment.

- Produce a plan of how the practice intended to improve QOF figures.

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

- Review how the practice takes account of patient feedback including the implementation of a PPG.
- Review and address the low scores from the national patient survey.
- Implement care plans for patients that are discharged from hospital.

# Bruce Grove Primary Health Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser.

## Background to Bruce Grove Primary Health Care Centre

Bruce Grove Medical Centre is located in Tottenham, North London. It is part of the Haringey Clinical Commissioning Group (CCG). The practice has a patient list of approximately 8200. Thirty nine percent of patients are aged under 18 (compared to the national practice average of 44%). Ten percent of patients are 65 or older (compared to the national practice average of 20%). Forty nine percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises two GP partners (male and female both working nine sessions a week), a female salaried GP (working nine sessions a week), a female practice nurse (working twenty hours a week), two part time practice managers, secretarial and reception staff. The practice also used two regular locum GPs who offered a further eight sessions each per week. Bruce Grove Medical Centre holds a General Medical Service (GMS) contract with NHS England.

The practice's opening hours are:

- Monday, Tuesday, Wednesday and Friday 8:00am-6:30pm
- Thursday 8:00am to 12:45pm

Appointments are available at the following times:

- Monday, Tuesday, Wednesday and Friday 9am – 1pm and 2pm – 6pm
- Thursday – 9am – 12:30pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice was closed, patients were directed to the local out of hour's provider. The practice did not run an extended hour's clinic but referred patients to the local GP hub which provided an out of hour's service. Routine weekend appointments were also provided by the local GP hub.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury; diagnostic and screening procedures, and maternity and midwifery services.

The practice was previously inspected in November 2014 and received an overall rating of good. However there was an outstanding breach of Regulation 9 (2) Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use the service. The practice failed to provide all the necessary medicines for the use in an emergency.

# Detailed findings

## Why we carried out this inspection

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

## 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 5 December 2016. During our visit we:

- Spoke with a range of staff (GPs, practice managers, nurse and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed seven significant event records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that significant events were shared in practice meetings but it was not always clear from the minutes of the meetings or the significant analysis forms what action had been taken to improve safety in the practice. For example, a patient was sent by the GP for tests at the hospital. When the results were received, the hospital was unable to contact the patient on a number of occasions due to incorrect contact details being held by the practice. A GP from the practice went to the patient's house and attempted to call the hospital in the presence of the patient. At that time there was no response from the relevant department at the hospital. The practice continued to do all that was possible to make contact with the patient and the hospital to ensure that test results were received; however there was no evidence of how any processes were changed within the practice to ensure the event was not repeated. We spoke with staff who stated that they now ensured that there was more than one way of contacting a patient recorded on their records.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse were trained to child protection or child safeguarding level 3. Non clinical staff had received level 1 training. However when asked, some staff were unaware where the safeguarding policy was stored at the practice.
- 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 did not maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A cleaning schedule was present for the cleaning of the premises; however there was no schedule present for the cleaning of hand held clinical equipment such as spirometer, nebuliser and ear irrigator. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken in November 2015 however there was no action plan to address concerns which included the replacement of splash back units at sinks to ensure there are no joints that could cause an infection hazard. The infection control lead was not aware that the audit had taken place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

# Are services safe?

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 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 (PGDs) 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. Two of the PGDs were out of date but this was rectified by the practice before the end of the inspection.

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

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. All staff were trained to cover each other's duties.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen, however only adult masks were available and staff had not received training in the use of the equipment. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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.

### 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 showed that the practice achieved 93% of the total number of points available. The practice had a total exception rate of 6% compared to the Clinical Commissioning Group (CCG) average of 9.5% and the national average of 9.2% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were mainly below the CCG and the national average. For example:
  - The percentage of patients in whom the last blood sugar level was 64 mmol/mol or less was 60%, compared to the CCG average of 73% and the national average of 78%.
  - The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 67%, compared to the CCG average of 73% and the national average of 78%.
  - The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 71%, compared to the CCG average of 74% and the national average of 81%.

- The percentage of patients with a record of a foot examination and risk classification was 84%, compared to the CCG average of 83% and the national average of 88%.
- Performance for mental health related indicators were in some cases below the CCG and to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 85%, compared to the CCG average of 83% and the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 77%, compared to the CCG average of 81% and the national average of 84%.
- Performance for other health related indicators were comparable to the CCG and the national average. For example:
  - The percentage of patients with atrial fibrillation with CHADS2 score of 1 who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 73%, compared to the CCG average of 81% and the national average of 98%.
  - The percentage of patients with asthma who had an asthma review that included an assessment of asthma control using the RCP three questions was 83%, compared to the CCG average of 76% and the national average of 75%.
  - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 93%, compared to the CCG average of 89% and the national average of 90%.

When asked about the low QOF performance for some of the indicators the practice responded that many of the diabetic patients were non-compliant and would not attend despite a number of reminders sent. The practice found it difficult to relay the message of the importance of the health checks. However a weekly nurse led diabetes clinic had been established in order to help boost their scores.



# Are services effective?

## (for example, treatment is effective)

There was evidence of one clinical audit conducted in the last two years; however this was not a completed audit where the improvements made were implemented and monitored. The audit reviewed diabetes care in the practice. It demonstrated that QOF targets were improving throughout the year. There was no evidence supplied of what action was taken to achieve this beyond routine recall. There were no measurable changes aside from HbA1c tests (sugar level blood tests carried out for patients with diabetes). The audit showed no clear methodology and there was no evidence of learning shared. There was no re audit to complete the audit cycle.

### 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 example, for those reviewing patients 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, coaching and mentoring, clinical supervision and facilitation 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. However staff were in need of training in the use of the defibrillator. Staff had access to e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans for patients with long term conditions, medical records and investigation and test results. However there was no evidence that care plans were being routinely used following the discharge of patients from hospital.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, 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.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer

screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 94% CCG average ranged from 85% to 94% and five year olds from 91% to 97% (CCG average ranged from 83% to 94%).

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.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

We spoke to the practice regarding the results of the national patient survey which they acknowledged that they were aware of but had not put an action plan in place to address.

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

Patients we spoke with on the day of the inspection 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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages. For example:

- 65% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We spoke to the practice regarding the results of the national patient survey which they acknowledged but had not put an action plan in place to address.

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

## Are services caring?

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (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. For example a weekly diabetes clinic was run in response to the high need of the area.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Online appointment booking was available.
- 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, a hearing loop and translation services available.

### Access to the service

The practice's opening hours were:

- Monday, Tuesday, Wednesday and Friday 8:00am-6:30pm
- Thursday 8:00am to 12:45pm

Appointments were available at the following times:

- Monday, Tuesday, Wednesday and Friday 9am – 1pm and 2pm – 6pm
- Thursday – 9am – 12:30pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that need them. When the practice was closed, patients were directed to the local out of hour's provider. The practice did not run an extended hour's clinic but referred patients to the local GP hub which provided an out of hour's service. Routine weekend appointments were also provided by the local GP hub.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%. There was no evidence that the practice had addressed this low score from the survey.
- 76% of patients said they could get through easily to the practice by phone compared to 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 a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system which included posters situated around the practice and a complaints leaflet.

We looked at the seven written and two verbal complaints received in the last 12 months and found they were generally handled in line with the practice policy; however three of the recent complaints did not have full responses placed in the complaints file. We were informed that the complaints had been passed to clinical staff directly for a response. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received after a patient was unable to secure an emergency appointment. The patient was contacted, an apology offered and an appointment for a GP given to follow up on their concerns. We saw evidence

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

that this was discussed in a practice meeting where it was advised that if all emergency appointments had been given for the day, reception were to contact a GP to triage the patient.

# 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 high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

- The practice had a governance framework which aimed to support 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. However when asked, some staff were unaware of the existence of some policies, including infection control and adult safeguarding despite receiving training in these areas.
- There was limited evidence of quality improvement including clinical audit.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However staff were in need of training in the use of the defibrillator.
- The practice had not taken action in relation to some of the low scores in the National Patient Survey.

The practice was not able to demonstrate how they were intending to improve patient outcomes.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice 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.
- Staff said they felt respected, valued and supported, particularly by the partners in 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 quarterly patient open days where patients can drop in and talk informally to staff about the practice and complaints received. The practice did not have a functioning patient participation group (PPG) despite attempts to start this through giving out information at registration and publicising the group at the quarterly practice open days.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to:</p> <ul style="list-style-type: none"><li>• Ensure that child size pads were available for the defibrillator.</li><li>• Produce an action plan in response to the concerns raised by the infection control audit.</li><li>• Ensure that cleaning schedules for hand held clinical equipment were in place.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice failed to:</p> <ul style="list-style-type: none"><li>• Ensure staff were aware of all policies that were used to govern the practice.</li><li>• Ensure there was a programme of continuous clinical audit used to improve patient outcomes.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Ensure staff receive training in the use of the defibrillator.
- Produce a plan of how the practice intended to improve QOF figures.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.