Lister House Surgery

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?	Good
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 inspection of Lister House Surgery on 11 November 2014. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of requires improvement. This was based on the safe and effective domains and six population groups we looked at achieving the same requires improvement rating.

Our key findings were as follows:

- Patients reported adequate access to the practice. Appointments, including those required out of normal working hours or in an emergency were available.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt that their privacy and dignity was respected by courteous and helpful staff.

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

Importantly, the provider must:

Ensure there are procedures in place for dealing with emergencies such as a business continuity plan which, if they arose, would be likely to affect the provision of services.

Ensure staff are trained in and aware of the processes used for safeguarding and obtaining patient consent, which may include details of the Mental Capacity Act (2005).

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited.

Ensure a coordinated approach to medicines management and that all medicines are within their expiry dates and stored correctly.

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Ensure adequate recruitment procedures are in place including completing the required background checks on staff.

Ensure staff receive appropriate supervision and appraisal.

In addition the provider should:

Ensure that information about how to make a complaint is readily available and accessible to patients.

Ensure there is a system to demonstrate staff have read and understood the practice's policies and procedures.

Ensure there are adequate methods used to receive, action and respond to patient feedback.

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?

Requires improvement

The practice is rated as requires improvement for safe. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. However, the structure of management communications did not ensure that all staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. However, not all staff were trained in safeguarding or clear about the processes used and their responsibilities. With no coordinated approach, staff practice varied in relation to medicines management. Some medicines were beyond their expiry dates. Some areas of the practice were not clean and there were products and kits relating to cleanliness and infection control that were unidentifiable, out of date or stored incorrectly. Systems to ensure staff received the relevant recruitment checks were lacking. There were no formal or informal arrangements for the practice to respond to foreseeable emergencies.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective. The practice reviewed, discussed and acted upon best practice guidance and information to improve the patient experience. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. However, systems to ensure staff received the relevant checks and that their skills and abilities were monitored were lacking. Staff were not trained in the Mental Capacity Act (2005) and there was no awareness among some staff of the process used at the practice to obtain patient consent.

Are services caring?

Good

The practice is rated as good for caring. On the day of our inspection, we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Patients told us they felt listened to and included in decisions about their care. Accessible information was provided to help patients understand the care available to them.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people and those with

Summary of findings

long term conditions. Patients reported adequate access to the practice. Appointments, including those required out of normal working hours or in an emergency were available. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for well-led. Staff were aware of their own roles and objectives and felt engaged in a culture of openness and consultation. An appropriate management and meeting structure ensured that clinical and governance decisions were reached and action was taken. The management structure ensured that risks to patient care were anticipated, monitored, reviewed and acted upon. Staff were supported by management and a system of policies and procedures that governed activity. However, the governance arrangements at the practice were not fully embedded and the practice was not yet safe and effective.

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

Requires improvement

The practice is rated as requires improvement for the population group of older people because some of the processes and procedures at the practice were not safe or effective. However, the practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for dementia and end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations. The practice participated in a frail and older people project cluster group of eight local practices to improve the care of those patients.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the population group of people with long term conditions because some of the processes and procedures at the practice were not safe or effective. However, the practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. Patients with diabetes received a six monthly review. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP or nurse leads for a range of long term conditions such as asthma and diabetes.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the population group of families, children and young people because some of the processes and procedures at the practice were not safe or effective. However, systems were in place for identifying and protecting patients at risk of abuse. There were six week post natal checks for mothers. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours and the premises was suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the population group of working age people (including those recently retired and students) because some of the processes and procedures at the practice were not safe or effective. However, the practice offered online services such as appointment booking and repeat

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prescriptions. The practice responded to the needs of working age patients with extended opening hours every Saturday from 8.00am to midday. The practice sent out approximately 200 invitations for adult health checks each month to patients aged 40 to 74. About 25% of patients accepted.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable because some of the processes and procedures at the practice were not safe or effective. However, the practice held a register of patients living in vulnerable circumstances including those with learning disabilities. Patients experiencing a learning disability received annual health checks and there was a lead nurse for this group of patients. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. The GPs at the practice spoke a number of South Asian languages to assist in the health management of patients whose English was poor.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia) because some of the processes and procedures at the practice were not safe or effective. However, the practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. A mental health worker was available at the practice once a week each Friday. A dementia assessment was available for each patient aged 60 or over or experiencing a chronic disease.

Summary of findings

What people who use the service say

During our inspection, we spoke with eight patients and reviewed 15 comment cards left by them. A patient survey had not been completed in the past year and there was no patient participation group (PPG) at this practice. The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care they received at the practice was adequate. They said they felt staff were respectful, courteous and helpful. Most patients told us the practice was accessible and they were able to get the appointments they wanted. However, some said it was difficult to get an appointment at a time that suited them. They said they were able to get their questions answered by the GPs and felt involved in discussions about their care and treatment.

Areas for improvement

Action the service MUST take to improve

Ensure there are procedures in place for dealing with emergencies such as a business continuity plan which, if they arose, would be likely to affect the provision of services.

Ensure staff are trained in and aware of the processes used for safeguarding and obtaining patient consent, which may include details of the Mental Capacity Act (2005).

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited.

Ensure a coordinated approach to medicines management and that all medicines are within their expiry dates and stored correctly.

Ensure adequate recruitment procedures are in place including completing the required background checks on staff.

Ensure staff receive appropriate supervision and appraisal.

Action the service SHOULD take to improve

Ensure that information about how to make a complaint is readily available and accessible to patients.

Ensure there is a system to demonstrate staff have read and understood the practice's policies and procedures.

Ensure there are adequate methods used to receive, action and respond to patient feedback.

Lister House 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 and practice manager acting as specialist advisers.

Background to Lister House Surgery

The Lister House Surgery provides a range of primary medical services from converted residential premises at 473 – 475 Dunstable Road, Luton, LU4 8DG. The practice is neither a training or dispensing service. The practice serves a population of approximately 6,800. The area served has a slightly higher than average deprivation rate compared to England as a whole. The practice population is predominantly patients from an Indian, Pakistani and Bangladeshi background. The practice serves a higher than average population between the ages of 0 and 34 and a lower than average population over the age of 45. The full clinical staff team includes three GP partners, one salaried GP, four nurses and one healthcare assistant. The team is supported by a practice manager, a deputy manager and an office manager along with a medical secretary and five other reception and administration staff. A mental health worker and midwife also work from the practice.

Why we carried out this inspection

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

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

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.

How we carried out this inspection

Before our inspection visit, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection visit on 11 November 2014. During our inspection we spoke with a range of staff including the GP partners, a salaried GP, nurses, the reception, administration and secretarial teams and the practice and deputy managers. We spoke with eight patients. We observed how staff interacted with patients. We reviewed 15 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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

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

Detailed findings

- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Requires improvement

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events. We saw that the relevant guidance was available to all staff.

The practice's weekly clinical governance and monthly multi-disciplinary team meetings were used for senior staff to review and take action on all reported incidents, events and complaints. Where available, we looked at minutes of the meetings that demonstrated this happened as and when required. However, although written notes were always available, formal minutes of many of the meetings in 2014 were not. Staff told us they received the details of any discussions and decisions made in those meetings by receiving the minutes. Therefore, staff were not made aware of all the decisions made and changes in practice required as a result of those meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how staff had used the procedure to report incidents and significant events relating to clinical practice and/or staff issues. The minutes or written notes of the clinical governance and multi-disciplinary team meetings available at the practice demonstrated that all incidents and near misses were discussed. The meetings included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. An annual significant event review was completed by the practice manager. There was evidence that appropriate learning had taken place.

Safety alerts were reviewed by the practice manager and distributed to the relevant staff through the medical secretary. We saw recent examples of how the alerts were distributed to staff. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies in place and one of the GPs was the nominated lead for safeguarding issues. We looked at an example of a recent concern and saw the appropriate agencies were informed and involved by the practice. However, the staff we spoke with were not always clear of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that some staff had not completed safeguarding training and others had not completed the level of training appropriate to their roles. However, the practice manager and all the GPs had received safeguarding and child protection training at the level specific to their roles.

Medicines management

A system was in place to receive and store vaccinations at the required temperature. The checks included daily monitoring of the temperature at which the vaccines were stored. We checked the vaccines and found them to be stored at the appropriate temperature and within their expiry dates.

All prescriptions were reviewed and signed by a GP before they were given to patients.

However, the practice must improve the way they manage medicines. We found some medicines in the treatment room were beyond their expiry dates. There was no designated lead role for medicines management. The staff we spoke with were mostly aware of their own roles in relation to medicines management and not of the responsibilities of others. From our conversations with them we found that some practice varied. All of the staff we spoke with said there were no controlled drugs at the practice. However, we found one controlled drug kept with the emergency medicines.

Cleanliness and infection control

Hand wash facilities, including hand sanitiser were available throughout the practice. The records we looked at showed that staff were trained in and had access to a policy on infection control issues. The practice had a

nominated lead for infection control issues. There were appropriate processes in place for the management of sharps (needles) and clinical waste. A Legionella risk assessment completed at the practice in December 2013 showed the premises to be a medium to high risk due to the condition of its cold water tanks. We saw an invoice confirming the required works to clean and disinfect the tanks was completed.

However, some systems to maintain the appropriate standards of cleanliness and protect people from the risks of infection were lacking. We saw that some areas of the practice were not completely clean. This was despite staff telling us the practice was deep cleaned in the weeks before our inspection visit. We saw the flooring in the treatment room was slightly damaged and could not be cleaned properly. During our observations and from our conversations with staff we found that clinical procedures involving bodily fluids took place in the surgery rooms. As those rooms contained carpet tiles, it was unlikely those floors could be cleaned properly in the event of any spillage occurring.

We saw that some products and kits stored in the treatment room were not labelled or were beyond their expiry dates. This included a container of unidentifiable liquid and a mercury spillage kit. Not all products and chemicals relating to cleaning and infection control were stored securely. Some were accessible to patients. The practice did not audit or complete documented checks of its cleanliness and infection control measures.

Equipment

Patients were protected from the risk of unsuitable equipment because the practice had procedures in place to ensure the equipment was maintained and fit for purpose. We looked at documentation which showed the practice completed annual checks on its equipment. This included the calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

Records we looked at contained evidence that some of the appropriate recruitment checks (such as references) were undertaken prior to employment. The practice had a recruitment policy in place that set out the checks required when recruiting clinical and non-clinical staff. This included the requirement for criminal records checks. However, from our review of documentation and conversations with staff we found that most staff at the practice, including the GPs and nurses, did not have a current criminal records check and/or had only supplied a check completed by a previous employer.

Monitoring safety and responding to risk

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The practice manager received and distributed (through the secretary) safety alerts to the relevant staff. The practice's clinical governance and multi-disciplinary team meetings were used for senior staff to review and action all reported incidents and events. We looked at the available minutes of the meetings that demonstrated this happened as and when required. An annual significant event review was completed by the practice manager. There was evidence that appropriate learning had taken place.

Arrangements to deal with emergencies and major incidents

The practice did not have procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. From our conversations with staff and our review of documentation we found the practice did not have a written business continuity plan in place to respond to emergencies such as the loss of premises, records and utilities among other things. There were no formal or informal arrangements in place with other providers for the temporary use of premises or facilities should the need arise.

There was documentary evidence to demonstrate staff at the practice had completed Cardiopulmonary resuscitation (CPR) training. We looked at the emergency medical

Requires improvement

Are services safe?

equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates and receiving regular checks to ensure this.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff. The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

We saw that the practice had used this information to improve services for patients with chronic obstructive pulmonary disorder (COPD). Each of the 68 patients on the COPD register were reviewed to identify the amount of emergency hospital admissions and doctor's home visits they'd experienced. As a result, 30 patients had specialist care plans developed as part of the avoiding unplanned admissions enhanced service.

The practice also completed a search of all Atrial Fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) patients to identify those who were not prescribed anticoagulant and invite them for review. Twelve patients were reviewed, of which four were started on an anticoagulant. .

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and annual review for their condition.

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. Examples of clinical audits included those on osteoporosis and the prescribing of Naproxen (a non-steroidal anti-inflammatory drug). We saw that an audit on patients with osteoporosis was completed in January 2014 to ensure that fractures were being appropriately identified and medical intervention provided where required. A total of 64 patients had their diagnoses and treatment reviewed. Of those, 19 patients received therapy interventions such as advice or a change of treatment.

For three weeks in September 2014, the practice completed an audit to check if oral Naproxen (a non-steroidal anti-inflammatory drug) was prescribed by the practice in line with national guidance. This was because Naproxen was known to cause severe adverse effects if inappropriately prescribed. The audit reviewed 61 prescriptions for the drug issued between June and August 2014 and found it was appropriately prescribed in 93% of cases (exceeding the expected conformity of 90%). As a result of the audit and through awareness of the risks, GPs at the practice decided not to prescribe the drug to patients with some long term conditions or a history of drug interventions or known medication confusion.

Effective staffing

During our inspection we were aware that all of the reception and management team had been at the practice for more than 10 years. Many of the clinical staff were also long serving members of the team, although there had been more recent recruitment activity in this group.

Where applicable, the professional registrations and revalidations of staff at the practice were up-to-date. From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. We saw that staff had access to training relevant to their roles and nursing staff were trained in such things as cervical screening and smoking cessation.

However, some systems to ensure patients received care from competent and effective staff were lacking. From our conversations with staff and our review of staff files we found that a programme of staff appraisals was lacking. Senior staff at the practice told us there had been a recent attempt to appraise some staff, but that most nurses and reception staff had not received an appraisal in the past year. They said it was likely most staff had not been appraised since 2008.

From our conversations with staff and our review of personnel files we saw that recorded recruitment checks on staff were lacking. Some files did not contain two references from previous employers, copies of photo identification or checks on things such as a person's right

Requires improvement

Are services effective?

(for example, treatment is effective)

to work in the United Kingdom. Criminal records checks were not available for all clinical staff and those available were completed by previous employers and not by Lister House Surgery.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient pathology results and radiology reports to be received electronically. The process allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used.

The practice held multi-disciplinary team meetings once each month to discuss the needs of complex patients. This included those with end of life care needs. These meetings were attended by district nurses, health visitors and community matrons among others. We saw that the issues discussed and actions agreed for each patient were documented. Also, all clinicians at the practice met weekly each Monday for more frequent, smaller scale discussions. The staff we spoke with felt the system worked well and remarked on the usefulness of such forums as a means of sharing important information.

The practice was part of a frail and older people project within a cluster group of eight local practices. The group was formed of a GP chair and the practice managers from each service and was operational from June 2014. The aim of the group was for the practice managers to discuss the needs of frail and older (over 75) patients, learn from each other's practice and improve the care provided to those patients. One of the group's achievements at the time of our inspection was to secure a dedicated geriatrician at the local hospital for its older patients.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record (Emis web) was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

From our conversations with staff and our review of training documentation we saw that staff at the practice had not received Mental Capacity Act (MCA) training. Also, there was a mixed response from staff on their understanding of the MCA and its implications for patients at the practice. Some staff demonstrated no knowledge of the MCA or the process used at the practice to ensure patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). There was a risk that patients who lacked capacity would not be properly assessed or receive the appropriate care and treatment.

Staff demonstrated the same mixed level of awareness of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge). However, all the staff we spoke with said that due to the nature of the patient population at the practice, this had not been needed before.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases) and there was a nominated GP lead for most of these. There were nurse led clinics on diabetes, chronic heart disease and epilepsy among others.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area. This included information on cancer, pregnancy and children's health, flu, dementia and arthritis.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65.

We saw that two nurses at the practice were qualified to carry out cervical screening and had recently completed their three yearly updates. A new nurse was completing the training at the time of our inspection. A system of alerts and recalls was in place to provide smear tests to women aged 25 years and older. As of March 2014 there was a 73% take up rate for this programme.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were polite and professional. We saw examples of patients receiving respectful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas.

We spoke with eight patients on the day of our inspection, all of whom were positive about staff behaviours. A total of 15 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were courteous, caring and helpful and treated them with dignity and respect. The results of a Healthwatch survey completed between September and December 2013 showed that 93% of the 27 respondents felt treated with respect by staff at the practice.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. Most of the eight patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by 15 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of a Healthwatch survey completed between September and December 2013 showed that 81% of the 27 respondents agreed the doctors listened to them and considered their opinions.

Patient/carer support to cope emotionally with care and treatment

Although there was no register of recently bereaved patients at the practice, all patients receiving palliative care and those recently deceased were discussed at the monthly mutli-disciplinary team meetings. As part of each deceased patient review, family members were contacted directly by individual doctors where it was felt this was necessary. During our conversations with staff we found that patients contacting the practice in times of bereavement were given open access to appointments. Staff were able to recall a number of examples where patients had received an increased level of access and care on that basis.

Patients in a carer role were identified where possible. From our conversations with staff and our review of documentation we saw the practice maintained a register of patients who identified as carers. A display in the waiting area requested patients who identified as carers to obtain an information pack at reception. We were told by staff there was little interest in this from patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan and multi-disciplinary team monitoring. There was also a palliative care register at the practice with regular multi-disciplinary meetings to discuss patients' care and support needs.

All patients aged 75 and over and those on a specialised care plan had a named GP. There was a dedicated practice nurse for patients over 75. The nurse completed home visits for those patients, including providing the flu immunisation and blood pressure monitoring.

The practice was one of eight engaged as a local cluster group developing systems and services for frail and older patients. The aim of the group was to provide each patient with coordinated care from the organisations involved. At the time of our inspection we saw the cluster group had a dedicated geriatrician from the local acute hospital and was in the process of being allocated a named social worker from the local authority.

At the time of our inspection, patients at the practice were being referred to a local health centre for smoking cessation services. However, we saw that one of the practice nurses had recently completed training to be the practice's nominated smoking cessation adviser. This was so the service could be offered at the practice in the near future.

We saw that patients with diabetes received six monthly health checks at the practice. All new diabetic patients were automatically referred to retinal screening at the local hospital and to the Diabetes Education and Self-Management for Ongoing and Diagnosed (DESMOND) project. Along with English, the self-management education and information provision was available for Punjabi, Urdu, Bengali and Gujarati speakers.

Tackling inequity and promoting equality

We saw the premises and services were adapted to meet the needs of people with disabilities. A hearing loop was available at reception for those who may benefit from it. We saw that all of the clinical services were provided on the ground floor and the practice was accessible by a ramped step to the main entrance. We saw that, although confined the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice. Doctors at the practice were able to speak a number of languages other than English. This allowed patients from the predominant local Asian population to see a doctor without a translator.

Access to the service

The practice was accessible to patients because it responded to the varying requirements and preferences of its patient population. On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see a GP was available within 48 hours. Dedicated urgent and telephone consultation appointment slots were still available on the day of our inspection. We saw that the appointments system was structured to ensure that urgent cases could be seen on the same day and the GPs were able to complete home visits, including those to patients living in a large local nursing home.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests in person or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

As well as being open from 8.30am to 6.30pm Monday to Friday, the practice had extended opening for bookable appointments from 8.00am to midday every Saturday. This allowed access to services for those who found attending in working hours difficult.

During our inspection, we spoke with eight patients and read the comments left for us by 15 patients. Most said they were satisfied with the appointments system and had no problems getting the appointments they wanted. Some said it could be difficult getting an appointment at a time that suited them. We saw evidence that the practice had trialled various methods of arranging its appointments system and measured the impact of each one. The system in place at the time of our inspection was chosen as the most effective and least disruptive of the systems trialled so far.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was 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. A leaflet informing patients of how to complain about the practice was available from the reception team. However, this required each patient to ask staff for the leaflet. Also, the information was not available on the practice's website. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with eight patients. They were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints received in the past 12 months. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure.

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

Before our inspection visit we were aware that during 2013, Lister House Surgery experienced a damaging and unsettling period. During our inspection, from speaking with staff it was apparent that the strategy of the service during 2014 was to recover from the effects of the previous year and review its systems and processes to ensure patient safety. Although the vision and strategy was not formalised or documented, we found the practice had made progress in reviewing and rewriting its policies, increasing clinical staff training and implementing new financial procedures.

All the staff we spoke with told us about their admiration for the practice manager and her deputy for holding the practice together and keeping staff motivated during a difficult time. They said they were committed to working with her to ensure the practice was a place patients could be confident of receiving the best care available.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners and the salaried GP were the overall decision makers supported by the practice manager. All staff both contributed to and learned from practice processes and issues from clinical governance and practice staff meetings.

The practice had a system of policies and procedures in place to govern activity. During the past year, many of the policies and procedures had been reviewed and rewritten and we saw that these were comprehensive and detailed. The practice did not have an intranet facility. Staff could access the policies and procedures in hard copy. However, there was no system in place to monitor who had read and acknowledged their understanding of the policies. Also, policies and systems around areas such as medicines management, infection control and recruitment were not yet embedded at the practice.

Following a period of financial irregularity by an ex-employee in 2013, the practice had implemented both a lead role and a committee to govern the financial affairs of the practice. One of the GP partners took the role of finance lead. He was joined by the practice manager and the deputy manager on the finance committee. The committee oversaw all financial arrangements and transactions at the practice.

The practice had arrangements for identifying, recording and managing risks. The practice's weekly clinical governance meeting was used for senior staff to review and take action on all reported incidents, events and complaints. Where minutes of the meetings were available, we saw they demonstrated this happened as and when required. However, staff told us they received the details of any discussions and decisions made in those meetings by receiving the minutes. Therefore, as minutes were not always available, staff were not made aware of all the decisions made and changes in practice required as a result of those meetings.

The practice had a system in place for reporting, recording and monitoring significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. Where available, the minutes or notes of the clinical governance and multi-disciplinary team meetings at the practice demonstrated that all incidents and near misses were discussed. The meetings included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. An annual significant event analysis was completed by the practice manager. There was evidence that appropriate learning had taken place.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, diabetes, mental health, chronic heart disease and dermatology among others. There were nurse leads for such things as travel vaccinations and childhood immunisations. However, in some instances the leads were unclear on their roles and responsibilities and staff were not always aware of who the relevant leads were. However, most of the staff we spoke with were clear about their own roles and responsibilities. They told us they felt valued and well supported and that along with all their colleagues they were part of a committed team.

Staff told us there was an open culture within the practice and it felt democratic in how it was run. From our

Are services well-led?

Requires improvement

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

conversations with staff and our review of documentation, we saw there was a regular schedule of clinical governance and multi-disciplinary meetings at the practice for mainly clinical staff to attend. All staff meetings were only called on an ad-hoc basis as and when required. For example, we saw that an all staff meeting took place on 3 November 2014 to discuss the inspection of the practice by the Care Quality Commission. The lack of a schedule of all staff meetings and an intranet facility meant that the practice relied upon staff conversations and some individual roles for information to be disseminated throughout the staff groups.

Practice seeks and acts on feedback from its patients, the public and staff

From our conversations with staff and our review of documentation, we found there was no patient participation group at the practice. Also, a patient survey had not been completed at the practice since early 2013.

We saw that a Healthwatch survey completed between September and December 2013 had received returns from 27 patients at the practice. Of those 27, 93% were happy with the opening hours of the practice and 81% felt their overall care and treatment was good. However, 56% said they found it difficult to get through on the phone and were concerned about the charges. We found that at the time of the survey the practice had operated with a 0845 number, meaning higher charges for patients left on hold. We saw that in response to the survey the practice had changed to a local area code number.

Another concern from the Healthwatch survey was the lack of a comments box for patients to use. During our inspection we saw the practice had provided a comments and suggestions box in the waiting area and that the practice manager audited the returns quarterly to identify the main themes. However, from our conversations with staff we found they did not get to see the quarterly reports to assist them in understanding how patients felt about the practice and its staff.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training. Non-clinical staff also said their development was supported. We saw that staff had access to protected learning time one afternoon each week to provide them with the training and development they needed to carry out their roles effectively. The training records we looked at showed that staff were completing a programme of training, although there were some gaps. For example, not all staff had completed safeguarding training.

From our conversations with staff and our review of staff files we found that a programme of staff appraisals was lacking. Senior staff at the practice told us there had been a recent attempt to appraise some staff, but that most nurses and reception staff had not received an appraisal in the past year. They said it was likely most staff had not been appraised since 2008.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services There were no procedures in place such as a business continuity plan for dealing with emergencies which, if they arose, would be likely to affect the provision of services. (Regulation 9 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse People were not fully protected against the risk of abuse because staff were not always trained in or aware of the safeguarding processes used. Staff were not trained in the Mental Capacity Act (2005) and some staff had no knowledge of the process used for obtaining patient consent. (Regulation 11 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control People were not fully protected from the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking, or did not meet specification (Regulation 12 (2) (a) and (c) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

Regulated activity	Regulation

This section is primarily information for the provider

Compliance actions

Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not fully protected from the risks associated with the unsafe use and management of medicines because some medicines were beyond their expiry dates. Staff practice in relation to medicines management varied due to the lack of a coordinated approach. (Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Recruitment procedures to ensure persons employed are of good character and have the qualifications and skills necessary for the work were lacking. Recruitment information in respect of each person employed was not always available. (Regulation 21 (a) (i) and (ii) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Suitable arrangements for persons employed to receive appropriate supervision and appraisal were lacking. (Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).