

Eldene 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?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	9
What people who use the service say	13

Detailed findings from this inspection

Our inspection team	14
Background to Eldene Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eldene Surgery on 2 February 2017. Overall the practice is rated as requires improvement.

When we undertook a comprehensive inspection of Eldene Surgery in October 2014 we found breaches in the regulations relating to the safe delivery of services. When we did a follow up comprehensive inspection in January 2016 we found the previous breaches had been addressed although other areas of concern were found. The practice was rated as requires improvements because of concerns for the delivery of safe and responsive services. These full comprehensive reports can be found by selecting the 'all reports' link for Eldene Surgery on our website at www.cqc.org.uk.

Following the inspection in January 2016 the practice sent us an action plan setting out what they would do to meet the regulations.

This report covers the comprehensive inspection we carried out at Eldene Surgery on 2 February 2017 which was undertaken to check whether the practice had completed the actions they told us they would take to comply with regulations.

We found the practice had made improvements in the areas where we identified issues on our inspection in January 2016 but we found other areas of concern. Based on our findings the practice's overall rating is requires improvement.

Our key findings were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, the practice had not ensured appropriate checks had been carried out on staff employed by a subcontractor providing services which included visiting patients in their own homes.
- The patients paper based records were not kept adequately secure.
- Not all staff had received the essential training appropriate to their role such as safeguarding, mental capacity and infection control.

Summary of findings

- There was a lack of confidence in the management structure and staff told us they did not feel supported by the management structure. Staff did not always raise concerns and were not always taken seriously or treated with respect when they did.
- Since the inspection in January 2016 the practice had carried out an assessment of the risk of legionella and was taking a range of actions to minimise the risks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Incidents were discussed in meetings initially to identify any learning or changes to practice and then reported to staff via staff meetings or other communication methods. The practice carried out an analysis of their significant events.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- The practice had worked with other local practices and the clinical commissioning group to develop an urgent care service to which patients wanting an on-the-day appointment could be seen if there was not capacity at the practice. This had helped reduce the pressure for appointments at the surgery which we noted at our inspection in January 2016.
- Since our last inspection in January 2016 the practice had reviewed how it handled complaints. 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.
- Not all appropriate emergency medicines were available on the day of our inspection.

Importantly, the provider must:

- Ensure all leaders have the necessary experience, knowledge, capacity and capability to lead effectively and to listen and respond appropriately to concerns raised by staff.

- Ensure all staff receive the appropriate training required for them to carry out their role including safeguarding and infection control.
- Ensure appropriate checks are carried out and recorded on third party suppliers.
- Ensure the arrangements for data protection, including patients paper based records and third party employees based in the practice, meet the standards set out in the Data Protection Act 1998.

In addition the provider should:

- Ensure recommendations from infection control audits are logged and appropriate action taken.
- Ensure they have a system for checking that actions identified as a result of medicine alerts have been completed.
- Ensure staff responsible for triaging appointment requests have the skills and expertise necessary to carry out this role.
- Ensure they keep up to date records of staff training.
- Ensure that computer screens are not visible to patients.
- Review the ease with which patients can get through to the practice by phone.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

When we inspected the practice in January 2016 we identified a number of issues affecting the delivery of safe services to patients. The practice was rated as requires improvement for the provision of safe services to their patients. When we inspected the practice on 2 February 2017 we found the practice had made progress in achieving their improvement plan. However, we found other issues of concern and we have again rated the practice as requires improvement for providing safe services.

Requires improvement



On this inspection we found:

- There was a system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- Since our last inspection the practice had carried out an assessment of the risk of legionella and was taking a range of actions to minimise the risks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

However,

- Not all staff had received the essential training appropriate to their role such as safeguarding and infection control.
- The practice had not ensured appropriate checks had been carried out on staff employed by a subcontractor providing services which included visiting patients in their own homes.
- The practice arrangements for keeping the patients paper-based records secure were not adequate and a third party employee was based in their administration room without having signed a confidentiality agreement.
- Not all appropriate emergency medicines were available on the day of our inspection.
- There was no system for checking that actions identified as a result of medicine alerts had been completed.
- There was no evidence that action had been taken to address an issue that had been identified in both the most recent and previous year's annual infection control audit.

Summary of findings

Are services effective?

When we inspected the practice in January 2016 the practice was rated as good for the provision of effective services to their patients. Following our inspection of the practice on 2 February 2017 we have again rated the practice as good for providing effective services.

On this inspection we found:

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average. For example, the last blood pressure reading for 76% of patients on the register with diabetes, was in the target range (140/80 mmHg or less), compared to the clinical commissioning group (CCG) average of 76% and national average of 78%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- One of the nurses had recently qualified as a Nurse Prescriber and we were told the practice was currently looking at how to make the best use of this qualification.
- Clinical audits demonstrated quality improvement.

However,

- Not all staff had received training in fire safety awareness, mental capacity and health and safety. For example, we saw evidence that only one person (a nurse) had received mental capacity training, six of the 18 staff had received infection control training and only two had received health & safety training.
- The computer screen used by reception staff was visible to patients who used the self-check-in screen. We were told that this had been reported to the management team but no action had been taken.

Good



Are services caring?

When we inspected the practice in January 2016, the practice was rated as good for the provision of caring services to their patients. Following our inspection on 2 February 2017 we have rated them as requires improvement for the provision of caring services.

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Other than the scores for nurses, the practice was average for its satisfaction scores on consultations with GPs and nurses. However we noted that most scores had gone down compared

Requires improvement



Summary of findings

to when we inspected in January 2016. For example, 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 87%.

- We saw that scores for nurses were lower than local and national averages. For example, 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%. This was a 6% decrease compared to when we inspected in January 2016. During the inspection we spoke to the practice about their lower than average score for nurses and were told it was a reflection of having a smaller than normal team since one nurse had left. This meant nurses had slightly less time to see patients in order to see all the patients required.
- We spoke to seven patients and all said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Are services responsive to people's needs?

When we inspected the practice in January 2016 the practice was rated as requires improvement for the provision of responsive services to their patients as they needed to improve the system for patient access to appointments and services. When we inspected the practice on 2 February 2017, we found the practice had made some limited progress in relation to access to services. However, we found other issues of concern and we have again rated the practice as requires improvement for providing responsive services.

- The practice had worked with other local practices and the CCG to develop an urgent care service to which patients wanting an on-the-day appointment could be sent if there was not capacity at the practice. This had helped reduce the pressure for appointments at the surgery which we noted at our inspection in January 2016.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had good facilities.
- Since our last inspection in January 2016 the practice had reviewed how it handled complaints. Information about how to

Requires improvement



Summary of findings

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.

- No extended surgery hours were offered.

However we noted that:

- The triage guidance used by non-clinical staff who triaged on-the-day appointment requests was incomplete.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and compared to the national average of 73%. This was a 4% decrease compared to when we inspected in January 2016.

Are services well-led?

When we inspected the practice in January 2016, the practice was rated as good for the provision of well-led services to their patients. When we inspected the practice on 2 February 2017, we found significant areas of concern and have rated the practice as inadequate for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

However,

- Not all leaders had the necessary experience, knowledge, capacity or capability to lead effectively. Risks, issues and poor performance were not always dealt with appropriately or in a timely way.
- We found that there was a lack of confidence in the management structure and staff told us they did not feel supported by the management structure. Staff do not always raise concerns and are not always taken seriously or treated with respect when they do.
- Not all management systems were being used effectively. For example, the practice kept a log of essential training completed by staff but it showed many gaps. We were told that in some

Inadequate



Summary of findings

cases the training records were kept in individual staff paper records, we found no evidence that some essential training had been completed. This meant the practice was not able to use its records to ensure all essential training had been completed.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people.

The provider is rated as inadequate for providing well-led services, requires improvement for providing safe, caring and responsive services and good for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

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

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider is rated as inadequate for providing well-led services, requires improvement for providing safe, caring and responsive services and good for providing effective services. The concerns which led to these ratings apply to everyone using the practice, 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.
- The percentage of patients with a chronic lung condition (COPD) who had their level of breathlessness reviewed in the last 12 months was 84%, compared to the clinical commissioning group (CCG) average of 90% and national average of 90%. This was a lower practice score than the 98% noted when we inspected the practice in January 2016.
- 76% of patients with diabetes on the register had a blood pressure reading taken in the period 4/2015 to 3/2016 that was within the recommended range, compared to the clinical commissioning group average of 76% and national average of 78%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- 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.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

The provider is rated as inadequate for providing well-led services, requires improvement for providing safe, caring and responsive services and good for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 84% of women on the register aged 25 to 64 had a cervical screening tests performed in the preceding five years compared to the clinical commissioning group average of 82% and national average of 81%. This was comparable to the practice score of 83% we noted at our inspection in January 2016.
- 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.

Requires improvement



Working age people (including those recently retired and students)

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

The provider is rated as inadequate for providing well-led services, requires improvement for providing safe, caring and responsive services and good for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The provider is rated as inadequate for providing well-led services, requires improvement for providing safe, caring and responsive services and good for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

The provider is rated as inadequate for providing well-led services, requires improvement for providing safe, caring and responsive services and good for providing effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

Requires improvement



Summary of findings

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group (CCG) average of 87% and national average of 89%. This was similar to the practice score of 91% we noted when we inspected in January 2016.
- 100% of patients on the register with a psychosis had a comprehensive care plan agreed in the preceding 12 months compared to the CCG average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended Accident and Emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below the local and national averages and lower than they scored in the previous survey results published in January 2016. Two hundred and forty eight survey forms were distributed and 127 were returned. This was a response rate of 51% and represented 1.6% of the practice's patient list. The data showed:

- 54% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and national average of 73%. This was lower than the practice score of 58% we noted when we inspected in January 2016.
 - 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and national average of 76%. This was lower than the practice score of 82% we noted when we inspected in January 2016.
 - 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%. This was lower than the practice score of 85% we noted when we inspected in January 2016.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 80%. This was lower than the practice score of 78% we noted when we inspected in January 2016.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards of which 13 were highly positive about the standard of care received while two were mixed giving both positive and negative comments. Most patients said the practice was excellent and said they were treated with respect and care by staff. The two negative comments received said they sometimes had to wait a long time for appointments.

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

We looked at the responses to the Friends and Family test for September to November 2016, which are the latest figures available, and saw that of 26 responses 22 said they were likely or extremely likely to recommend the practice to family and friends.

Eldene Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an assistant inspector.

Background to Eldene Surgery

Eldene Surgery is a semi-rural GP practice providing primary care services to patients resident in Swindon and the surrounding area. It is one of the practices within the Swindon Clinical Commissioning Group and has approximately 7,700 patients. The practice building is purpose built with patient services located on the ground floor and includes eight consulting rooms and three treatment rooms. The building is shared with an Ophthalmology clinic run by Great Western Hospitals NHS Foundation Trust. They have a separate receptionist but share the waiting room.

The area the practice serves has approximately 10% of people from different cultural backgrounds particularly Polish, and is in the average range for deprivation nationally, (although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 79 and 83 years respectively, which is the same as the national averages.

The practice provides a number of services and clinics for its patients including; childhood immunisations and a range of health lifestyle management and advice including asthma management, diabetes and heart disease.

There are two male and two female GP partners and one salaried GP. They are supported by two practice nurses and an administrative and reception team of eleven led by the practice manager. Each GP has a lead specialist role for the practice and nursing staff have specialist interests such as respiratory disease, child immunisations and infection control.

The practice is a teaching and training practice for GPs specialising in general practice and at the time of the inspection were supporting one GP trainee and four medical students. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice is open between 8.30am and 12.30pm and from 2pm to 6pm Monday to Friday.

Between 8am to 8.30am, 12.30pm to 2pm and 6pm to 6.30pm the practice was closed but an emergency care service is offered via an answerphone message which gave an emergency phone contact which was answered by the practice and directed to a GP.

Appointments were from 8.40am to 12.20pm every morning and 3pm to 5.20pm daily. No extended surgery hours were offered.

The practice had an on line appointments and an online repeat prescription service.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them, although these may be with a different local practice.

Detailed findings

When the practice is closed, patients are advised via the answer phone message and the practice's website to call the out of hour's service by calling NHS 111. Out of hours services are provided by the Great Western Hospitals NHS Foundation Trust.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following site:

- Eldene Surgery, Colingsmead, Swindon, Wiltshire, SN3 3TQ

Why we carried out this inspection

We undertook a comprehensive inspection of Eldene Surgery on 2 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

When we undertook a comprehensive inspection of Eldene Surgery in October 2014 we found breaches in the regulations relating to the safe delivery of services and the practice was rated as requires improvement overall. When we carried out a follow up comprehensive inspection in January 2016 we found the previous breaches had been addressed although other areas of concern were found. The practice was rated as requires improvements overall and requires improvement because of concerns for the delivery of safe and responsive services. The full comprehensive reports can be found by selecting the 'all reports' link for Eldene Surgery on our website at www.cqc.org.uk.

Following the inspection in January 2016 the practice sent us an action plan setting out what they would do to meet the regulations.

This inspection was carried out to ensure improvements had been made and to assess whether the practice was meeting the required standards.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England to share what they knew. We carried out an announced visit on 2 February 2017. During our visit we:

- Spoke with a range of staff including, five GPs, two nurses and five members of the administration team including the practice manager.
- Spoke with seven patients who used the service including three representatives from the patient's participation group.
- Observed how patients were being cared for in the reception area
- 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.
- Looked at information the practice used to deliver care and treatment plans.

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).

Detailed findings

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

At our previous inspection on 19 January 2016, we rated the practice as requires improvement for providing safe services, due to breaches of the regulations in relation to Legionella and prescription security. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). When we inspected the practice on 2 February 2017 we found the practice had addressed the issues relating to legionella and prescription security. However, we found other areas of concern and have again rated the practice as requires improvement for providing safe services.

Safe track record and learning

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

- Staff told us they would inform the practice management team of any incidents and there was a recording form available on the practice's computer system. However, staff told us they did not always have confidence that issues raised were treated seriously. 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.
- Incidents were discussed in meetings initially to identify any learning or changes to practice and then reported to staff via staff meetings or email.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice gave an appointment to a patient who was not registered with them, they

investigated to see why this had happened, identified that a 'warning flag' had been missed by the receptionist and then discussed the incident at a full staff meeting to ensure all staff understood the correct procedure.

However, there was no system for checking that actions identified as a result of medicine alerts had been completed. We were told relevant alerts were circulated to GPs who were each responsible for taking any actions required for their own patients.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but they were not always effective and insufficient attention was given to ensuring staff and contractors had the skills and experience required for their roles.

- There were arrangements 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.
- However, not all staff had received training on safeguarding children and vulnerable adults to a level relevant to their role. We saw evidence that four GPs had received level three safeguarding training. There was no evidence provided that one GP had received any child safeguarding training. There was no evidence provided that one of the nurses or nine of the 11 administration staff had received safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We noted that the cleaning schedule had not been reviewed since 2009.

Are services safe?

- 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 and annual infection control audits were undertaken. However, there was no evidence that action had been taken to address issues identified on previous annual audits.
- We saw evidence that one GP, one nurse and two administrative staff had received infection control training in the last two years. There was no evidence provided that four GPs, one nurse, or eight of the administrative staff had received up to date training in infection control appropriate to their role.
- There were arrangements for managing medicines, including their 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 medicine audits, with the support of the local clinical commissioning group (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 to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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 presenting for treatment.)
- We noted that since our last inspection the practice had installed locks on the consulting room doors.
- 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.
- The practice had employed a third party contractor to undertake care coordination tasks which included giving flu vaccines and visiting patients in their own home without undertaking appropriate checks. We looked at the contract for this service and saw it put full legal responsibility for the services delivered on the practice. The practice could not provide any evidence

that they or the third party contractor had undertaken the usual mandatory employment checks for the two employees, such as proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service, or evidence they had the skills required to carry out their role. The two people delivering this service had signed a confidentiality agreement.

Monitoring risks to patients

Risks to patients, particularly their confidential information, were not always 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.
- Since our last inspection the practice had carried out an assessment of the risk of legionella and was taking a range of actions to minimise the risks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty.
- However, we found the practice was not keeping its paper based patients records adequately secure. The records were stored in a corner of the open-plan administration office on the first floor which could be accessed by patients attending the adjoining eye clinic. We were told there was no protocol or agreement in place between the practice and Eye Clinic regarding these arrangements and no risk assessment had been done regarding the security issues.
- The eye clinic had a member of staff who had a desk in the practice open plan administration office and was therefore able overhear conversations regarding

Are services safe?

patients. We were told they had not signed a confidentiality agreement and there was no evidence of any risk assessment or protocol covering the use of the workspace. This was in contravention of the Data Protection Act 1998.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents; although on the day of our inspection there were some gaps.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan to help deal with major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- All staff received annual basic life support training.
- There were emergency medicines available in the treatment room and all staff knew of their location.
- On the day of inspection a medicine needed to treat certain heart conditions, a medicine needed to treat emergency allergic reactions and a medicine needed to treat suspected meningitis were not available in the emergency medicine box. After the inspection the practice provided evidence that they were no compliant.
- On the day of our inspection the practice could not find the record of checks done on the oxygen cylinder. After the inspection the practice provided evidence that the required checks had been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 January 2016, we rated the practice as good for providing effective services. Following our inspection of the practice on 2 February 2017 we have again rated the practice as good for providing effective services.

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 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 patients

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2015 to 31/03/2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the last blood pressure reading for 76% of patients on the register with diabetes, was in the target range (140/80 mmHg or less), compared to the clinical commissioning group (CCG) average of 76% and national average of 78%.
- Performance for mental health related indicators was better than the national average. For example, 96% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 84% and national average of 89%.
- The practice overall exception rate of 4% was better than the CCG and national average of 6%. (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).

There was evidence of quality improvement including clinical audit.

- We saw evidence of three complete cycle clinical audits undertaken in the last two years where the improvements were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, following a recent repeat audit into new types of anticoagulants (blood thinning medicines) showed they had improved their performance of getting the routine blood tests these medicines required done on time. Following the audit the patients who had not responded to requests to attend the practice for a blood test were again contacted so an appointment could be made.

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 some of their learning needs. This

Are services effective?

(for example, treatment is effective)

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.

- One of the nurses had recently qualified as a Nurse Prescriber and we were told the practice was currently looking at how to make the best use of this qualification.
- Staff had access to and made use of e-learning training modules and in-house training.
- However, not all staff had received training in fire safety awareness, mental capacity and infection control. For example, we saw evidence that only one person (a nurse) had received mental capacity training, six of the 18 staff had received infection control training and only two had received health and safety 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, medical records, investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

The practice worked with a Community Navigator employed by the clinical commissioning group (CCG) and local authority who was able to visit patients and refer them to other local services where appropriate.

We noted that the computer screen used by reception staff was visible to patients who used the self-check-in screen. We were told that this had been reported to the management team but no action had been taken.

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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant support services.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82%, the national average of 81% and practice score of 83% we noted at our inspection in January 2016. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 75% of women aged 50 to 70 had been screened for breast cancer in the last 36 months, compared to the CCG average of 76% and national average of 72%. 56% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months, compared to the CCG average of 55% and national average of 58%.

Most childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, the practice score for childhood immunisation rates for the vaccines given to under two year Was 9.7 out of 10, which was above the target of nine and national average of 9.1

Are services effective?

(for example, treatment is effective)

The practice offered health checks for new patients and but did not currently offer 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

At our previous inspection on 19 January 2016, we rated the practice as good for providing caring services. When we inspected the practice on 2 February 2017 we found areas of concern and have rated them as requires improvement for providing caring services.

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 15 patient Care Quality Commission comment cards we received were positive about the service experienced, although two also included a negative comment in relation to waiting times for non-urgent appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Other than the scores for nurses, the practice was average for its satisfaction scores on consultations with GPs and nurses. However we noted that most scores had gone down compared to when we inspected in January 2016. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 87%. This was a 3% decrease compared to when we inspected in January 2016.

- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%. This was a 5% decrease compared to when we inspected in January 2016.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%. This was a 5% decrease compared to when we inspected in January 2016.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%. This was a 6% decrease compared to when we inspected in January 2016.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%. This was a 1% decrease compared to when we inspected in January 2016.

During the inspection we spoke to the practice about their lower than average score for nurses and were told it was a reflection of having a smaller than normal team since one nurse had left. This meant nurses had slightly less time to see patients in order to see all the patients required.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. With the exception of data relating to nurses, results were in line with local and national averages. However we noted that most scores had gone down compared to when we inspected in January 2016. For example:

Are services caring?

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%. This was a 4% decrease compared to when we inspected in January 2016.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%. This was a 7% decrease compared to when we inspected in January 2016.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%. This was a 5% decrease compared to when we inspected in January 2016.

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

- Staff told us that translation services were available. We saw notices in the reception areas informing patients this service was available.

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 93 patients as carers (1.2% of the practice list). The practice told us that all patients identified as carers had been offered support in the community. Written information was available to direct carers to the various avenues of support available to them.

The practice told us that if families had suffered bereavement, they decide whether the families needed to be contacted or offered support on a case by case basis.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 January 2016, we rated the practice as requires improvement for providing responsive services as they needed to improve the system for patient access to appointments and services. We also advised they should review their processes for managing complaints. When we inspected the practice on 2 February 2017, we found the practice had made significant progress in relation to complaints and some limited progress in relation to access to services. However, we found other areas of concern and have rated the practice as requires improvement for providing responsive services.

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, they had worked with other local practices and the CCG to develop an urgent care service to which patients wanting an on-the-day appointment could be sent if there was not capacity at the practice. This had helped reduce the pressure for appointments at the surgery which we noted at our inspection in January 2016.

- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice did not offer NHS health Checks to patients aged between 40 -74.
- The local NHS counselling service held two sessions at the practice each week where they saw patients referred by the practice.

The practice was open between 8.30am and 12.30pm and from 2pm to 6pm Monday to Friday.

Between 8am to 8.30am, 12.30pm to 2pm and 6pm to 6.30pm the practice was closed but offered emergency care via answerphone message which gave an emergency phone contact which was answered by the practice and directed to a GP. We noted that on the day of our inspection there was a queue outside the surgery when it opened at 8.30am.

Appointments were from 8.40am to 12.20pm every morning and 3pm to 5.20pm daily. No extended surgery hours were offered.

We were told that all requests for on-the-day appointments were triaged by the reception staff. One of their roles was to decide if they should offer an appointment at the local SUCCESS clinics which offered a same day appointment or home visit for patients who had been assessed as requiring a non-emergency response and who don't need the long term consistency of seeing the same doctor at their registered surgery. We looked at the guidance staff were given when delivering this service and found it to be unclear and there was no evidence staff had been trained in the role of triage. For example, we were told staff only asked patients if they wanted an appointment for a new problem that needed urgent attention, or an old reoccurring problem which could wait for a routine appointment. However, the guidance included a list of medical issues which could be referred to the urgent care centre and which the staff members could only find out about by asking further questions.

The practice had an on-line appointment and an online repeat prescription service. The practice told us 9% of their registered patients were registered to use the online services.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them, although these may be with the local urgent care centre.

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

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%. This was a 3% improvement compared to when we inspected in January 2016.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and compared to the national average of 73%. This was a 4% decrease compared to when we inspected in January 2016.

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

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 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.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 19 January 2016, we rated the practice as good for providing well-led services. When we inspected the practice on 2 February 2017 we found issues of concern and have rated the practice as inadequate for providing well-led services. The delivery of high-quality care was not assured by the leadership, governance or culture in place.

Vision and strategy

Not all leaders had the necessary experience, knowledge, capacity or capability to lead effectively. We found that there was a lack of confidence in the management structure and staff told us they did not feel supported by the management structure. Some staff said they avoided going to the administration suite due to the difficult working relationships and staff across all areas of the practice told us they had no confidence that concerns they raised were listened to, treated seriously or acted on.

The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients. However, we did not find this to be the case.

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 but this did not include any clear or realistic plans to achieve the vision and values.

We were told the practice had been suffering from staff shortages for some time. We were told that the GP partners were working an average of 55 hrs per week and the nursing team had found it necessary to give patients less time in order to meet the workload.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However the structure was not always used effectively.

- Practice specific policies were implemented and were available to all staff.
- A programme of clinical and internal audit was used to monitor quality and to make improvements although findings were not always acted on promptly.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although there were some significant gaps, such as in managing the security of patient paper-based files and in the use of a subcontractor without ensuring the staff had the qualification, skills and knowledge to carry out their tasks
- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Not all systems were being used effectively, for example the practice kept a log of essential training completed by staff but it showed many gaps. We were told that in some cases the training records were kept in individual staff paper records. We noted that on our inspection in October 2014 found the practice was in breach of the regulations for not keeping accurate records of staff training and professional development

Leadership and culture

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

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

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this.

However,

- The partners recognised there were problems within the practice management team that impacted on service delivery and were working to resolve these issues. For example, they had sought help from the local clinical commissioning group.

Are services well-led?

Inadequate 

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

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

There was evidence that the practice encouraged and valued feedback from patients.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG met regularly. They were currently working with the practice to improve communications particularly regarding giving the PPG feedback regarding complaints received. The PPG told us that the practice responded to their suggestion. For example, they had introduced a complaints box in the reception area and paid for public talks on subjects such as dementia and diabetes when these had been suggested by the PPG.

However, there was little evidence the practice had sought or valued feedback from staff.

- The practice said they had gathered feedback from staff through staff meetings, appraisals and discussion.

However, a significant number of staff from all areas within the practice told us they did not have confidence in the day to management team and would be reluctant to make suggestions or give feedback as they felt ideas and suggestions were not taken seriously. For example, staff told us they had reported concerns to the management regarding the computer screen at reception which could be viewed by patients but nothing had been done. Partners in the practice recognised their management structure did not have the confidence of all staff and were working to address the issue.

Continuous improvement

The practice was focussed on its internal management and staffing issues and we saw no evidence of continuous improvement activity outside this area, other than in relation to staff individual development.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: <ul style="list-style-type: none">The practice did not ensure all staff had the essential competence, skills and training appropriate to their role
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: <ul style="list-style-type: none">The practice did not ensure all leaders had the necessary experience, knowledge, capacity and capability to lead effectively.The practice did not always listen and respond appropriately to concerns raised by staff.The practice did not ensure all appropriate checks had been carried out on clinical staff employed by third party supplier.The practice had not taken all appropriate measures to keep patients confidential information secure. Specifically, confidential on the receptionist computer screen at the front desk could be seen by patients using the self check-in screen and patients paper records were kept in an upstairs room which was not secure from patients attending an adjacent service and their staff who were based in the practice office but had not signed a confidentiality agreement.