

# Cranbrook 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?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

#### **This practice is rated as Requires Improvement overall.**

The last inspection of this practice took place in August 2016. At that time the overall rating for the practice was requires improvement, with the key question of safe rated as inadequate and the key question of effective rated as good. All other key questions were rated as requires improvement. Our concerns at that time centred around lack of good governance as the practice had weakness regarding lack of robust policies and procedures for safeguarding patients from possible abuse and not ensuring that the practice provided safe care and treatment at all times. At this time, we issued the practice with requirement notices in respect of regulation 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we rated the practice as follows for the key questions :-

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

We carried out an announced comprehensive inspection at Cranbrook Surgery on 5 December 2017. This inspection was conducted as follow-up full comprehensive inspection to ensure that the practice had put into action the changes they had informed the Commission they would implement following the last inspection in August 2016.

At this inspection we found:

- Staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was no regular oversight by the GP partners of the nursing provision provided at the practice.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Some patients found it difficult to obtain appointments when they required one.
- The National GP Patient Survey showed that patient satisfaction scores with the practice was below the national average.
- The practice learned lessons from individual concerns and complaints, and used this information to improve services at the practice.
- There was no evidence of a failsafe system for checking and monitoring cervical screening results.
- We saw evidence that clinical audits had a positive impact on quality of care and outcomes for patients.
- The practice premises are in need of refurbishment and one of the clinical rooms is not compliant with national infection control compliant standards.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Establish effective systems and processes to address continuing patient concerns highlighted in the National GP Patient Survey scores.
- Ensure that job descriptions are devised for all members of staff.
- Establish an effective system to record actions following receipt of safety alerts.
- Look at ways to conduct effective pre-travel assessments for patients requiring vaccines.
- Continue progress on recording complaints in an effective and detailed manner.

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

# Cranbrook 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, a practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Cranbrook Surgery

Cranbrook Surgery is located in an area which has residential housing alongside commercial shops, in Ilford, Essex. The practice is located in a converted terraced house. There are no bays for parking for patients with disabilities, but disabled patients can park at the front of the practice. There are two bus stops within five minutes' walk from the practice.

There are approximately 4000 patients registered at the practice. Statistics shows moderate income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 24-44. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean. Of the practice population, 43% have been identified as having a long-term health condition, compared with the CCG average of 48% and the national average of 53%.

Care and treatment is delivered by two GP partners (female) who between them provide approximately 15 clinical sessions weekly. There are two Practice Nurses (female) at the surgery who provide four sessions weekly. The practice also employs a GP long term locum (male) who provides two sessions monthly. A part-time practice manager is on site once a week and is assisted by an assistant practice manager and five administrative/reception staff.

The practice is open from the following times:-

8am – 7:15pm (Monday & Wednesday)

8am – 6:30pm (Tuesday, Thursday & Friday)

Clinical sessions are run at the following times:-

9am – 1:10pm; 4:30pm – 7:15pm (Monday & Wednesday)

8:30am – 2:30pm; 4:30pm – 6:30pm (Tuesday)

9am – 2:30pm (Thursday)

9am – 1:10pm; 4:30pm – 6:30pm (Friday)

Patients can book appointments in person, by telephone and gain access to appointments online via the practice website.

Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111. The local CCG provided enhanced GP services which allowed patients at this practice to see a GP or Nurse at weekends.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Maternity and midwifery services

# Detailed findings

Family Planning  
Surgical Procedures

Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body

# Are services safe?

## Our findings

### **We rated the practice and all of the population groups as requires improvement for providing safe services.**

At our last inspection in August 2016, we rated the practice as inadequate for providing safe services as we found a number of issues at the practice including lack of processes for medicines management and infection control, as well as a lack of an effective system for managing complaints.

At this inspection, we found that safe provision of services at the practice had improved. The practice is now rated as required improvement for providing safe services.

### **Safety systems and processes**

The practice had clear systems to keep patients safe and safeguarded from abuse.

- It had a suite of safety policies which had been reviewed and communicated to staff. Staff received safety information for the practice, but we saw no evidence that staff received this information as part of their induction or as part of refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant and recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an system to manage infection prevention and control. We noted that the last infection control report conducted by NHS England in January 2017 that

there were a number of actions to be completed. These actions had been dated by the practice to be completed by March 2018, which was over a year after the infection control audit had been completed. When we spoke with the practice regarding the report and the outstanding remaining actions, the practice explained to us that they had recently been informed by the Clinical Commissioning Group (CCG) that plans to move the surgery from its current location to another nearby modernised location had now been put on hold indefinitely. Prior to this notification from the CCG, the practice had been informed by the CCG that the proposed move of the practice would occur before the end of March 2018, which accounted for the dates on the outstanding actions on the infection control report.

- The practice conducted monitoring to ensure that facilities and equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed, however these arrangements did not fully monitor and manage risks to patient safety. The practice employed two practice nurses who worked on different days, and therefore, in isolation from each other. We asked the practice how often the practice nurses saw each other and they were told us it was very rare for the two nurses to be in the practice together. This was evidenced when we looked at four sets of all staff meeting minutes provided to us from the practice, where we noted once the two practice nurses were in attendance together. We spoke with the practice GP partners regarding oversight of the nursing provision within the practice and were informed that the practice manager had oversight over the nurses. We pursued this answer asking how the partners satisfied themselves that clinically the nurses were performing well. We were told that the nurses knew that they were able to speak with the GP partners if they had any concerns regarding a patient as they had done previously.
- There was an induction system for temporary staff tailored to their role.

# Are services safe?

- We noted that one of the practice nurses did not have a job description which specified their duties whilst at the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had some information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- The practice had no system which allowed clinicians to do pre-assessments for patients requesting travel vaccines.

## Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment generally minimised risks. We did note that one of the practice significant events over the past 12 months related to the practice not having enough supplies of wound dressings when patients came to have their dressings changed. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice recorded a significant event which related to lack of wound dressings on site when a patient had attended the practice to have a change of dressing. The event was discussed at the following all staff meeting, where it was decided that clinical staff would ask the reception/administration team to re-order dressings when there were a certain number of dressings left. This would ensure that a reoccurrence of the significant event would be minimal.
- There was a system for receiving safety alerts; however the practice were unable to provide evidence of what happens to safety alerts when distributed within the practice. We saw no evidence of whether distributed alerts had been acted on (if required) by members of staff at Cranbrook Surgery.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated the practice as good for providing effective services overall and across all population groups.

At our last inspection we rated the practice as good for providing effective services to patients. At this inspection, we continued to rate the practice as good.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice showed that the practice prescribing of antibiotic items that are Cephalosporins or Quinolones was 1% compared to the clinical commissioning group (CCG) average of 4% and the national average of 5%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The Quality Outcomes Framework (QOF) (2016/17) recorded the practice as comparable to the CCG average on three identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 80%, compared to the CCG average of 75% and the national average of 80%.

#### Families, children and young people:

- Childhood immunisation rates for children under 24 months were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did achieve the target in one of the areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.4 compared to the national average of 9.1. The practice was aware of this and told us that they were continuing to contact patients who were due vaccinations. Opportunistic vaccinations were given (subject to consent) if patients had attended the practice for another issue.
- Chlamydia testing was available for patients aged between 15-24.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme. The practice told us that they will be continuing with their programme of contacting patients who had not had recent screening. Opportunistic screening (subject to consent) was also undertaken.



# Are services effective?

## (for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. At the time of inspection, the practice did not have any patients who were travellers or homeless registered.
- Patients with learning difficulties were invited for an annual review.

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 90%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 95% compared to the CCG average of 91% and the national average of 90%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99% compared with the CCG average of 96% and the national average of 95%.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice had undertaken two audits in the past 24 months. We reviewed a re-audit which looked patients who had been prescribed antiplatelet medication to ascertain if they had been on the medicine for longer than one year. Antiplatelet medicines are prescribed to reduce the risk of developing blood clots. Of the 29 patients identified as being on this type of medicine as part of the re-audit, two patients were found to have been prescribed the medicine for longer than one year. As a result of the audit, the two identified patients were invited in for a medicines review.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice used information about care and treatment to make improvements. We viewed an audit conducted by the practice to identify patients who had been prescribed a specific medicine for eczema, who had not been assessed by a dermatologist prior to receiving the medicine. As a result of the audit, clinical staff agreed that patients should always be referred to a dermatology clinic prior to the identified medicine being prescribed to patients.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We noted there was no

# Are services effective?

## (for example, treatment is effective)

formal induction pack for new starters. Similarly, there was no locum pack. We were told by the practice that there has been no need for a locum pack due to the practice using the same long-term locum.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice had employed a long-term male GP locum, so that patients who felt more comfortable see a male GP had the opportunity to do so.
- Two months prior to our inspection, the practice had appointed an assistant practice manager to assist the practice manager in their duties. The practice manager is on site one day per week.
- We noted that the practice did not have evidence of the medical indemnity insurance for the one of the practice nurses employed. We asked the practice whether these documents had been requested and were told that they would have been, but the inspection team noted this request had not been followed up as the documents were not on site.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### **We rated the practice, and all of the population groups, as requires improvement for caring.**

At our last inspection in August 2016, we rated the practice as requires improvement for providing caring services as we found that the practice did not effectively advertise interpreting services and had not made sufficient efforts to identify the number of carers registered at the practice.

At this inspection, these arrangements had improved, but they had not done so sufficiently when we undertook a follow up inspection of the service on 5 December 2017. The provider remains rated as requires improvement for providing caring services.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Three comment cards mentioned difficulties in obtaining suitable appointments when needed. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and four surveys were sent out and 104 were returned. This represented about 2% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.

- 74% of patients who responded said the GP gave them enough time compared with the CCG average of 82% and the national average of 86%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 86%.
- 79% of patients who responded said the nurse was good at listening to compared with the CCG average of 84% and the national average of 91%.
- 73% of patients who responded said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 76% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful compared with the clinical commissioning group (CCG) average of 78% and the national average of 87%.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

## Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers. The practice had a sign in the reception area asking patients who were also carers to make themselves known to practice staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers which equated to just over 1% of the practice list.

- The practice had information for carers at the reception area. The practice website had pages which signposted carers to national services which cater specifically to the needs of carers
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.

- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 75% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 65% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

During the inspection the practice told us that low patient satisfaction survey scores was an area that they were seeking to improve through the introduction of extended hours surgery. At this inspection, although some of the patient survey scores were close to the CCG average, none of the scores recorded for the practice exceeded the CCG or national averages, and in some cases the results were lower than those recorded at the time of the last inspection in 2016. The practice told us they would continue to engage with their patients regarding the services which attained low scores and access to those services.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups as requires improvement providing responsive services across all population groups.**

At our last inspection in August 2016, we rated the practice as requires improvement for providing responsive services as we found that the practice did not have an effective system for managing complaints.

We issued a requirement notice in respect of this issue and found that whilst arrangements had improved, they had not done so sufficiently when we undertook a follow up inspection of the service on 5 December 2017. The practice remains rated as requires improvement for providing responsive services.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice offered extended opening hours on Monday and Wednesday evenings, online services such as repeat prescription requests, advanced booking of appointments and pages offering advice for common ailments. Patients who had registered were able to book appointments up to four weeks in advance online.
- The facilities and premises were not entirely appropriate for the services delivered. The practice had three clinical rooms, two on the ground floor and one on the upper floor. On the day of inspection we noted that the practice building was in critical need of refurbishment. For example we found that the flooring in one of the clinical rooms did not meet the required standards of being sealed at the edges and that the worktop where the sink was situated had begun to disintegrate at the edge. We were told that the clinical room in question was used once a week. The corridor from the front of the building to the reception desk would prove difficult for wheelchair users to navigate without assistance.
- The practice made some reasonable adjustments when patients found it hard to access services. The practice website allowed access for patients to make appointments and request repeat prescriptions, and the pages on the website were able to be translated into

over 100 languages. The practice had recently purchased a hearing loop, and told us that a British Sign Language (BSL) interpreter could be booked for patients who communicate through sign language. Interpreter services were available on request and this was publicised within the practice.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Longer appointments were available for older patients and patients with learning disabilities. Home visits were available as well as telephone consultations with a clinician.
- The practice had recently installed a jayex board and screen in the patient waiting area which displayed relevant health promotional content. In addition, patients had the facility to self-check in using the self-check in monitor or check-in at reception.

#### Older people:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

#### People with long-term conditions:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice did not have regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issue, however they did inform the inspection team that they contacted the local multi-disciplinary teams when required.



# Are services responsive to people's needs?

## (for example, to feedback?)

Families, children and young people:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- We found there were systems 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments were available after school for younger patients
- The practice offers testing for Chlamydia to patients aged between 15-24.

Working age people (including those recently retired and students):

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients at the practice were able to see a doctor outside of normal working hours via the local out of hours provider.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- 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.

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

This population group was rated requires improvement as the key question responsive was rated requires improvement.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally comparable to local averages but below national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and four surveys were sent out and 104 were returned. This represented about 2% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 51% and the national average of 71%.
- 68% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 57% of patients who responded said their last appointment was convenient compared with the CCG average of 68% and the national average of 81%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 54% of patients who responded described their experience of making an appointment as good compared with the CCG average of 58% and the national average of 73%.
- 38% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 43% and the national average of 58%.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in

the last year. These complaints, whilst recorded, were not recorded in depth. We reviewed all complaints and found that they were satisfactorily handled in a timely way.

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. We viewed a complaint regarding the practice telephone lines not being open at the stated time of 8am. We noted that the practice acknowledged the complaint. An investigation was conducted by the practice manager to gain further knowledge of the events which prompted the complaint. Following the investigation, the practice wrote to the complainant with a detailed response. As a result of the complaint, all reception staff were reminded of the importance of arriving for work in a timely fashion, so that patients can have access to the practice at the times set out in the practice information leaflet and on the practice website.

# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice, and all of the population groups, requires improvement for providing a well-led service.**

At our last inspection in August 2016, we rated the practice as requires improvement for providing well-led services as we found systemic weaknesses in the governance processes at the practice.

We issued a requirement notice in respect of these issues and found that whilst arrangements had improved, they had not done so sufficiently when we undertook a follow up inspection of the service on 5 December 2017. The practice remains rated as requires improvement for being well-led.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills; however we did not see evidence of planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice had a business development plan which forward plans until 2020.
- The practice developed its vision, values and strategy jointly with all staff. The current business plan had been shared with the practice patient participation group (PPG) as well as external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. Although the practice planned its services to meet the needs of the practice population, it was not always able to do so. The GP partners told us that they were limited in being able to provide increase clinical sessions due to the premises they were situated in. The building had two clinical rooms on the ground floor, one of which was the nurses' room, which meant that the GP partners would share the clinical rooms, using the nurses' room for consultations when she was not present. There was another clinical room on the upper floor, which was in use once a week, but it was not infection control compliant due to it having a non-sealed floor and the worktop where the sink was situated, had begun to disintegrate. The practice told us that they were unable to make changes to the premises as the building belonged to a private landlord.

### Culture

The practice had a culture of quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given limited protected time for professional development and evaluation of their clinical work due to the number of hours the nurses worked.
- There was an emphasis on the safety and well-being of all staff.



# Are services well-led?

Requires improvement 

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

- There were positive relationships between all staff. The practice saw themselves as having a 'flat hierarchical structure' which led to good relationships between all.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management.

- Structures, processes and systems to support governance and management were set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- We spoke with the GP partners and the practice manager regarding the supervision of the nursing staff as we were concerned with the lack of oversight given to the practice nurses. The practice manager was only in attendance one day a week, which meant she did not always observe the work or have regular face-to-face contact at the practice with at least one of the two practice nurses. In addition, there was no clinical supervision from either of the GP partners of either of the practice nurses work.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Following on from the August 2016 inspection, the practice had reviewed and updated its policies and procedures; however on the day of inspection, we saw evidence that there were still areas of governance which needed to be fully reviewed. For example, we found that the latest version of the practice complaints form did not have prompt for the date it was completed and there were no contact telephone numbers within the business continuity plan.
- The practice recruitment policy was not being followed as we found that a member of staff had been appointed but we could not locate a job description within the member of staff's HR file.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, not all risks were being addressed.

• There was some effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, the inspection team was concerned regarding the recall system for cervical screening. The practice nurse we spoke to on the day of inspection told us that she kept a record of the tests that she undertook and would check whether results had been received, and would follow up on those that had not and those tests that required further work. As this process was not centralised, we did not have the confidence that this was an effective failsafe system. We did however see evidence of an audit carried out by the practice regarding inadequate results of cervical screening, which showed that over the period starting the beginning of April 2016 to the end of March 2017, the practice had recorded no inadequate tests.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. This was evidence through conducting audits for example on inadequate cervical screening.
- The practice submitted data or notifications to external organisations as required.

# Are services well-led?

Requires improvement 

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients' staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice used feedback from the friends and families test, as well as feedback left at the practice to help improve performance.
- There was an active patient participation group who regularly engaged with the practice management team.

- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had recently appointed an existing member of staff as the assistant practice manager.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person(s) had systems or processes in place that failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, in particular with reference to having a failsafe system for following-up on cervical screening results was not robust and the practice did not conduct a pre-assessment for patients requesting travel vaccines. Infection control recommendations had not been actioned following the last infection control conducted in January 2017.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person(s) had systems or processes in place that failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users, in particular with reference to having limited oversight of the nursing provision provided within the practice. The practice did not have a job description for the one of the nurses employed at the practice, which could lead to staff acting outside their remit and knowledge.</p>