Dr Patrick Morant

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Patrick Morant (Sydenham Surgery) on 17 August 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events, but there was no standard form to ensure that events were fully explored, discussion about events was limited, and records kept did not always show the full actions taken.
- Some risks to patients were well not assessed and well managed, especially those associated with infection control and prevention. There were other risks that had not been identified associated with clinical rooms (containing prescription slips and clinical equipment) being left unlocked during the day. There was no oxygen or benzylpenicillin (a medicine used to treat suspected bacterial meningitis).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was no training policy or plan that specified the training topics and levels required for different roles. There were some gaps in the training provided to staff, for example infection control training and the practice was unaware of the recommended update frequency for basic life support and child safeguarding.
- There was evidence of quality improvement activity, but audits had not been repeated to check that these had resulted in improvement for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. National survey data showed that patients were less satisfied with how nurses involved them in decisions.
- Information about services and how to complain was available and easy to understand and improvements were made to the quality of care as a result of complaints and concerns. However some complaints were not acknowledged in the timeframes stipulated in the practice's complaint's policy.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was generally well equipped to treat patients and meet their needs; while there were consultation rooms on the ground floor, there were no toilets or baby changing facilities on the ground floor.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that all staff receive the required training at appropriate intervals, including child safeguarding, basic life support, infection control and role-specific training.
- For infection prevention and control comprehensive audits are carried out and the findings acted upon.
- Ensure there is adequate equipment to manage medical emergencies. If the practice decides not to obtain oxygen or benzylpenicillin, there should be a formal risk assessment that details how any medical emergency requiring these would be managed.
- Ensure that prescription forms are stored securely at all times and that there is no risk to patients from items left in unlocked clinical rooms.
- Repeat audits to check that improvements had been made.

The areas where the provider should make improvement are:

- Consider taking notes of clinical meetings, so that actions can be followed up.
- Consider keeping documents and checks during recruitment processes in staff files.
- Save copies of the business continuity plan away from the practice premises.
- Consider how to improve the care of patients with diabetes.
- Consider how to improve the number of patients identified as having coronary heart disease, so that they can be offered appropriate support.
- Continue to monitor and work to improve patient satisfaction with how nurses involve them in decisions about their care.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Acknowledge all complaints in line with practice policy.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an system in place for reporting and recording significant events, but there was no standard form to ensure that events were fully explored, discussion about events was limited, and records kept did not show the full actions taken.
- Processes and practices in place to keep patients safe and safeguarded from abuse were not robust. Staff had completed appropriate training in keeping people safe, but this was not being updated annually. Recruitment checks had been carried out, but the practice had no record of proof of identity in staff files.
- Some risks to patients were well not assessed and well managed, especially those associated with infection control and prevention.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had carried out some audits to check on the quality of the services provided, but the audits had not been repeated to check that for improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, although training was not always being updated regularly.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable with or higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect. The practice were aware of the low satisfaction scores (on the national GP survey) with involving patients in decisions, particularly nurses, and had asked clinicians to reflect on and improve their consultation skills.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good 

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised, although the practice were not acknowledging complaints in line with their policy. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement 

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

- The practice had a clear 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were not consistently implemented.
- There was no training policy or plan that specified the training topics and levels required for different roles. There were some gaps in the training provided to staff, for example infection control training and the practice was unaware of the recommended update frequency for basic life support and child safeguarding.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.
- Older people had a named GP to support their care.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for all of the diabetes related indicators was in line with the local average but some (for example, control of cholesterol) was below the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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

Requires improvement

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators were generally in line with the national average.
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. 363 survey forms were distributed and 98 were returned. This represented 2% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 87% of patients found it easy to get through to this practice by phone, compared to the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good, compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards. Six cards had only positive comments about the standard of care received. Two cards contained mixed feedback, positive about most aspects of care received but negative about staff attitudes.

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

Dr Patrick Morant

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Dr Patrick Morant

Dr Patrick Morant runs Sydenham Surgery, based in Lewisham, south London. The practice is housed in purpose-built premises, next to the railway line in Sydenham. There is no parking close to the practice but the area is well served by public transport.

The surgery is based in an area with a deprivation score of 4 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children than the national average. Compared to the average English GP practice, more patients are unemployed.

There are approximately 4032 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to four) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many more patients aged 25 – 34. There are fewer patients aged 50+ than at an average GP practice in England.

Three doctors work at the practice: two male and one female. Two of the GPs (one male and one female) are partners, and the other GP is employed as a long-term locum. Some of the GPs work part-time. Full time doctors work 8 sessions per week. The practice provides18 GP sessions per week. There is a female practice nurse who works six sessions per week.

The practice is open between 8.15am and 6.30pm Monday to Friday.

Appointments are available with GPs from 8.40am to 11.40am and 4pm to 6.30pm Tuesday to Friday. On a Monday, appointments are available from 8.40am to 11.40am and 4pm until 7.30pm. Appointments are available with a nurse on Monday 2.30pm to 7.30pm, Tuesday 9am to 12.30pm, Wednesday 3pm to 6pm, Thursday 9am to 12.30 and Friday 8.30am to 4.30pm.

When the practice is closed cover is provided by SELDOC, a GP co-operative that runs out-of-hours care.

The practice offers NHS GP services under a Personal Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice was last inspected on 7 July 2014. This was before the CQC started rating practices. The inspectors identified a number of areas for improvement, including incomplete mandatory training and a lack of systems in place to seek the views of or engage with patients. We saw improvement all of the areas identified, although there were still some issues with staff training.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 August 2016.

During our visit we:

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

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

We reviewed safety records, incident reports, patient safety alerts. We were not able to review minutes of meetings where these were discussed, as clinical meetings were not minuted, but we did see evidence that action was taken to improve safety.

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

- Staff told us they would inform the practice manager of any incidents. There was no standard reporting form available for staff to complete. The practice manager discussed all incidents with one of the partners, and a note made of the discussion. We heard that, where considered relevant, incidents would be discussed in meetings of the clinical team or the whole practice, but we did not see evidence to confirm this as there were no minutes.
- We discussed some of the incidents with staff in the practice and heard that patients received reasonable support, truthful information and a verbal apology, although this was not always fully reflected in the written records.
- We saw evidence that information was shared to improve safety in the practice. For example, after a patient took too much medicine after their prescription was changed the patient received an apology and doctors were reminded to ensure that clear instructions are given to patients or their carers.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 or 3 and non-clinical staff to level 1. Practice staff were unaware of the guidance that the whole practice team must be updated annually on any recent changes in child safeguarding policy or procedures, and any specific local issues. One member of the clinical team had not received safeguarding training since March 2014.
- 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).
- We reviewed five personnel files and found that most recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. None of the files contained proof of identity, although all staff had supplied this in order to obtain an NHS electronic access card.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety, but these were not comprehensive:

- There was no overall premises risk assessment. We found risks that had not been considered, for example, sharps bins and other clinical equipment in unlocked clinical rooms and cleaning solutions in unlocked cupboards in a room that patients could access.
- The last fire risk assessments was carried out in October 2014 and action was taken as a result, for example the installation of emergency lighting. Regular fire drills were carried out. The fire alarm was tested and fire escape routes were checked monthly. One member of staff was trained as a fire marshall, but there were no arrangements for when this (part-time) staff was not present.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was some confusion during the inspection as to who was the infection control clinical lead, with both the senior partner and the practice nurse believing they were responsible. Infection control was

covered during induction for new staff, but no update training was provided. Neither the senior partner nor the practice nurse had received any specialist training or guidance for the role of infection control lead.

- There was an infection control protocol in place, but the practice manager was not clear that it was being followed, for example, whether cleaning staff were handling clinical waste correctly. The last infection control audit was undertaken on 15 August 2016 by the practice manager with support from a practice manager from another practice in the local area. This identified some issues that were being rectified (for example, no records of staff Hepatitis B status) but failed to identify some issues that we noted during the inspection (for example, sharps bins that had not been emptied and chairs in the waiting room that were not wipe-clean).
- The arrangements for managing medicines safe (including obtaining, prescribing, recording, handling, storing, security and disposal) were adequate to keep patients safe, apart from management of prescription forms. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) There were systems to monitor the use of blank prescription forms and pads. However, blank prescription forms were not securely stored during the day, because clinical rooms were not locked when they were not being used.
- 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training, but some did not appear to have had recent training. For example, the certificate on file for the nurse was from March 2014. The practice had arranged for all staff to receive basic life support training two weeks after our inspection.
- The practice had a defibrillator available on the premises, a supply of emergency medicines, and a first aid kit and accident book were available. There was no oxygen and no benzylpenicillin (a medicine used to treat suspected bacterial meningitis). The practice had no clear rationale for not having oxygen or benzylpenicillin, and had not formally considered how they would manage a medical emergency requiring these.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. In the event of being unable to use the premises, the plan was to work from a room in a local pharmacy. The plan included emergency contact numbers for staff. The plan was only stored in the practice, there was no copy away from the premises.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Where guidance was issued, the practice verified that these guidelines were followed through checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 96% of the total number of points available, compared to the local average of 93% and the national average of 95%.

Overall exception reporting was in line with local and national averages. (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed.
- 61% of patients with diabetes had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less. This was below the national average of 78%, but comparable to the local average of 61%.
- 84% of patients with diabetes had well controlled blood pressure, comparable to the national average of 78% and the local average of 73%.
- 100% of patients with diabetes had an influenza immunisation, comparable to the national average of 94% and the local average of 88%.
- 68% of patients with diabetes had well controlled total cholesterol, below the national average of 81%, but comparable to the local average of 72%.
- 88% of patients with diabetes had a foot examination and risk classification, compared to the national average of 88% and the local average of 83%.
- Performance for mental health related indicators were generally in line with the national average.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the national average of 88% and the local average of 84%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the national average of 90% and the local average of 87%.
- 91% of patients diagnosed with dementia had a face-to-face review of their care, compared to the national average of 84% and the local average of 85%.
- 97% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the national average of 94% and the local average of 93%.

We saw (unvalidated and unpublished) QOF data for 2015/16. This showed similar results for diabetes and mental health as in 2014/15.

The practice had identified fewer patients than would be expected with Coronary Heart Disease (CHD), 0.37 compared to the local average of 0.59 and the national average of 0.71. Practice staff thought that this was perhaps because not all patients had been correctly coded on the computer system.

- There had been two clinical audits carried out in the last two years. Both were required by the Clinical Commissing Group, rather than being planned by the practice to monitor quality.
- The audits led to action (for example, to GPs being given extra training in the current antibiotics guidelines) but the audits had not been repeated to check that these had resulted in improvement in patient outcomes.

Effective staffing

Requires improvement

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment, although training was not being updated in line with guidance

- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Some training was not being updated at the required frequency, for example annual updates for basic life support and child safeguarding. Staff had access to and made use of e-learning training modules and in-house training.
- There was no system to ensure that role-specific training was updated regularly, and one member of staff had not received regular updates.

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 and 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.

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 and add your example. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 15% to 94% and five year olds from 65% to 88%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 10% to 93% and five year olds from 71% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received eight patient Care Quality Commission comment. Six cards had only positive comments about the standard of care received. Two cards contained mixed feedback, positive about most aspects of care received but negative about staff attitudes.

We spoke with thirteen patients during the inspection. All thirteen said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP was good at giving them enough time, compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 94% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and supported by staff. 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 GPs. Results were in line with national averages for GPs, but below average for nurses . For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 83% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the national average of 82%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care, below the national average of 85%.

The practice were aware of the the low satisfaction score with involving patients in their care, particularly nurses, and had asked clinicians to reflect on and improve their consulation skills.

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

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

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 25 patients as carers (under 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that there was no formal system to support families who had suffered bereavement, although they would sometimes be contacted by their usual GP. Follow-up support would be given if patients requested a consultation.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up (as an addition to its main contractual services) to proactively offer assessment to patients at risk of dementia.

- The practice had offered appointmemts until 7.30pm on a Monday, for working patients who could not attend during normal opening hours.
- 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 vaccinations available on the NHS as well as those only available privately.
- There was a hearing loop and translation services were available.
- There two downstairs consulations rooms (used by GPs) and two consultation rooms upstairs (one used by nurses).
- The only patient toilet was upstairs. This information was given on the practice website. Practice staff told us that patients would be seen by the nurse downstairs if required, and directed to the nearby station if they require an accesible toilet or baby changing facilities.

Access to the service

The practice was open between 8.15 am and 6.30 pm Monday to Friday.

Appointments were available with GPs from 8.40am to 11.40am and 4pm to 6.30pm Tuesday to Friday. Appointments are available from 8.40am to 11.40am and 4pm until 7.30pm on Monday.

Appointments were available with a nurse on Monday 2.30pm to 7.30pm, Tuesday 9am to 12.30pm, Wednesday 3pm to 6pm, Thursday 9am to 12.30 and Friday 8.30am to 4.30pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours, compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone, compared to the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. A GP telephoned anyone requesting a home visit, to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England though on occasion responses were not provided in accordance with the time frames specified in the policy
- 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, for example a poster in reception.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at four complaints received in the last 12 months. Most complainants received a full response in a few days, but we saw one complaint had not received a full response for 12 days and we could not find any evidence of acknowledgement.

We found that the complaints we reviewed were satisfactorily handled, with openness and transparency.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after a complaint about reception staff attitudes, staff were given feedback and training.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff knew and understood the practice's values.

Governance arrangements

- Staff were generally aware of their own roles and responsibilities, although there were some areas of ambiguity (such as infection prevention and control).
- Practice specific policies were available to all staff, but were not consistently implemented, for example the complaints policy or the recruitment policy.
- There was some quality improvement activity, but this was limited, and audits had not been repeated to check if improvements had been made.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not comprehensive, so some risks were not well managed (for example, risks associated with clinical items in unlocked clinical rooms and with weak infection control arrangements).
- There was no training policy or plan that specified the training topics and levels required for different roles. There were some gaps in the training provided to staff, for example infection control training and the practice was unaware of the recommended update frequency for basic life support and child safeguarding.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held annual team meetings, where mandatory training was carried out. Clinical meetings where held weekly, but were not minuted, so there was no mechanism to follow up agreed actions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG suggested that the waiting room floor was replaced, which was done. .
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Reception staff suggested a change to the appointment template to make it easier to book appointments for patients who needed urgent consultations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify or manage the risks associated with unlocked clinical rooms, to identify all the infection control issues, to ensure staff had the required training to carry out their role and their was no oxygen and benzylpenicillin to deal with medical emergencies. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures 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:** The registered person had not ensured that the quality of care is monitored and improved through audits. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.