

Civic Medical Centre

Quality Report

18 -20 Bethcar Road

Harrow

HA1 1SE

Tel: 02084279445

Website: www.civicmedicalcentre.com

Date of inspection visit: 19 January 2017

Date of publication: 23/03/2017

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 5 |
| The six population groups and what we found | 8 |
| What people who use the service say | 12 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 13 |
| Background to Civic Medical Centre | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 15 |
| Action we have told the provider to take | 27 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Civic Medical Centre on 19 January 2017. Overall the practice is rated as inadequate.

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

- The practice had a system in place for reporting and recording significant events. However, the lead GP was unaware that there was a formal process in place and we saw one significant event which had not been dealt with under the practice procedure.
- Risks to patients were not always assessed or managed appropriately. For example, the practice did not have adequate equipment to enable them to respond effectively in an emergency, there were infection control risks which had not been addressed and none of the nursing staff had professional indemnity insurance at the time of our inspection. In addition the practice was not regularly assessing fire safety risks.

- Overall, staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with clinical skills, knowledge and experience to deliver effective care and treatment. However, we found that some essential training was missing for some staff, that exception reporting was higher in a number of clinical areas and that there was a low uptake of breast and bowel cancer screening among the patient population.
- Patients' feedback from the comment cards completed and from those we spoke with on the day of the inspection said that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, National GP Patient Survey scores showed the practice was rated below local and national averages in respect of the level of compassion shown to patients.
- Information about services was available and easy to understand. The practice complaint policy was available upon request but not easily accessible in the patient waiting area. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke to on the day and feedback from comment cards showed that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, feedback from the patient survey showed the practice rated below local and national average for access to appointments.
- In most areas, leadership and areas of responsibility were clear; however, there was not an effective lead in place for infection control. All staff spoken to felt supported by management though GPs did not receive a practice appraisal. The practice proactively sought feedback from staff and patients, which it acted on; however, they were not aware of the National GP Patient Survey.
- The provider was aware of and complied with the requirements of the duty of candour.
- The provider was not registered for the regulated activity of family planning or maternity and midwifery services. We told the practice to take the necessary steps to ensure that their registration was correct.

The areas where the provider must make improvement are:

- Ensure that care and treatment are provided in a safe way and that all risks to the health and safety of service users are mitigated by; having adequate arrangements in place to respond effectively to emergencies and disaster and mitigating risks associated with infection control, legionella and fire safety.
- Have systems which effectively identify, record and learn from significant events and mechanisms to improve quality to ensure that risks are mitigated and the quality of service improves.
- Ensure that records, inclusive of comprehensive recruitment checks, are maintained for each staff member in order to mitigate against risks associated with staffing.
- Ensure all staff regularly receive training in accordance with current legislation and guidance which enables them to effectively carry out the duties they are employed to perform.

The areas where the provider should make improvement are:

- Review the number of GP sessions provided, ensuring that there are sufficient numbers of suitably qualified, competent, skilled and experienced staff available provide safe care and treatment.
- Work to improve patient satisfaction with care, treatment and involvement in decisions.
- Review clinical areas where exception reporting is higher than local and national averages to ensure that exception reporting is appropriate
- Review information in the patient waiting area which advises patients what to do in the event of an emergency.
- Consider ways to ensure that patient dignity is respected in the practice's minor surgery room.
- Take action to improve the identification of patients with caring responsibilities to be able to provide appropriate support and signposting
- Advertise translation services, ensure the complaints policy is visible to patients and that responses comply with current legislation and guidance.
- Consider introducing mechanisms to regularly review performance against practice aims and strategic objectives.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Summary of findings

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?

The practice is rated as inadequate for providing safe services.

- Risks to patients were not always assessed or well managed. For example, the practice did not have oxygen or the requisite medicines to enable them to respond effectively in emergency situations, neither of the practice nurses had professional indemnity insurance, there were infection control concerns that the practice had not mitigated, the practice had not complied with recommendations in their legionella risk assessments and was not assessing the risks posed by fire with sufficient regularity.
- There was a system in place for reporting and recording significant events. However, the lead GP was not aware that a formal significant event process existed. Though we saw examples of two significant events where lessons were shared to make sure action was taken to improve safety in the practice, we identified one clinical incident that should have been reviewed in accordance with the process which was not.
- When things went wrong patients received reasonable support, truthful information, and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Although practice exception reporting in several areas was higher than local and national averages; from reviewing patient records we found that these were clinically justifiable.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw one example of a clinical audit which demonstrated quality improvement, but there was no other evidence of quality improvement work.

Requires improvement



Summary of findings

- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. We found that some mandatory training had not been completed; however, we were shown evidence that this was all completed after our inspection.
- There was evidence of appraisals and personal development plans for all staff; however, GPs did not receive an internal practice appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Patients we spoke with on the day and feedback from the patient comment cards indicated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, this was not reflected in the feedback from the National GP Patient Survey.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect; however, this was not supported by feedback from the National GP Patient Survey.
- We found that confidentiality was maintained in all areas.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement 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 we spoke with on the day of the inspection said they found it easy to make an appointment with a named GP and from reviewing the practice's appointment system we could see that there were a number of appointments available both on the day and in advance. However, patient survey scores rated the practice lower than local and national averages for access to appointments.

Requires improvement



Summary of findings

- The practice did not have all the required emergency equipment on site; however, in most instances, the practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was not easily available but could be requested from reception and was easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, poor risk management impeded their ability to ensure that the care provided was always safe.
- The practice had not taken any action in response to the poor scores in the national GP patient survey, but they had sought feedback from staff and patients, which it acted on. The patient participation group was active.
- With the exception of responsibility for infection control, there was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and weekly meetings where governance was regularly discussed. However, it was evident that the lead GP lacked awareness in key areas including in respect of significant event management and the practice's business continuity arrangements.
- There was an overarching governance framework and most staff we spoke with were clear on their own roles and responsibilities, most procedures to ensure that the practice operated well. However, it was apparent that there had been a lack of oversight with regards to risk management and there was minimal quality improvement work.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective, caring and responsive services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients were referred to support services within the community where appropriate to address health needs the practice was unable to meet and in order to combat isolation.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided support to two care homes that supported elderly residents. The GP undertook weekly ward rounds of these homes. Feedback gathered by CQC prior to the inspection was largely positive; however, one home did say that they sometimes had to proactively chase requests sent by fax. We reviewed the supporting administrative systems on the day of the inspection and found no concerns.

Inadequate



People with long term conditions

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective, caring and responsive services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice.

- GPs and nurses both took responsibility for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall performance for diabetes related indicators was similar to the national average. For example the percentage of diabetic patients who had well controlled blood sugar was 83% compared with the CCG average of 79% and the national average of 78%. The exception reporting rate was 17% compared with 9% in the CCG and 13% nationally. The

Inadequate



Summary of findings

percentage of patients with well controlled blood pressure was 93% which was higher than the local average of 76% and the national average of 78%. The rate of exception reporting 9% compared with 8% in the CCG and 9% nationally.

- 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

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective, caring and responsive services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and this was supported by discussions with staff at the practice.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 77% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective, caring and responsive services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice.

Inadequate



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday mornings between 7 am and 8 am and between 7.45 and 8 am on Thursdays for working patients.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective, caring and responsive services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including and those with a learning disability. Sixty nine of the 77 patients on the practice's learning disability register had received a learning disability check in 2015/16. Homeless patients and those who were temporarily resident in the area were also able to register.
- The practice supported a service that accommodated people with learning disabilities. The feedback provided to CQC from this service was exclusively positive regarding the quality of care and responsiveness of the practice.
- 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.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective,

Inadequate



Summary of findings

caring and responsive services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group. However we did see examples of good practice.

- 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for other mental health indicators were either at or above 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 carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a talking therapy service which could be utilised by both patient at the practice and those from neighbouring practices who were experiencing mental health concerns.
- The lead GP held a monthly substance misuse clinic.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and forty eight survey forms were distributed and 117 were returned. This represented 2.7% of the practice's patient list.

- 47% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% 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%.
- 60% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 47% 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 24 comment cards which were all positive about the standard of care received. Four of the comments provided mixed feedback which largely related to difficulty getting a convenient appointment.

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

Civic Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist adviser.

Background to Civic Medical Centre

Civic Medical Centre is part of Harrow CCG and serves approximately 4320 patients. The practice is registered with the CQC for the following regulated activities Diagnostic and Screening Procedures; Treatment Of Disease, Disorder Or Injury and Surgical Procedures. The practice is not currently registered to provide Family Planning or Maternity And Midwifery Services; however, they were providing services that fell within the scope of these activities. We instructed the practice take action to ensure that they were correctly registered.

The working age and infant population is significantly higher than the national average and there is a comparable number of elderly patients. The practice is located in an area ranked within in the fifth least deprived decile on the index of multiple deprivation. The practice is ethnically diverse with a number of patients from Somali, Gujarati, Eastern European, Afghani, Syrian, Iranian and Iraqi backgrounds.

The practice is a single handed GP practice run by a male GP. The practice is supported by three salaried GPs, two female and one male and there are two female nurses. The practice is a teaching practice supporting 3rd and 5th year medical students. The practice offers 13 clinical GP sessions per week.

The practice is open between 8 am and 6 pm Monday to Friday with the exception of Thursday when the surgery closes at 1.00 pm. The practice offers extended hours on between 7 am and 8 am on Tuesday and Wednesday and between 7 am and 7.45 am on Thursday. The practice's appointments are split evenly between pre bookable and emergency appointments. Appointments can be booked up to eight weeks in advance.

Civic Medical Centre operates from 18-20 Bethcar Road, Harrow, Harrow HA1 1SE which is a converted residential property owned by the lead GP. The service is accessible for patients with mobility difficulties and those with pushchairs.

Practice patients are directed to contact the local out of hours service when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: meningitis provision, childhood vaccination and immunisation scheme, extended hours access

facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, rotavirus and shingles immunisation and unplanned admissions

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008 and subsequent regulations to look at the overall quality of the service and to provide a rating for the service.

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 19 January 2017. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However the lead GP in the practice was not aware of this system.

- Most staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the lead GP told us that they were unaware that there was a specific system in place for reporting significant events.
- The practice carried out analysis of the significant events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again. However, in one instance we found that an incident had not been raised under the practice's formal significant event process which prevented learning being shared widely within the practice; though there was evidence of patient involvement and discussion with the parties involved.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in response to a rejected blood sample sent by the practice in an expired pathology bottle; the practice implemented a system to ensure quarterly checks of all disposable equipment.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. However, there was insufficient attention paid to infection control and risk management:

- 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 always provided safeguarding reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to child and adult safeguarding. However, we could not find evidence of safeguarding training for the practice lead or one of the practice nurses; who had started working at the practice in November 2016. We were provided with evidence that this training had been completed after the inspection. All GP staff had now been trained to safeguarding level three, nurses to level two and non-clinical staff were trained to level one.
- 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)
- The practice maintained appropriate standards of cleanliness and hygiene in most areas. Although most areas of the premises were clean and tidy, we found that the chairs in the waiting area were made of a permeable fabric and there were no arrangements in place to have these professionally cleaned. The patient chairs in the lead GP's room were also made of fabric and were visibly dirty. The practice manager told us that the practice had already identified this as an area of concern and had ordered wipe clean chairs for both reception and consulting rooms. The identity of the practice infection control lead was unclear. The policy stated that responsibility was divided between the lead GP and the two practice nurses. One of the practice nurses did not know that they acted as one of the leads and staff all stated that the lead GP was solely responsible. There was an infection control protocol in place and most staff had received up to date training. However, two clinical staff members and one member of non-clinical staff had not received training. This training was completed after our inspection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- With the exception of emergency medicines, the arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular prescribing reviews with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions 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).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we found that neither of the practice nurses had any medical indemnity insurance cover in place at the time of our inspection. The practice provided us with evidence that cover was in place within two working days of our inspection.

Monitoring risks to patients

Risks to patients were not being regularly assessed.

- Procedures in place for monitoring and managing risks to patient and staff safety were not effective. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives; however, the last fire risk assessment was completed in 2014. We saw evidence on the day of the inspection that a fire risk assessment had been undertaken but the report had yet to be received. We were provided with a copy of this assessment after our inspection. The practice held fire drills twice a year and discussed the outcomes at practice meetings. The practice did not have a fire alarm system but did have smoke alarms which would alert patients and staff to the presence of fire. These were regularly tested by practice staff. All electrical equipment was checked to

ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and a general health and safety risk assessment. The practice legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been completed in July 2015. The risk assessment identified that the temperature in one part of the practice went outside of safe ranges which could encourage growth of legionella bacteria. The assessment recommended that the practice should increase the temperature, undertake weekly flushes of the taps in that part of the practice and regularly monitor the temperature. The practice told us that they turned up the temperature and undertook weekly flushes but had not been checking the temperature of the water. The practice had purchased a thermometer to take water temperatures but had not started doing so. The practice provided us with an updated legionella risk assessment after our inspection.

- 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. Staff we spoke with on the day of the inspection told us they felt that there were adequate numbers of staff to provide patient care and treatment and we saw that both emergency and routine GP appointments were available the day following our inspection and routine nursing appointments were available the following week.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and some emergency medicines were available.

Are services safe?

- The practice had a defibrillator available on the premises but no oxygen supply. We were provided with evidence that this had been purchased after the inspection. A first aid kit and accident book were available.
- Though the practice did have a supply of emergency medicines there were several recommended medicines that were not available, the absence of which had not been risk assessed, including: Benzylpenicillin (used in the treatment of suspected meningitis), Atropine (used to treat adverse reaction to during insertion of intrauterine devices) or an antiemetic (used to treat nausea). We were provided evidence that these medicines had been purchased after the inspection. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, the lead GP was unaware of the practice's business continuity arrangements.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored 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 were 100% of the total number of points available. The overall exception reporting rate was 12.5% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) this compared with 8.5% in the CCG and 9.8% nationally.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall performance for diabetes related indicators was similar to the national average. For example the percentage of diabetic patients who had well controlled blood sugar was 83% compared with the CCG average of 79% and the national average of 78%. The exception reporting rate was 17% compared with 9% in the CCG and 13% nationally. The percentage of patients with well controlled blood pressure was 93% which was higher than the local average of 76% and the national average of 78%. The rate of exception reporting 9% compared with 8% in the CCG and 9% nationally.
- Performance for mental health related indicators was higher than the national average. For example, the percentage of patients with serious mental health

conditions who had an agreed care plan in place was 98% compared with 91% in the CCG and 89% nationally. The exception reporting rate was 4% compared with 8% in the CCG and 13% nationally. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 89% which was comparable to 87% in the CCG and 84% nationally. The rate of exception reporting was 2% compared with the CCG average of 5% and the national average of 7%.

The practice had a higher rate of exception reporting in a number of areas. For example:

Although the practice scored higher than local and national averages for treatment of patients with atrial fibrillation (94% compared with 80% in the CCG and 87% nationally), exception reporting for this domain was significantly higher than local and national averages; 38% compared with 14% in the CCG and 10% nationally.

The percentage of patients with chronic obstructive pulmonary disease who were assessed in accordance with QOF criteria was 95% compared with 91% in the CCG and 89% nationally. However, exception reporting for this domain was 32% compared with 8% in the CCG and 13% nationally

The practice also had higher rates of exception reporting for:

- Peripheral arterial disease which was 25% compared with 8% in the CCG and 6% nationally.
- Osteoporosis was 33% compared to 15% in the CCG and 15% nationally.
- Cardiovascular disease - primary prevention was 50% compared with 32% in the CCG and 31% nationally.

The practice told us that the exception reporting rates were higher as a result of the 100 patients that they provided care to who resided in three care homes.

We reviewed 27 patient records during our inspection, a proportion of which included those patients who had been exception reported with the long term conditions above. We found that those patients reviewed were exception

Are services effective?

(for example, treatment is effective)

reported appropriately and that the number of patients with osteoporosis was so low that those exception reported had a disproportionate impact on exception reporting figure.

We also found that:

- Those aged between 60 and 69, screened for bowel cancer within 6 months of invitation was 42% compared with 51% locally and 58% nationally. The practice told us that they were aware of the low figures and we saw evidence to show that this had been discussed at a practice meeting. The practice planned to undertake training which would help them improve uptake. The minutes of the meeting indicated that staff were having technical difficulties which prevented them from accessing this training.
- The number of women aged between 50 and 70 who had been screened for breast cancer within 6 months of invitation was 50% compared with 72% locally and 73% nationally. The practice told us that they were not aware that they were a comparatively low performer in this area.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, two of these were completed audits but only one showed improvements being made and implemented.
- The practice participated in peer review at monthly locality meetings.
- We saw evidence of quality improvement from the completed audit which involved a review of patients admitted to secondary care as a result of complications associated with asthma. The practice identified that their admissions were comparatively high. Consequently they undertook a review of thirty one patients, three of who had been admitted between April and September 2015. The practice identified that they had not always been prescribing inhaled steroid where appropriate. Clinicians were given additional training and as a result there were no admissions for asthma during the second cycle period which concluded July 31 2016.

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However we found that a number of staff had not completed all essential training including safeguarding, fire safety awareness and information governance training.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and administering travel vaccinations.
- 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 and nurse forum 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. The nursing and non-clinical staff had received an appraisal within the last 12 months; however, there was no system for appraising GPs who worked at the practice.
- All staff had completed basic life support training within the last 12 months. However not all staff had completed: safeguarding, fire safety awareness and information governance training. All staff had completed this training after our inspection. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. However, the practice did not have a failsafe system in place for recording urgent referrals made and contacting patients to ensure that they had received notification of their appointment and attended.
- 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 different health care professionals, including district nurse and the health visitor team, on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice conducted minor surgery including joint injections and minor excisions. The practice recorded consent to these procedures in the patient's notes.

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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available both within the practice and from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 77% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 97% and five year olds from 90% to 97%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in most of the consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, there was no curtain in the minor surgery room.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the care given by the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also 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 that patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. The practice told us that they were unaware of the findings from the national GP patient survey. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 68% 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%.
- 76% 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%
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey showed that patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment when compared with local and national feedback. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 66% 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%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. Yet there were no notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice offered an annual healthcheck and free flu vaccination to all carers identified.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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 or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice hosted two counsellors from the local talking therapy service twice a week which could be utilised by both patients at the practice and those from neighbouring practices who were experiencing mental health concerns. We were told that the premises were also used by various other organisations including a local mental health charity, tissue viability nurses and a community dietician free of charge.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday mornings between 7 am and 8 am and between 7.45 and 8 am on Thursdays for working patients who could not attend during normal opening hours. The practice also offered telephone consultations for working age patients.
- There were longer appointments available for patients with a learning disability. The practice had 77 patients on their learning disability register and had completed 69 health checks for 69 of these patients in 2015/16.
- 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 were disabled facilities. Translation services were available though these were not advertised in the reception area. The practice did not have a hearing loop but were able to request for sign language interpreters or communicated with patients in writing.
- The lead GP ran a monthly substance misuse clinic.
- The practice offered minor surgery; specifically joint injections and minor excisions.
- The practice participated in a "virtual ward" scheme which aimed to avoid admissions to secondary care those assessing and offering community beds to those patients who required additional care and support.

- A specialist diabetic nurse ran a diabetes clinic once a month to review patients who were particularly complex.

Access to the service

The practice was open between 8.00 am to 6.00 pm Monday to Friday with the exception of Thursday when the surgery closed at 1.00 pm. The practice offered extended hours between 7 am and 8 am on Tuesday and Wednesday and between 7 am and 7.45 am on Thursday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

However, people told us on the day of the inspection that they were able to get appointments when they needed them. We reviewed the practice's appointment system and found that there were three routine appointments available the following day and the next nursing appointment was available on two working days later.

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

- 55% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 68% 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%.
- 47% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice again were not aware of these low patient survey scores. The practice provided 13 GP sessions for their patient list size and the lead GP did not see any patients on the premises on Wednesday as they undertook visits at three care homes.

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.

We found a poster in the reception area which suggested that patients should book emergency appointments at the surgery if they had symptoms that may have warranted

Are services responsive to people's needs?

(for example, to feedback?)

urgent hospital attendance including severe chest pain or breathlessness. However, all staff we spoke with were clear that in such cases it would be inappropriate for the patient to make an emergency appointment or wait for a GP home visit and would ensure that 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. However, we were told that not all verbal complaints and subsequent action taken to address concerns were documented.
- 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 including a poster which directed patients to put complaints in writing to the practice manager, a suggestion box and a leaflet that could be requested from the reception desk.

We looked at two complaints received in the last 12 months and two received prior to this and found that satisfactory and timely responses were provided with apologies offered where appropriate. Although the practice policy and leaflet contain information about who patients could complain to if they were dissatisfied with the practice's response, this information was not included in the final written responses provided by the practice. 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, in response to feedback about appointment availability for working people the practice introduced a system of telephone consultation where GPs would hold consultations over the telephone for the first hour of the day and an additional hour in the afternoon during periods of peak demand.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice aimed to deliver high quality care and promote good outcomes for patients and it was clear that staff were working towards this objective. However, deficiencies in risk management and a lack of awareness and understanding in key areas hindered the practice's ability to achieve their aim of providing consistently high quality care.

- The practice had a list of strategic objectives and staff knew and understood these and how they would individually and collectively work to achieve these goals. However, the practice had no documented business plan to support their strategic vision though we saw evidence of discussions in practice meetings which related to practice goals.

Governance arrangements

Although the practice had a wide ranging policy framework and staff were, in the majority of cases, aware of roles and responsibilities within the practice; there was insufficient attention paid to risk and there were certain areas where the leader of the practice lacked awareness. This undermined the practice's aim to provide consistently high quality safe care:

- The arrangements in place for identifying, recording and managing risks were not always effective. For example, the recruitment arrangements were not sufficiently robust as neither of the practice nurses had medical indemnity insurance in place. Fire safety was not regularly risk assessed and infection control risks had not all been addressed (including those associated with legionella) and essential equipment needed to respond in emergencies was missing.
- In most cases there was a clear staffing structure and staff were aware of their own roles and responsibilities; however, it was not clear who took responsibility for infection control and the lead GP was unaware of the practice's significant event process or business continuity arrangements.
- Practice specific policies were available to all staff.
- The practice did not maintain a comprehensive understanding of the performance of the practice in all

areas. For example, the practice were not aware of the below average ratings received in the National GP Patient Survey in respect of patient access and perceptions regarding care and treatment. The practice were also unaware that the uptake of breast cancer screening was comparatively low.

- A programme of clinical and internal audit was in place though there was limited evidence of this being used to monitor quality and make improvement.

Leadership and culture

Staff told us the lead GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

Staff felt supported by management.

- Staff told us the practice held weekly team meetings involving all members of staff.
- 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 lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP 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

Are services well-led?

Inadequate 

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

The practice encouraged feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service yet the practice were not aware of the national GP patient survey or the negative feedback that patients had given in respect of care, treatment and access. However:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to requests from patients to have better parking facilities at

the practice the PPG contacted the council who have proposed providing the practice with two additional designated spaces and introducing parking meters to free up more space in the surrounding area.

- Staff were able to provide feedback and contribute to decision making 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.

Continuous improvement

We saw no evidence of the practice participating in schemes aimed at improving outcomes for patients in the area.

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 Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was not assessing the risks to the health and safety of service users in regards to receiving the care or treatment and not doing all that is reasonably practicable to mitigate any such risks.</p> <ul style="list-style-type: none">• The lead GP was not aware of the practice's significant process and we saw evidence that the process was not consistently followed.• The practice did not have oxygen and were missing emergency medicines and did not have a risk assessment in place to justify their absence.• Not all risks associated with infection control and legionella had been addressed and risks associated with fire were not assessed with sufficient regularity. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Governance systems and processes were not in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk including staff. Specifically in respect of</p> |

This section is primarily information for the provider

Requirement notices

arrangements to respond effectively in an emergency or disaster, recruitment, training and monitoring procedures, significant event management, risk management and recording of consent.

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

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- Not all staff had received essential training including safeguarding, infection control, information governance and fire safety.

This was in breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.