The Staunton Group Practice

Quality Report

Morum House Medical Centre
3-5 Bounds Green Road
Wood Green
London N22 8HE
Tel: 0208 616 0445
Website: www.morumhouse.nhs.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on the 25 August 2015. Overall the practice is rated as requires improvement.

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.

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

- Patients' needs were assessed and care was planned and delivered in line with best practice current guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, safeguarding training and infection prevention and control.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments. Patients reported ongoing difficulties contacting the practice by telephone.
- Information about services and how to complain was available and easy to understand.
- The practice responded well to complaints, comments and suggestions made by patients and monitored quality and performance, introducing appropriate changes where needed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but a number of these were overdue a review.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We were told that a previous practice manager, who had been in post for many years, had left since the practice had registered in 2013 and that their replacement had also left at short notice November 2014. Since then the practice had found it challenging to bring governance documentation and staff records up to date. This had led to difficulties in monitoring staff training requirements and reviewing governance policies. We saw that the practice was actively taking steps to address these concerns, but there remained areas where the practice needs to make improvements.

The practice must –

- Ensure that all staff receive training in adult safeguarding and child protection appropriate to their role and that evidence is available for inspection.
- Ensure that staff receive appropriate training in infection control and undertake regular infection control audits and that evidence is available for inspection.
- Ensure that appropriate pre-employment checks are carried out.

In addition, the practice should –

- Ensure that all its governance policies and the business continuity plan are reviewed and updated regularly.
- Ensure that annual appraisals of staff are carried out.
- Review and update staff records to include evidence of appropriate pre-employment checks being carried out, that ongoing refresher training had been provided and that annual appraisals are conducted.
- Arrange for all electrical equipment to be PAT tested or carry out a suitable risk assessment regarding the use of such equipment.
- Continue with work to improve the operation of the telephone system to increase patient access to the service and appointments.

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 as there are areas where it must make improvements.

Patients' needs were assessed and care was planned and delivered in line with best practice current guidance. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice used a range of information to identify risks and improve patient safety. The practice acted in accordance with National Patient Safety Alerts it received.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

The practice could not provide evidence that appropriate pre-employment checks, for example obtaining references and proof of identification, had been carried out for all staff. Staff records did not evidence that suitable on-going fresher training was provided.

There were no cleaning schedules in place. There was no evidence of staff receiving appropriate infection control training, or of any infection control audits being carried out in the last few years.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement 

The practice is rated as requires improvement for responsive services as there are areas where it should make improvements.

It reviewed the needs of its local population and had an active Patient Participation Group (PPG) to secure improvements to services where these were identified. Patients were encouraged to make suggestions.

Information about how to complain was available and easy to understand. Learning from complaints was shared with staff The practice had reviewed and made changes to the appointment process in response to patients' concerns and was actively recruiting more GPs to improve the services. Urgent appointments were available the same day.

Although the practice had taken some steps to improve the appointments process and telephone system, patient feedback showed that there were still concerns and on-going difficulties.

Are services well-led?

Good 

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

The practice proactively sought feedback from patients and had an active patient participation group (PPG).

There was a documented leadership structure and staff felt supported by management. All staff had received inductions, but not all staff had received appraisals in the last 12 months.

The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. Records relating to recruitment and staff training were also in need of review. The practice had found it challenging when the past practice manager had left. The acting practice manager had been given assistance, but the practice recognised there was further work to be done in reviewing policies and records.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement in the key questions of safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group, older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Data showed that 95% of patients discharged from hospital had received a follow up consultation and 73% of older patients prescribed a number of medicines had received a structured annual medication reviews. All patients aged over 75 had a named GP.

People with long term conditions

Requires improvement

The practice is rated as requires improvement in the key questions of safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group, people with long-term conditions.

The practice kept a register to monitor the health of patients with known long-term health conditions. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Data showed that 69% of patients with diabetes had received an annual foot check and 79% an annual eye (retinal) check.

Families, children and young people

Requires improvement

The practice is rated as requires improvement in the key questions of safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group, families, children and young people.

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

Summary of findings

standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement in the key questions of safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group, working-age people (including those recently retired and students).

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 practice is rated as requires improvement in the key questions of safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group, people whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 57% of the 61 patients on the register had received a follow-up and care plan review. The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

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People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement in the key questions of safe and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group, people experiencing poor mental health (including people with dementia).

Seventy-five per cent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015, covering the periods July - September 2014 and January - March 2015, showed the practice was performing below local and national averages. Four hundred and fifty-three questionnaires were sent out and 113 patients returned them, a response rate of 25%.

- 42% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 39% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 73% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 43% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 44% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 59% and a national average of 65%.
- 32% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comments cards we spoke with 11 patients on the day. We also looked at comments left by patients on the NHS choices website. Patients were concerned with difficulties in contacting the practice by phone and with the availability of appointments. They told us they were treated with dignity and respect and that they were involved in decisions regarding their health care and treatment.

Areas for improvement

Action the service MUST take to improve

- Ensure that all staff receive training in adult safeguarding and child protection appropriate to their role and that evidence is available for inspection.
- Ensure that staff receive appropriate training in infection control and undertake regular infection control audits and that evidence is available for inspection.
- Ensure that appropriate pre-employment checks are carried out.

Action the service SHOULD take to improve

- Ensure that all its governance policies and the business continuity plan are reviewed and updated regularly.
- Ensure that annual appraisals of staff are carried out.
- Review and update staff records to include evidence of appropriate pre-employment checks being carried out, that on-going refresher training had been provided and that annual appraisals are conducted.
- Arrange for all electrical equipment to be PAT tested or carry out a suitable risk assessment regarding the use of such equipment.
- Continue with work to improve the telephone system to increase patient access to the service and appointments.

The Staunton Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to The Staunton Group Practice

The Staunton Group Practice operates from Morum House Medical Centre, 3-5 Bounds Green Road, Wood Green, London N22 8HE. The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 15,500 patients. The practice is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 51 general practices.

The patient profile for the practice indicates a population of more working age people than the national average, with a particularly high proportion of younger adults in the 20 to 40 age range. There are a lower proportion of older people in the area compared with the national average.

The practice is registered with the CQC to provide the following regulated activities - Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, Treatment of disease, disorder or injury.

The practice is open between 8.30am and 7.00pm, Monday to Friday. It is closed for lunch between 12.30pm and 2.00pm on Monday. Tuesday, Thursday and Friday. On Wednesday, it is open all day. It is closed at weekends, but works with two other nearby providers, allowing patients to book appointments at two Saturday morning clinics. Telephones are open from 8.00am to 6.30pm and are covered over the lunchtime period.

The practice has opted out of providing an out of hours service. Patients calling the practice when it is closed are connected with the local out of hours service provider. There is also information provided to patients regarding a local walk in centre, a service which is available to all patients and open seven days a week, and details of the NHS 111 service.

The clinical staff of 10 doctors is made up of four partners and six salaried GPs. Six of the GPs are female and four male. Five of the GPs worked full time; three worked approximately two-thirds of a week, another worked just under half a week and one worked a quarter of a week. Two of the GPs were on extended leave at the time of the inspection, with locums being used to cover their work. There are three practice nurses (one was full time, the other two worked half a week) and two health care assistants. There is an acting practice manager, who has been in the role since November 2014, and an administrative / reception team of 20. It is a training practice and at the time of the inspection there were three trainees assigned to the practice.

The practice was originally registered with seven partners, but three had since left. There were records to show that the practice had notified the CQC of the changes, but no applications had been submitted to change the registration details. When we pointed this out to the practice we were assured that the required application would be submitted and that was subsequently done.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. It had been inspected previously, in February 2014, using the CQC's old methodology and was found to be compliant with the regulations that applied at the time.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 25 August 2015. During our visit we spoke with a range of staff, including GPs, one of the trainee doctors, nurses, the acting practice manager and various administrative staff. We also spoke with 11 patients who used the service and a member of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 17 comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. Complaints received by the practice were entered onto the system and treated as a significant event when appropriate. The practice carried out an analysis of the significant events. We saw that significant events were discussed at weekly clinical meetings as a standard agenda item and dedicated meetings were held to review significant events, with clinical staff giving detailed presentations of cases. We looked at the records of eight significant events at the practice over the last 15 months and noted no specific trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident relating to prescribing, learning was shared with the pharmacy concerned and passed on to other practices, via the CCG.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Alerts received by the practice were cascaded by the acting practice manager by email and in hard copy.

Overview of safety systems and processes

The practice had arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. Named GPs were leads for adult and child safeguarding. Staff we spoke with knew to whom concerns should be reported within the practice and how to report matters to the local safeguarding authority, if necessary. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us they had received training relevant to their role. However, the practice was not able to provide evidence of all staff receiving training, as it was in the process of updating its training records system. The records the practice was able to show us indicated that GPs were trained to level 3 in safeguarding children and nurses and health care assistants to level 2. Since the inspection, the practice has provided us with further evidence relating to some staff members, but the records remain incomplete.

There was a process to highlight vulnerable patients on the practice's electronic records. This included information received relating to newly-registered patients to make staff aware of any relevant issues when patients attended appointments. Issues relating to safeguarding, including concerns regarding particular patients, were discussed at weekly clinical meetings. The practice had a system for monitoring patients' unplanned hospital admissions, and used the data appropriately to follow up with the patients concerned and review their care and needs. In the event that children do not attend for vaccinations or if vulnerable patients missed appointments, the practice contacts them by telephone.

A notice was displayed in the waiting areas and there was information on the practice website, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received in-house training and been subject to 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).

There were procedures in place for monitoring and managing risks to patient and staff safety. Health and safety information was available to staff. The practice had an up to date fire risk assessment and we saw evidence that regular fire drills were carried out. We were shown service sheets confirming that the fire alarm was maintained by a contractor. Fire fighting equipment had been checked in October 2014.

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw that clinical equipment had been

checked and calibrated to ensure it was working properly in February 2015. However, there was no evidence to show that electrical equipment had been PAT tested since February 2014.

The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, legionella and clinical waste management.

Cleanliness and infection control

We observed that the premises were generally clean and tidy, although work surfaces in some of the consultation rooms were cluttered, making them difficult to clean. Patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control. Cleaning was carried out by three staff members, but no general cleaning schedules or logs were used, apart from those relating to toilets. There was no record of a formal cleaning audit being carried out. Disposable curtains were used in the consultation rooms, but there was no record of when the curtains were last changed. The member of staff responsible told us they changed them when requested by GPs or managers. A contract was in place with a licenced handler for appropriate disposal of clinical waste.

We were told that one of the practice nurses was the lead for infection control and prevention. However, from our discussions with staff this was not clear. We saw the practice's infection control protocol, which had been written in January 2015 and stated that one of the GPs was lead for infection control. Not all staff we spoke with were aware of the latest policy. There had been no infection control audit carried out for several years. The practice was in the process of updating its training records and was not able to provide evidence of all staff having received recent infection control training appropriate to their role. However, when we asked staff about various infection control scenarios, they were able to answer appropriately. There was an adequate supply of personal protective equipment including disposable gloves, aprons and coverings available for staff to use and staff were able to describe how they made appropriate use of the equipment. Notices about hand hygiene techniques were displayed in staff and patient toilets. The hand soap dispenser in the staff toilet was empty. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in the consultation rooms.

Medicines management

The practice had arrangements for managing medicines, including emergency drugs and vaccinations to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We saw published data indicating that prescribing rates were in line with national practice. Prescription pads were securely stored and there were systems in place to monitor their use.

The practice used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that the nurse and the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to, either under a PGD for the nurses, or for the health care assistant in accordance with a PSD from the prescriber.

We checked medicines stored in the consultation rooms and medicine refrigerators. We found they were safely and securely stored. A record of fridge temperatures was maintained and in order. One of the nurses was responsible for monitoring medicine supplies. We saw that medicines and emergency drugs were within date and suitable for use. We found one item that was awaiting safe disposal by a pharmacist.

Staffing and recruitment

We checked five staff files and found the records were inconsistent and incomplete. We were not able to establish that appropriate pre-employment checks - for example, proof of identification and references - were obtained. We saw some training certificates on file, but these had not been collated into a central record. We did see evidence that clinicians were registered with the appropriate professional bodies and there was separate evidence of Disclosure and Barring Service (DBS) checks for all staff being carried out. We saw it was practice policy to repeat DBS checks every three years. The practice had a robust induction process, providing staff with suitable mandatory training. Staff told us the process was very thorough and

provided all appropriate training needs for new-starters. However, records of refresher training were difficult to assess, as they were being transferred to a new system. Some evidence was provided after the inspection, but the records available to us were still incomplete.

There were appropriate arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements. We saw there was a rota system in place for all the different staffing groups to ensure that enough members of staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough reception staff to deal with patients attending the practice and contacting it by telephone, although there were occasionally problems. They said there was always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. The practice was able to show us records confirming that staff had up to date training in basic life support. Emergency drugs were available, together with a defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen supply. We checked and confirmed that the equipment was well-maintained and suitable for use. Staff members were able to tell us where the drugs and equipment was located. There was an appropriate system in place for monitoring the supply of emergency drugs. We found none that were out of date.

The practice had business continuity plan, containing emergency contact numbers and plans for providing a service at another location if the premises could not be used. We noted that the plan had not been reviewed for several years. We discussed this with the acting practice manager who confirmed the need to review and update the plan had already been identified.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 94.1% of the total number of points available (being 3.2% above the CCG average and 0.6% above the national average), with 8.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14, being the latest published results, showed -

- Performance for diabetes related indicators was 87.5%, being 1.8% above the CCG average and 2.6% below the national average.
- Performance for hypertension related indicators was 91.2%, being 3.4% above the CCG average and 2.8% above the national average.
- Performance for mental health related indicators was 89.8%, being 0.9% above the CCG average and 0.6% below the national average.
- Performance for dementia related indicators was 100%, being 8.4% above the CCG and 6.6% above the national average.
- Performance for heart failure related indicators was 100%, being 8.9% above the CCG and 2.9% above the national average.
- Overall performance for clinical results was 92.9%, being 3.9% above the CCG average and 0.6% above the national average.

The practice maintained a register of older patients at risk of admission to hospital. There were 319 patients registered. The practice showed us data recording that 95% of patients discharged from hospital had received a follow up consultation. Seventy-three per cent of older patients prescribed a number of medicines had received a structured annual medication reviews for and 23% had been offered Cognition Testing. All patients aged over 75 had a named GP. The practice maintained a register of 791 patients with diabetes. Sixty-nine per cent of the patients had received an annual foot check and 79% an annual eye (retinal) check. The practice had a register of sixty-one patients with learning disabilities and 57% of the patients had received annual follow-up and care plan review. The practice had recognised that there was a high rate of patients who had failed to attend appointments and was progressing plans for GPs to visit patients in supported accommodation. Two hundred and forty patients with severe mental health problems were registered by the practice, of whom 75% had received an annual physical health check and 48% had received follow ups after attending attend A&E.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We were shown the results of 11 audits that had been carried out in the last 18 months. Two of these had completed cycles, one of which had three completed cycles, where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example an audit of the use of narcotic agents in pain management resulted in changes in prescribing more morphine-based analgesics, as is recommended practice.

Effective staffing

Staff told us they had the skills, knowledge and experience to deliver effective care and treatment. From our discussions, they were able to demonstrate an understanding of relevant issues, such as safeguarding children and vulnerable adults, infection control and medicines management. However, the training records that were available for us to see were confusing and made it difficult for us to assess.

Good

Are services effective?

(for example, treatment is effective)

The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and information governance.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. However, not all staff had been appraised in the last year.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We saw data that in all cases where surgical procedures had been performed appropriate consent had been obtained.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice had identified the smoking status of 97% of patients over the age of 16. Sixty-two per cent of the patients had been offered appointments at nurse-led smoking cessation clinics.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 89% which was above 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 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 CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 93% and five year olds from 82.9% to 96.1%. The practice's QOF result for Child health surveillance was 100%, 4.1% above the CCG average and 1.2% above the national average. The uptake rate for Human papilloma virus (HPV) vaccinations for teenage girls was 62%.

Flu vaccination rates for the over 65s were 61.24%, being below the national average. Staff told us that for last winter vaccination reminders had been sent by text message. This winter, to increase uptake, letters would be sent to all eligible patients and the matter advertised on the practice website. The flu vaccination rates for at risk groups 43.68%, being comparable to the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Two hundred and ninety one health checks had been carried out and

Good

Are services effective?

(for example, treatment is effective)

84% of patients had received blood pressure checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

Patients we spoke with and those who completed comments cards were positive about the service experienced. Patients said that staff were supportive and caring. Two patients said they had been coming for many years and that they were very happy with the service. Patients said staff were helpful, and treated them with dignity and respect. We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with or a little below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 74% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 74% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.
- 75% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded relatively positively to questions about their involvement in planning and making decisions about their care and treatment, with results being slightly lower than or comparable to local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

The practice used a translation service for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Extra length appointments were made when translators were needed. Several staff members were multilingual and could assist patients in a range of languages, for example Greek, Albanian, Turkish, German, Arabic, Russian and Bengali.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers, who were being supported, for example, by

Good

Are services caring?

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Guidance on how to deal with bereavement, including procedures for obtaining a death certificate, registering the death and funeral arrangements were given on the practice website.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, staff had recently attended a CCG improving access workshop and the practice was developing plans to help improve access. We saw that the practice monitored feedback from patients, which was discussed at practice meetings. It also had an active Patient Participation Group, allowing patients to be represented and involved in improving services. We had noted from patients' comments on the NHS Choices website and the GP patient survey results that concerns mostly related to contacting the practice by phone and the waiting time for appointments. Problems with the telephone system had been an issue for some time. A new telephone operating system had been obtained, which was to have come into use earlier in the year, but had been delayed due to technical issues. It was due to be running around the time of our inspection. We were subsequently told of on-going problems, which the practice and telephone service provider were working to resolve. A telephone triaging system had been introduced, together with a duty GP being available during afternoons.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- The practice offered appointments between 8.30 am and 7.00pm for working patients and children who could not attend during normal opening hours.
- There were longer appointments available for patients who needed translation services and patients with a learning disability.
- Home visits and telephone consultations were available for older patients and others who needed them.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, wheelchair and step-free access to the premises.

Access to the service

The practice opened between 8.30am and 7.00pm, Monday to Friday. It closed for lunch between 12.30pm and 2.00pm on Monday. Tuesday, Thursday and Friday. On Wednesday, it opened all day. It is closed at weekends, but works with two other nearby providers, allowing patients to book appointments at two Saturday morning clinics. Telephones were answered from 8.00am to 6.30pm, including cover over the lunchtime period.

The practice had opted out of providing an out of hours service. Patients calling the practice when it was closed were connected with the local out of hours service provider. There was information provided to patients regarding a local walk in centre, a service which is available to all patients and open seven days a week, and details of the NHS 111 service.

The clinical staff of 10 doctors was made up of four partners and six salaried GPs. Six of the GPs were female and four male. Five of the GPs worked full time; three worked approximately two-thirds of a week, another worked just under half a week and one worked a quarter of a week. Two of the GPs were on extended leave at the time of the inspection, with locums being used to cover their work. The practice had been trying to recruit more GPs, but had found it difficult. Efforts were continuing, so that continuity of care could be improved. There were three practice nurses (one was full time, the other two worked half a week) and two health care assistants.

Pre-bookable appointments with GPs could be arranged up to two weeks in advance; appointments for nurses' afternoon sessions could be booked four weeks in advance. Urgent appointments, telephone consultations and home visits were available for people that needed them. Appointments with nurses for minor ailments could be booked on the day and the practice participated in a local scheme referring patients with minor ailments to a number of nearby pharmacists.

Patients could book and cancel appointments and order repeat prescriptions online. This required patients to register to use the service and we saw that there was information about it on the practice website. The practice also used the Choose and Book system, allowing patients some choice in where any necessary secondary care was provided.

We noted that the practice achieved 100% for the 2013/14 QOF results relating to Patient experience indicator groups, being the same as the CCG average and 0.3% above the national average. However, comments left by patients on

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

the NHS Choices website and 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. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 69% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 85%.
- 42% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 44% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59% and national average of 65%.

The patients' comments and the results of the GP patient survey indicated that problems had existed for some time. We received 17 comments cards and spoke with 11 patients on the day. Eleven of the comments cards mentioned on-going problems contacting the practice by phone and making appointments. Two of the patients we spoke with said it had been very difficult to call the practice. Although the practice was actively trying to resolve the issues, it was clear that making contact by phone and the appointments system were still concerns for a significant proportion of patients.

The practice registered homeless patients at the practice address and provided a service to patients from the travelling community, living permanently or temporarily at a nearby travellers' site. The practice had several asylum seekers registered.

Listening and learning from concerns and complaints

The practice had a 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. 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 was set out on the practice website and in the practice leaflet and that posters regarding the complaints process were displayed around the premises. Patients we spoke with were aware of the process to follow if they wished to make a formal complaint, but had done so.

The practice encouraged patients to give feedback and provided information regarding the complaints system. We looked at 93 complaints received in the last 12 months. We found they hand been satisfactorily handled, dealt with in a timely way, with openness and transparency. Complaints were monitored and analysed by the practice to identify any trends or causes for concern. We saw appointments were mentioned in 21 of the complaints, but there were no general trends. The practice held formal meetings to consider any learning points from complaints received.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that following one complaint regarding the conduct of a locum GP the locum concerned would no longer be used and following another a receptionist had been sent on further training.

The practice invited patients to submit comments and suggestions via the website and further information was given in the practice leaflet.

Are services well-led?

Good

(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 "in a responsive, supportive, courteous and resourceful manner". It had a mission statement which included the following -

- Provide a service which puts patient welfare first.
- Work within the framework of NHS Primary Care Services to provide professional medical, nursing and other services which meet the identified needs of patients.
- Promote best practice through utilizing specialist expertise within the practice team and externally and encouraging the continuous professional development of all members of the practice team.
- Nurture a culture which is innovative, forward looking and adaptable.
- Take into account the evidence provided by scientific and medical research in our treatment.

Staff we spoke with were familiar with the stated values and supportive of them.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There was a comprehensive understanding of the performance of the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had a range of policies and protocols in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a number of these policies and protocols, but were not able to establish whether they had been recently reviewed or updated. For example, the practice's Equality and Diversity policy was dated June 2013; the staff handbook had been updated last in March 2014 and the business continuity plan in 2010. Staff told us they were informed at practice meetings when policies and protocols were reviewed and instructed to read them, but we saw no minutes to confirm this. We saw the practice's infection control protocol, written in January 2015, which stated that one of the GPs was the lead for this area of practice. However, some staff we spoke with said one of the nurses was the lead.

The staff records we saw were not well-kept, making it difficult for us to review, to establish that suitable pre-employment checks, such as references and proof of identification had been obtained. In some there was no record of appraisals being done to identify training needs. Some staff members told us they had not been appraised for over a year. The acting practice manager told us that staff training had previously been recorded by their predecessor using the practice's payroll system. This had made it difficult for training needs and provision to be monitored, but work sorting the records was progressing. At the time of the inspection, the records were being transferred to a new system used across the CCG, but they were not in a suitable state for us to assess. Some further evidence was given to us after the inspection, but the records remained incomplete.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for the practice showed it was performing above the local and national averages. We saw that QOF data was regularly discussed at monthly team meetings to maintain or improve outcomes.

The practice carried out frequent audits that were used to monitor quality and systems to identify where action should be taken. These included various prescribing audits, for example Warfarin prescribing and the use of narcotic agents in pain management, new cases of unexplained iron deficiency anaemia and a review of patients on home oxygen. We saw that the results of the audits were discussed at practice meetings, and changes were implemented. For example, an audit of emollients prescribing had been discussed. The audit had shown that some patients were using emollients that had first been prescribed by secondary care providers, and which were not those preferred by the CCG. Where possible, patients were switched to emollients from the preferred list and the

Are services well-led?

Good

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

practice's prescribing formulary was amended. A copy of the audit presentation was added to the practice's computer system for all staff to share, together with guidance on emollients use so that it could be given to patients at consultations.

The practice held monthly governance meetings. We looked at minutes of various practice meetings and saw that performance and quality were regularly discussed and reviewed.

Leadership, openness and transparency

The practice had a leadership structure with named members of staff in lead roles, although there was some confusion over who was the lead for infection prevention and control. We spoke with 12 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We reviewed a number of human resources policies and procedures, including induction, training and equal opportunities policies which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work, and had been reviewed and updated in March 2014. Staff we spoke with knew where to find these policies if required.

The partners in the practice had the experience, capacity and capability to run the practice. They partners were visible in the practice and staff told us that they were approachable and always take the time to listen. Staff worked closely and sought advice from colleagues whenever necessary.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. 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.

Since the practice was registered in 2013, three partners had left and the practice had found it difficult to recruit replacements. In addition, the practice manager who had worked there for 30 years, and upon whom the partners had relied too heavily, had left. The replacement practice manager had their own style of record-keeping and methods of working. This practice manager left at short notice in November 2014. Since then the acting practice manager had found taking over challenging and had difficulty bringing governance documentation and staff records up to date. They had requested assistance and the partners had appointed a deputy who had specialist knowledge and experience. We saw that the practice was taking steps to improve. We were told of plans to review practice protocols and of the on-going transfer of staff training records, which would make monitoring easier, but the practice recognised there was further work to be done.

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

The practice had gathered feedback from patients by using the Friends and Family Test, comments and suggestions forms, from complaints and from the Patient Participation Group (PPG). The PPG met monthly and we saw minutes of recent meetings which confirmed the PPG's involvement discussions regarding the practice. Concerns discussed related to the telephone system and appointments, which the practice had been attempting to address. Information regarding the PPG was available on the practice website, although we noted that patients had to register to get access to meeting minutes. The acting practice manager told us this would be changed so that all patients could see the minutes. We spoke with a representative of the PPG, who told us that the practice was generally performing well and that it was responsive to suggestions for improvements.

The practice had gathered feedback from staff generally through staff meetings, appraisals and leavers' interviews. Staff told us they did not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. The practice was a GP training practice, with three trainee doctors currently working there, each being mentored by one of the partners.

Are services well-led?

Good

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

The practice had completed reviews of significant events and other incidents. We looked at a brief summary of five significant events over the past year and as well as several detailed records. We saw that the practice shared information with staff at meetings to ensure the practice improved outcomes for patients.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that provider had not protected people against the risk associated with staff not receiving suitable training in infection control and by failing to carry out regular infection control audits. Further, the provider was not able to evidence that all staff had appropriate qualifications, competence, skills and experience to provide care safely. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (1), 12 (2) (c) and 12 (2) (h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider's staff records did not consistently contain the information listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, such as proof of identity including a recent photograph and satisfactory evidence of conduct in previous employment. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 19 (2) and 19 (3) (a)