

Glyndon PMS

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Glyndon PMS	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Glyndon PMS on 22 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting significant events. However, investigations and recording of actions were not always thorough and records not always kept. Lessons learned were not always communicated effectively to support improvement.
- The practice had satisfactory facilities and was equipped to treat patients and meet their needs. However, the practice did not have a defibrillator or all recommended emergency medicines readily available on the premises.

- Risks to patients were not always assessed and well managed. A risk assessment had not been undertaken with regards to the provider's decision not to provide all recommended emergency medicines and equipment in their surgeries.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff did not receive an annual appraisal or formal assessment of learning needs.
- Data from 2015/16 showed that the practice performance was below the local and national average for several QOF clinical indicators.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they often found it difficult to make a routine or urgent appointment with a GP.
- There was a clear leadership structure and staff felt supported by the partners.
- The practice sought feedback from staff and patients. However, the practice did not have a patient participation group (PPG).

The areas where the provider must make improvements are:

- The provider must ensure that a more structured and thorough procedure for complaints and incident reporting is implemented.
- The provider must carry out a thorough assessment of the risks to patients resulting from their decision not to provide all recommended emergency medicines and equipment in their surgeries.
- The provider must improve patient outcomes by implementing a clinical quality improvement programme and continue to monitor performance against the Quality and Outcomes Framework and clinical audit.

- The provider must ensure that a programme of annual appraisals for all staff is implemented.

The areas where the provider should make improvements are:

- The provider should consider proactive strategies to encourage patients to join a patient participation group (PPG) and should establish regular communication with group members.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should continue to monitor patient satisfaction rates regarding booking routine and urgent appointments and implement improvements as appropriate.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events and complaints. We saw evidence that when things went wrong with care and treatment the practice carried out an investigation of the event and we were told that it was discussed at quarterly staff meetings. However, records were not always kept of reports, investigations undertaken, communications with patients and minutes of meetings where incidents and complaints were discussed.
- The practice did not have a defibrillator available on either premises and an assessment detailing the risks this posed to patients had not been undertaken.
- Emergency medicines were available in both premises but these did not include all recommended emergency medicines. An assessment detailing the risks this posed to patients had not been undertaken.
- The practice had systems, processes and practices in place to safeguard patients from abuse.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed that patient outcomes for most indicators were below the local and national averages. The practice achieved 81% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 89% and national average of 95%.
- Clinical audits were carried out but these were not repeated to ensure improvements had been embedded in clinical practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence of appraisals and personal development plans for staff.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice as comparable to others for most 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 saw staff treated patients with kindness and respect and maintained confidentiality of patient information.
- The practice had identified only 39 patients as carers (0.6% of the practice list).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us they did not always find it easy to make a routine or urgent appointment with a GP. The results of the 2015/16 GP Patient Survey reflected this. The practice were aware of the problem and continued to attempt to identify possible improvements to the appointment system.
- The practice had adequate facilities and was equipped to treat patients and meet their general needs in most areas.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded appropriately to issues raised. Learning from complaints was informally shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- 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 these were available to staff on the practice shared drive.
- There was an overarching governance framework which supported the delivery of good quality care. However, there was a lack of structured processes in place to monitor and improve quality and assess and record risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Summary of findings

- The practice had systems in place for the reporting and investigation of incidents but these systems were often informal and lacked structure. Information was informally cascaded but records were not always kept to ensure learning was shared with all staff and that improvements were embedded in practice procedures.
- The practice did not have a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people as the provider was rated as requires improvement for both the safe and effective domains. The issues identified in these domains affected all patients including this population group. However, there were examples of good practice.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Quality and Outcomes Framework (QOF) performance indicators for many conditions found in older people were below local and national averages. For example, rheumatoid arthritis, osteoporosis and atrial fibrillation.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions as the provider was rated as requires improvement for both the safe and effective domains. The issues identified in these domains affected all patients including this population group. However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and worked closely with GPs and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and were offered an annual review to check that 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. These patients were discussed at the quarterly multi-disciplinary team meetings.
- The practice performance rate for the Quality and Outcomes Framework (QOF) diabetes related indicators were comparable to the local and national average. However, the performance rate of 76% for the asthma related indicators was below the local average of 93% and national average of 97%.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people as the provider was rated as requires improvement for both the safe and effective domains. The issues identified in these domains affected all patients including this population group. However, there were examples of good practice.

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all routine childhood immunisations were comparable to the standard immunisation rate.
- Children and young people appeared to be treated in an age-appropriate way.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) as the provider was rated as requires improvement for both the safe and effective domains. The issues identified in these domains affected all patients including this population group. However, there were examples of good practice.

- The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available at the main surgery until 6.30pm four evenings a week.
- The provider did not have a practice website but offered online services via the NHS Choices website.
- A full range of health promotion and screening services were provided that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable as the provider was rated as requires improvement for both the safe and effective domains. The issues identified in these domains affected all patients including this population group. However, there were examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual reviews 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 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) as the provider was rated as requires improvement for both the safe and effective domains. The issues identified in these domains affected all patients including this population group. However, there were examples of good practice.

- Data from the 2015/16 Quality and Outcomes Framework (QOF) showed that 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local average of 86% and national average of 84%.
- 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 told patients experiencing poor mental health 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.
- QOF data from 2015/16 showed that 39% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months which was below the local average of 85% and national average of 88%.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages for most indicators. 328 survey forms were distributed and 115 were returned. This represented a response rate of 35% (1.7% of the practice patient list).

- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 80%.
- 56% of patients found it easy to get through to this practice by phone. This was below the CCG average of 74% and national average of 73%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 48 comment cards which were all positive about the standard of care received. However, eight cards also included negative comments regarding booking appointments, for example, difficulty getting through on

the telephone, the waiting time for booking routine and urgent appointments and the complicated urgent appointment system. Patients described the care received as good.

We spoke with nine patients during the inspection. All patients said they were satisfied with the care they received and thought the majority of staff were approachable, committed and caring. However, five patients commented that they would not recommend the practice to other patients because of the difficulty in booking both routine and urgent appointments.

Results of the Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- August 2016 - (459 patients surveyed – 128 responses) – 78% of patients were likely to recommend the practice.
- September 2016 - (454 patients surveyed – 102 responses) – 88% of patients were likely to recommend the practice.
- October 2016 - (463 patients surveyed – 100 responses) – 88% of patients were likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that a more structured and thorough procedure for complaints and incident reporting is implemented.
- The provider must carry out a thorough assessment of the risk to patients of their decision not to provide all recommended emergency medicines and equipment in their surgeries.

- The provider must improve patient outcomes by implementing a clinical quality improvement programme and continue to monitor performance against the Quality and Outcomes Framework and clinical audit.
- The provider must ensure that a programme of annual appraisals for all staff is implemented.

Action the service **SHOULD** take to improve

- The provider should consider proactive strategies to encourage patients to join a patient participation group (PPG) and should establish regular communication with group members.

Summary of findings

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should continue to monitor patient satisfaction rates regarding booking routine and urgent appointments and implement improvements as appropriate.

Glyndon PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Glyndon PMS

Glyndon Medical Practice has been based at 188 Ann Street Plumstead SE18 7LU since 1992. This is a two-storey detached property in the Royal Borough of Greenwich located within a predominantly residential area of Plumstead. The property has been converted for the sole use as a surgery and includes four consulting rooms, two treatment rooms, reception area, waiting room, administration offices and a meeting room.

Services are also provided at a smaller branch surgery at 123 Samuel Street Woolwich SE18 5LG which is 2 miles from the main surgery. The surgery is in a terraced house converted for the sole use as a surgery and includes two consulting rooms, one treatment room, reception area and waiting room.

Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and who can hold a contract).

The practice is registered with the CQC as a Partnership providing the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 6960 registered patients. The practice age distribution is similar to the national average with a slightly higher than average number of patients in the 0 to 20 year age group and a slightly lower than average number in the 60+ year age group. The surgery is based in an area with a deprivation score of 3 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by three full time GP partners (male) and two part-time Practice Nurses (1.6 wte).

Administrative services are provided by a Practice Manager (1 wte), a medical secretary (0.7 wte), two data/scanning administrators (1.5 wte) and six reception staff (3 wte).

Reception at the Ann Street surgery is open from 8am to 6pm Monday, Tuesday, Thursday and Friday and from 8am to 3pm Wednesday. On Wednesday afternoons when the surgery is closed patients are instructed to contact the Samuel Street Surgery.

Reception at the Samuel Street branch surgery is open from 9am to 1.15pm and 4pm to 7.30pm on Monday and Tuesday; from 9am to 1.15pm and 3pm to 8pm on Wednesday and from 9am to 1.15pm and 4pm to 6.30pm on Thursday and Friday. When reception is closed, between 1.15pm and 4pm, patients are instructed to contact the main surgery.

At the Ann Street surgery pre-booked and urgent appointments are available with a GP from 8.30am to 12.30pm and 3pm to 5pm Monday and Friday; from 8.30am to 1.30pm and 3pm to 5pm on Tuesday; from 8.30am to 11am and 3pm to 5pm on Thursday and from 8.30am to 11.30am on Wednesday.

Detailed findings

At the Samuel Street surgery pre-booked and urgent appointments are available with a GP from 11am to 12.30pm and 4.30pm to 7.30pm on Monday; from 10am to midday and 4.30pm to 7.30pm on Tuesday, from 10am to midday and 4.30pm to 8pm on Wednesday; from 10am to midday on Thursday and from 10am to midday and 4.30pm to 6.30pm on Friday.

Pre-booked appointments are available with the Practice Nurse at the Ann Street surgery from 8am to 1.30pm and 2pm to 5.30pm on Monday; from 8am to 1.30pm and 3pm to 5.30pm on Tuesday and Thursday and from 8am to 1pm on Wednesday.

Pre-booked appointments are available with the Practice Nurse at the Samuel Street surgery from 4pm to 6.45pm on Monday; from 8.30am to 12.45pm and 4pm to 6.30pm on Tuesday and from 3pm to 5.30pm on Wednesday.

The practice is closed at weekends.

When the surgery is closed urgent GP services are available via NHS 111.

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 requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 November 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Practice Nurse, Practice Manager, and reception/administrative staff.
- Spoke with patients who used the service.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients 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 (QOF) data, this relates to the most recent information used by 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.

- Staff told us they would inform the practice manager of any incidents and there was an incident recording book available in reception. Staff understood their responsibilities to raise concerns and to report incidents and near misses.
- We were told that when things went wrong with care and treatment the practice carried out an investigation of the significant event and it was discussed at quarterly staff meetings. However, investigations and recording of actions were not always thorough and lessons learned were not always recorded or communicated effectively to support improvement.
- Comprehensive records were not always maintained of incidents and subsequent investigations undertaken and records were not maintained to confirm that learning from incidents was shared with staff and implemented within the practice.
- We reviewed incident reports that were available and found that appropriate action had been taken for these. For example, a patient was refused the flu vaccination by the practice as their records showed that they had already received this at a pharmacy. The practice contacted the pharmacy who confirmed this. The patient maintained that they had not received the vaccination at a pharmacy. The patient was therefore offered the vaccine and the incident was reported to the flu vaccine co-ordinator for the locality. Records were not available to confirm that this incident was shared with staff.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the practice nurses was the lead

member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and Nurses were trained to Child Safeguarding level 3 and administrative staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurses acted as chaperones. Administrative staff did not act as chaperones as they were not trained for the role and had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both premises to be clean and tidy. The practice nurse was the infection control clinical lead for the practice. She liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified.
- The arrangements for managing routine medicines and 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 medicines audits with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored in the Practice Manager's office and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer some 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 five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment where appropriate. For example, proof of identification, references, qualifications and registration with the appropriate professional body. The appropriate checks through the Disclosure and Barring Service had been undertaken for clinical staff only.

Monitoring risks to patients

- Risks to patients were usually assessed and well managed. However, a risk assessment had not been undertaken with regards to the provider's decision not to provide the recommended emergency medicines and equipment in either surgery.
- There was a health and safety policy available and a poster was displayed in the reception office.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues. The rota ensured that there was a GP partner present for all sessions.

Arrangements to deal with emergencies and major incidents

- There was a panic alarm in reception and all consultation and treatment rooms which alerted staff to an emergency.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice did not have a defibrillator available on either premises and an assessment detailing the risks this posed to patients had not been undertaken.
- Emergency medicines were available in both premises but these did not include all recommended emergency medicines. An assessment detailing the risks this posed to patients had not been undertaken. Those medicines available were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Oxygen with adult and children's masks was available in both premises.
- A first aid kit and incident book were also available.
- The practice had a business continuity plan for managing major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice monitored that these guidelines were followed through occasional audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 used by the CQC (2015/16) showed that the practice achieved 81% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 89% and national average of 95%. The practice exception reporting rate of 3% was similar to the CCG average of 5% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed the practice was comparable with CCG and national averages for most QOF clinical indicators. For example:

- Performance for diabetes related indicators of 80% was comparable to the CCG average of 78% and national average of 90%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the CCG average of 86% and national average of 84%.
- 81% of patients with hypertension had blood pressure readings within recommended limits in the previous 12 months which was average of 78% and national average of 83%.

Data from 2015/16 showed the practice was below the CCG and national averages for several QOF clinical targets:

- 39% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months which was below the CCG average of 85% and national average of 88%.
- 61% of patients with asthma had received an appropriate review in the preceding 12 months which was below the CCG average of 74% and national average of 76%.
- 50% of patients diagnosed with cancer were reviewed by the practice within 6 months of the date of diagnosis which was below the CCG average of 92% and national average of 95%.

The practice participated in local audits, accreditation and peer review.

We looked at two clinical audits completed in the last two years where improvements were identified and acted on. However, a second audit cycle had not been undertaken to ensure improvements had been embedded in clinical practice. For example,

- An audit was carried out to identify all patients with a diagnosis of Atrial Fibrillation (AF) to ensure optimal anticoagulation therapy had been prescribed. (AF is an irregular heartbeat (arrhythmia) that can lead to blood clots, stroke, heart failure and other heart-related complications). Of the total practice population, 46 patients were identified in this group of whom 13 patients were identified as receiving no or incorrect anticoagulation therapy. These patients were all reviewed and referred to the anticoagulation clinic and treatment commenced as appropriate. The outcome of the audit was discussed and clinicians were made aware of the need to adhere to current guidelines. However, a follow up audit was not undertaken to ensure that adherence to the guidelines continued.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed clinical staff only. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ensured role-specific training and updating for staff. For example, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- 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 through discussion and support from colleagues.
- Staff did not receive an annual appraisal or a review of their development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included informal support for nursing staff.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 internal shared drive system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly 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.
- Written consent was obtained and retained in patient records where appropriate.

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 offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice encouraged uptake of the screening programme and ensured a female sample taker was available. There were systems in place to monitor the inadequate sample rate and to ensure results were received for all samples sent for testing. The practice followed up women who were referred as a result of abnormal results.

Performance rates for the vaccinations given to children were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 85% and five year olds 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40 to 74 years.
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 that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and 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 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The practice did not have an active patient participation group (PPG). They informed us that they had been unable to recruit members.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 82% 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 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and 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 CCG average of 85% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decisions about the care and treatment they received. They also told us they felt listened to and supported by clinical staff and generally 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 also aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in the decisions made about their care and treatment. The results were in line with local clinical commissioning group (CCG) and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language and that this service was used frequently. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects.

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 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.

Staff told us that if families had suffered bereavement their usual GP contacted them and offered a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to access 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.

- The practice offered extended hours GP appointments on two evenings a week until 7.30pm and on one evening until 8pm.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the surgery.
- The practice had a system in place to provide same day appointments for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- The provider did not have a practice website but offered online services via the NHS Choices website.
- There were disabled facilities such as wide corridors and toilets accessible for patients in a wheelchair.
- Interpreting services were available for patients who required them.

Access to the service

Main Surgery (Ann Street)

- Reception was open between 8am and 6pm Monday, Tuesday, Thursday and Friday and from 8am to 3pm on Wednesday. On Wednesday afternoons when the surgery was closed patients were instructed to contact the Samuel Street Surgery.
- Advance booked and urgent appointments were available with a GP from 8.30am to 12.30pm and 3pm to 5pm on Monday and Friday; from 8.30am to 1.30pm and 3pm to 5pm on Tuesday; from 8.30am to 11am and 3pm to 5pm on Thursday and from 8.30am to 11.30am on Wednesday.

- Appointments were available with the Practice Nurse from 8am to 1.30pm and 2pm to 5.30pm on Monday; from 8am to 1.30pm and 3pm to 5.30pm on Tuesday and Thursday and from 8am to 1pm on Wednesday.

Branch Surgery (Samuel Street)

- Reception at the Samuel Street branch surgery was open from 9am to 1.15pm and 4pm to 7.30pm on Monday and Tuesday; from 9am to 1.15pm and 3pm to 8pm on Wednesday and from 9am to 1.15pm and 4pm to 6.30pm on Thursday and Friday. When reception was closed patients were instructed to contact the main surgery..
- Advance booked and urgent appointments were available with a GP from 11am to 12.30pm and 4.30pm to 7.30pm on Monday; from 10am to midday and 4.30pm to 7.30pm on Tuesday, from 10am to midday and 4.30pm to 8pm on Wednesday; from 10am to midday on Thursday and from 10am to midday and 4.30pm to 6.30pm on Friday.
- Appointments were available with the Practice Nurse from 4pm to 6.45pm on Monday; from 8.30am to 12.45pm and 4pm to 6.30pm on Tuesday and from 3pm to 5.30pm on Wednesday.

The practice was closed at weekends.

Advance booking of appointments was only available one week in advance. Appointments for the week were made available on a Monday morning and once all routine appointment slots had been booked the patient would be instructed to telephone the practice the following Monday when appointments for that week would be released.

The urgent appointment system in place at both the main and branch surgery required the patient to come into the surgery to complete an 'urgent appointment request form' which included the reason for the urgent appointment request. The patient was then requested to wait until a GP considered their request and decided if an urgent appointment was appropriate. If an urgent appointment was required the GP would book the patient into an appointment slot. If an urgent appointment was not considered necessary the patient would be told to book a routine appointment. When a patient telephoned the surgery for an urgent appointment they were encouraged to attend the surgery to complete the form. **If this was not possible, the patient was** offered a telephone consultation with the GP.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was not always positive. For example,

- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 79%.

People told us on the day of the inspection that they found it difficult to get an appointment when they needed one and some comment cards included negative comments regarding the waiting time for booking routine and urgent appointments.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit

was clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

- We looked at six complaints received in the last 18 months. However, this system was not sufficiently robust to ensure that thorough records were kept of investigations and correspondence for all complaints received.
- Structured procedures were not in place to ensure that learning was communicated effectively to staff to support improvement.
- 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 on display in the waiting area.

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 clear vision and aimed to deliver high quality care and promote good outcomes for patients.

Governance arrangements

The practice had an overarching governance framework in place which aimed to support the delivery of their strategy for the provision of good quality care but this was not always structured or fully embedded in practice procedures.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were in place and available to staff via the practice shared drive.
- The provider did not always have a structured approach in place to identify, develop, implement and monitor the changes required to make the necessary improvements in patient care.
- Clinical audit was used to monitor quality and to make improvements but audit cycles were not completed to ensure changes in practice were embedded and sustained.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions but these were not always robust and consistent.

Leadership and culture

On the day of the inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. Staff told us they prioritised safe, high quality and compassionate care and that the partners were approachable and always took the time to listen to them.

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 for staff on communicating with patients about serious incidents.

The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal or written apology. The practice kept records of correspondence with patients following complaints or incident reports but these records were not always thorough or sufficiently detailed.

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

- Staff told us the practice held quarterly team meetings and we saw evidence to support this.
- 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 by the partners. Staff were involved in discussions about how to develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. The practice had gathered feedback from patients through the Friends and Family survey and from complaints received.

The practice had not had an active patient participation group (PPG) for two years and there was no information in the waiting area to encourage patients to join.

The practice had gathered feedback from staff through discussion at staff meetings. 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 make improvements within the practice.

A programme of annual staff appraisals had been introduced recently but staff had not received an appraisal in the preceding 12 months.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found that the registered person did not do all that was reasonably practicable to assess, monitor and improve the quality of services as they did not have adequate systems in place to investigate safety incidents and complaints thoroughly. They did not ensure that records were kept of all investigations and correspondence undertaken or that records were kept of learning identified and how this was shared with all staff.</p> <p>We found that the registered person did not do all that was reasonably practicable to assess, monitor and manage the health of patients. The Quality and Outcomes Framework performance rates were below the local and national average for several indicators. The provider must improve patient outcomes by implementing a clinical quality improvement programme and monitoring performance against clinical audit results and the Quality and Outcomes Framework.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>We found that the registered person did not carry out annual appraisals for all staff employed in the practice.</p> <p>This was in breach of regulation 18 (2) (a) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>