

# Seymour House Surgery - Hudson

## 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?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Requires improvement overall.** (Previous comprehensive inspection October 2014 rated the practice as Good overall).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

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

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Seymour House Surgery on 5 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had some systems to manage risk, but these were not always applied consistently. When incidents did happen, the practice learned from them and improved their processes; however, the practice did not always keep complete and contemporaneous records of the action that had been taken.
- Overall, data collected and evidence viewed during the inspection showed that the practice provided effective care and treatment and achieved good clinical outcomes for patients; however, the practice's uptake for childhood immunisations and cervical screening were below target. We saw evidence that care and treatment was delivered according to evidence-based guidelines; however, the practice did little to assure itself that this was the case.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a lack of governance arrangements to ensure that risk was managed and that quality assurance processes were in place which led to improvements in patient outcomes.

The areas where the provider must make improvements are:

- The practice must ensure systems and processes are established and operated effectively to demonstrate good governance.
- The practice must put processes in place to ensure that care and treatment is provided in a safe way for service users.

In addition, the provider should:

- Take action to increase the number of carers identified, in order that they can provide support to these patients.
- Take action to increase the uptake of childhood immunisations and cervical screening.
- Share details of all complaints and significant events with all members of staff.
- Introduce a process to comprehensively record the cleaning tasks undertaken by the cleaner.
- Consider introducing quality control processes in relation to patient consultations, prescribing decisions and clinical judgement decisions.
- Review the information available to patients about making a complaint to ensure that it is clear and accurate.






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.

<b>Are services safe?</b>	<b>Requires improvement</b> 
<b>Are services effective?</b>	<b>Requires improvement</b> 
<b>Are services caring?</b>	<b>Good</b> 
<b>Are services responsive to people's needs?</b>	<b>Good</b> 
<b>Are services well-led?</b>	<b>Inadequate</b> 

# Summary of findings

## The six population groups and what we found

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

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

# Seymour House Surgery - Hudson

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector, a GP specialist adviser and an expert by experience.

## Background to Seymour House Surgery - Hudson

Seymour House Surgery provides primary medical services in Richmond to approximately 14,000 patients and is one of 23 practices in Richmond Clinical Commissioning Group (CCG). The practice is registered as a partnership. In addition to the main practice site, the practice also has a branch site.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 10%, which is higher than the CCG average of 9%, and for older people the practice value is 13%, which is higher than the CCG average of 11%. The age distribution of patients at the practice is broadly in line with the national average.

The main practice operates from a three storey converted premises; the branch surgery is located approximately 3 miles away and operates from a two storey purpose built premises. A small amount of car parking is available at the main practice, and there is space to park in the surrounding streets at both sites. The main practice site consists of a reception desk area and adjoining waiting area,

administrative offices and six consultation rooms (one of which is a treatment room); the branch practice site consists of a reception desk area and adjoining waiting area, administrative offices and six consultation rooms (one of which is a treatment room).

The management team at the surgery is made up of four GP partners and the practice manager, who is a managing partner. In total there are five male and three female GPs working across the two practice sites, providing a total of 59 GP sessions per week. The practice also employs two part time female nurses, two part time health care assistants and a phlebotomist. The clinical team are supported by a practice manager, two secretaries, two notes summarisers and 20 receptionists.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception is open between 8:30am and 6:30pm Monday to Friday and from 9am to 1pm on Saturdays (Saturday opening alternates between the two sites). Appointments are from 9am to 12 noon and from 4:30pm to 6:30pm on week days.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services because there were insufficient systems in place to ensure that infection prevention and control arrangements were effective.**

### Safety systems and processes

The practice did not in all cases have systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments in some areas; however, during the inspection we found that there were areas where risks had not been adequately assessed and mitigated; for example, the practice did not conduct regular infection prevention and control audits and was therefore unable to demonstrate that the risk of infection was adequately managed.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment; however, there were no formal processes in place for these checks to be conducted on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice only used nursing staff to act as chaperones.
- There were some arrangements in place to manage infection prevention and control (IPC); however, the

practice did not regularly audit their IPC arrangements. Non-clinical staff had received some initial training in IPC, but no refresher training had been provided to ensure that their knowledge was up to date.

- The practice had some arrangements in place to ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were some systems for safely managing healthcare waste and cleanliness in the practice; however, these were not comprehensive; for example, whilst there was a cleaning schedule for the cleaner to follow, there was no record kept of the individual cleaning tasks that had been completed.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines; however, prescription stationery was not always securely stored.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had the

## Are services safe?

facilities to store prescription stationery securely and in line with guidance, and the practice monitored its use; however, whilst the surgery was open, prescription stationery was not adequately secured.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was no evidence that the practice had audited antimicrobial prescribing; however, data showed that their overall antimicrobial prescribing rate was in line with local and national averages, and their prescribing of broad spectrum antibiotics was below the local and national average (broad spectrum antibiotics are those which act against a wide range of disease-causing bacteria, but which may contribute to antibiotic resistance).
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- The practice had risk assessments in relation to some safety issues, such as the risk of fire; however, they did not maintain a comprehensive risk log.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- We saw evidence that significant events and incidents were reviewed and investigated; however, there was no clear system for this. The practice had a significant event recording template available on their computer system; however, not all staff were aware of this, and the practice did not have any evidence to show that it was being used. The written records of significant events that we were shown did not contain detailed information about the incident or the action taken as a result. We saw evidence that significant events were discussed in staff meetings; however, the minutes of meetings did not provide details of these discussions.
- Members of staff at the practice were able to tell us about improvements which had been made as a result of significant events; for example, following an incident where an urgent referral relating to a possible cancer diagnosis was delayed, the practice had introduced a system for logging and reviewing all possible cancer referrals to ensure that following the referral the patient had received a hospital appointment.
- There was a system for receiving safety and medicines alerts; however, there was no clear process for acting on these alerts and no record was kept of the action the practice had taken in response.



# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing effective services as the practice's uptake for childhood immunisations and cervical screening were below target and there was a lack of processes in place for the practice to assure themselves that care and treatment was delivered according to evidence-based guidance.**

### Effective needs assessment, care and treatment

The practice told us that they had systems in place to keep clinicians up to date with current evidence-based practice; however, this could not be adequately demonstrated because minutes of the meetings where this was discussed did not contain sufficient detail. Evidence we saw suggested that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols; however, the practice did little to review the way that care was provided to assure themselves that all staff were complying with legislation and guidance, for example, they did not routinely audit consultation records, clinical decision making or prescribing.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had carried out 70 of these checks.

- The practice followed up on older patients discharged from hospital in cases where they felt this was necessary. When reviewing these patients, the practice ensured that care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Reviews of patients with long term conditions were all carried-out by GPs.
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was in line with local and national averages. For example, overall achievement for care of patients with diabetes was 94% (compared to a CCG average of 95% and national average of 91%); for asthma they had achieved 100% of the available points overall (CCG average 99%, national average 97%); and for Chronic Obstructive Pulmonary Disease they achieved 94% of the overall points available (CCG average 97%, national average 96%).

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% or above. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice failed to achieve the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 7.6 (compared to the national average of 9.1). The practice told us that they had considered this issue and had decided to introduce a system of sending Birthday cards to children on their third Birthday which included a reminder about the immunisation pre-school booster.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

# Are services effective?

## (for example, treatment is effective)

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme and below the local and national average of 81%; however, the practice's exception reporting rate was 1% compared to a CCG and national average of 4%.
- The practice had systems to invite eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice registered a number of students from a nearby international university as patients, and as part of the registration process they ensured that these patients had received the necessary vaccines.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 88% compared to a CCG and national average of 91%.

### Monitoring care and treatment

The practice could demonstrate that they conducted some quality improvement activity; for example, they had

completed audits required by the CCG on polypharmacy prescribing, the prescribing of a specific medicine to ensure cost effectiveness, and infection control rates for patients where the practice had performed a vasectomy. There was evidence that the prescribing audits had resulted in changes in prescribing for individual patients; however, there was no evidence of audit being used to review the effectiveness and appropriateness of care provided to patients and to make systemic improvements.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 5% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

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

- The practice ensured that all staff received initial mandatory training in areas such as infection prevention and control, safeguarding and information governance and basic life support; however, they did not have arrangements in place to ensure that staff stayed up to date with their knowledge in these areas (with the exception of basic life support training, which was provided annually). The practice kept some records of skills, qualifications, training and professional registrations; however, there was no process in place to flag when updates were due.
- The practice did not provide staff with formal ongoing support. Formal appraisals and assessments of learning needs were not offered to staff, and there was no evidence that the performance of clinical staff, such as prescribing and clinical decision making, was assessed.

### Coordinating care and treatment

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

# Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

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

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

## Helping patients to live healthier lives

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

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and fifty eight surveys were sent out and 105 were returned. This represented less than 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 77% of patients who responded said the GP gave them enough time; CCG average - 85%; national average - 86%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 86%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; CCG average - 90%; national average - 91%.

- 91% of patients who responded said the nurse gave them enough time; CCG average - 92%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 98%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 91%; national average - 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful; CCG average - 87%; national average - 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand. The practice did not have a hearing loop, but staff could provide examples of ways in which they communicated with patients who were hard of hearing.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice identified patients who were carers opportunistically. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as carers (less than 1% of the practice list).

- Leaflets were available to provide carers with information about support available to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. 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.

## Are services caring?

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

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 82%.

- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 89%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 83%; national average - 85%.

### Privacy and dignity

The practice's arrangements in respect of the storage and security of confidential information were not sufficient. During the inspection we found that staff had failed to secure areas containing patients' medical records and other confidential information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided appointments with both GPs and nurses on Saturday mornings at both sites on alternating Saturdays.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they had installed a lift at their main location.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice was responsible for the care of patients in two local care homes, and conducted twice-weekly ward rounds in order to see these patients.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice provided a range of services relevant to this group; for example, an anticoagulation clinic was held at the practice to allow patients to receive blood tests and Warfarin dosing without having to attend hospital. One of the GPs had a special interest in diabetes, and was therefore able to provide an enhanced level of care to these patients.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk; for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, in response to patient feedback, appointments were offered for both GPs and nurses on Saturday mornings.
- The practice provided a range of services aimed at these patients, such as contraceptive implants and vasectomies. One of the GPs had a special interest in dermatology, and was therefore able to treat patients for some conditions rather than refer them to hospital; the service provided included cryotherapy.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice registered patients living in a local facility for women escaping from domestic violence.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held regular meetings with a consultant psychiatrist from the local hospital in order to review the care of their patients with poor mental health.

### Timely access to the service

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



# Are services responsive to people's needs?

## (for example, to feedback?)

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and fifty eight surveys were sent out and 105 were returned. This represented less than 1% of the practice population.

- 66% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 63% of patients who responded said they could get through easily to the practice by phone; CCG average – 79%; national average – 71%.
- 82% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average – 88%; national average – 84%.
- 82% of patients who responded said their last appointment was convenient; CCG average – 84%; national average – 81%.
- 68% of patients who responded described their experience of making an appointment as good; CCG average – 75%; national average – 73%.

- 69% of patients who responded said they don't normally have to wait too long to be seen; CCG average – 63%; national average – 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care; however, the systems in relation to the complaints process required review.

- Information about how to make a complaint or raise concerns was only available to patients on request from the practice, and some of the information about the process was not clearly written.
- The complaint policy and procedures were in line with recognised guidance. Contact details for the Parliamentary and Health Service Ombudsman were provided in the practice's complaints leaflet; however, they did not routinely include this information in their complaints response letters. Eight complaints were received in the last year. We reviewed three complaints and found that they had been resolved by the practice; however, a written response was not always provided in cases where the complaint was resolved by way of a meeting.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following complaints from patients about the difficulties they experienced due to the heavy doors at the branch practice, the practice had these replaced.

# Are services well-led?

Inadequate 

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

## Our findings

**We rated the practice as inadequate for providing a well-led service, as the governance arrangements in place were not sufficient to ensure that a safe and effective service was consistently provided.**

### Leadership capacity and capability

Leaders aspired to deliver high-quality, sustainable care; however, in some areas, the governance arrangements in place required review and development.

- In some areas leaders failed to demonstrate that they had a comprehensive understanding of the risks relating to the service; in particular, the risks relating to the security of information, the need to formally document policies, and arrangements in place to ensure the quality of the service provided.
- In some areas the leadership team were aware of issues relating to the quality and future of services and were working to address them; for example, they were conscious of the external changes to out-of-hours services and were beginning to think about anticipating alterations they would need to make to their service in order to safely accommodate these changes.
- Leaders at all levels were visible and approachable. They worked with staff and others to make sure they offered compassionate and inclusive leadership.
- The practice was aware of the need to start considering succession planning and had begun having discussions about this as a partnership team.

### Vision and strategy

The practice aspired to deliver high quality care and promote good outcomes for patients, which included broadening the scope of their service in order to provide patients with care which had previously only been available via secondary care providers. However, in some areas there was a lack of formal strategy planning and governance arrangements to support the service they were providing.

- There was a vision and set of values held by the leadership team; however, this had not been clearly communicated and not all staff were aware of the vision

and values. The practice had plans for developing the service, but there was no evidence that this was backed up by supporting business plans or arrangements for measuring effectiveness.

- Service development plans were in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

The practice aspired to provide high-quality sustainable care; however, in some areas they lacked processes to achieve this.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so; however, formal opportunities for concerns to be raised were limited. Staff told us that they had confidence that issues would be addressed when they did raise them.
- The practice provided staff with initial training on areas such as information governance, safeguarding and infection prevention and control; however, they did not have processes in place to ensure that staff kept their knowledge up to date. The practice did not have processes in place to formally assess the performance of their staff or to assess their learning needs.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- There were positive relationships between staff and the leadership team.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints; however, there was not always a complete and contemporaneous record kept of incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

### Governance arrangements

Governance arrangements at the practice were not sufficient.

- Practice leaders had established some policies, procedures and activities to ensure safety; however, these were not always well embedded or referred to. Where policies were in place, the practice did not always



# Are services well-led?

Inadequate 

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

take action to assure themselves that they were operating as intended; for example, the practice did not perform regular infection prevention and control audits to improve patient outcomes.

## Managing risks, issues and performance

There were some processes for managing risks, issues and performance; however, in some areas these were absent or ineffective.

- There was a lack of effective processes to identify, understand, monitor and address current and future risks; for example, the practice did not have a process in place to record and monitor action taken in response to patient safety and MHRA alerts.
- Clinical audits were carried-out when required by the CCG; however, there was no embedded culture of using clinical audit as a quality assurance and improvement tool.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice submitted data or notifications to external organisations as required.
- The practice had failed to ensure that arrangements relating to the confidentiality of patient identifiable records and the storage of prescription stationery were sufficient.

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

The practice was open to suggestions and feedback from patients, the public and staff, and where appropriate, made changes as a result.

- The practice was able to provide examples of having acted on patient feedback; for example, they had installed automatic doors and air conditioning at the branch practice site in response to comments from patients.
- The practice was in the process of trying to recruit to its patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

The partners at the practice were keen to be involved in new initiatives and engaged with the CCG in order to trial new ways of working.

- The practice was involved in piloting several schemes in order to make patient care more accessible and to make efficiency savings; for example, on behalf of their GP Federation, they housed a physiotherapist who provided treatment to patients from any practice in the CCG, with a view to reducing the number of patients being referred for MRI scans. They had also piloted a process which allowed GPs to consult directly with hospital consultants about specific patients' care in order to reduce inappropriate hospital referrals.
- There were GPs at the practice with special interests, which allowed them to provide an enhanced level of care in areas such as diabetes management and dermatology.
- The practice had purchased the software to allow them to send text messages to patients to remind them about appointments, send test results, and to provide health promotion information. At the time of the inspection they were awaiting staff training in order to start using the system.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The practice had failed to put processes in place to ensure that care and treatment is provided in a safe way for service users. In particular:</b></p> <ul style="list-style-type: none"><li>• They had failed to carry-out checks to ensure that their infection prevention and control processes were effective.</li></ul> <p><b>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

## Enforcement actions

### 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><b>The service did not have systems or processes established and operated effectively to ensure compliance with the requirements of this regulation. In particular:</b></p> <ul style="list-style-type: none"><li>• Security arrangements for the storage of patient records, prescription stationery and other confidential information were insufficient.</li><li>• Insufficient records were kept to ensure that the service was being run safely (for example, no record was kept of the action taken in response to safety and medicines alerts, and the recording of significant events lacked detail)</li><li>• There was a lack of clear processes (for example, not all staff were aware of the process for reporting significant events).</li><li>• Staff had not received refresher training within guideline intervals, and there was no process in place to formally review staff performance and learning needs.</li></ul> <p><b>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>