

# Bruce Grove Primary Health Care Centre

## Quality Report

461-463 High Road  
Tottenham  
London  
N17 6BQ

Tel: 020 8808 4710

Website: [www.drpalandpartners.co.uk](http://www.drpalandpartners.co.uk)

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bruce Grove Primary Healthcare Centre on 5 December 2016. The practice was rated requires improvement for providing safe, effective, caring and well led services. The overall rating for the practice was requires improvement. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Bruce Grove Primary Healthcare Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to follow up on outstanding breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and was an announced comprehensive inspection on 24 July 2017. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- The practice did not have an active patient participation group (PPG). However the practice was working towards establishing this through a number of practice open days to attract patients to talk about the practice.
- Low scores received from the national patient survey were being addressed by the practice. However this was having little impact.
- the practice had low scores for QOF. an action plan had been developed to improve these scores but it was having little impact on patient outcomes.
- An infection control audit had been undertaken and an action plan had been developed to address the issues identified.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Data showed patient outcomes were low compared to the national average. The practice had produced an action plan to address this and to improve scores and patient outcomes.

# Summary of findings

- We saw evidence that audits were driving improvements to patient outcomes.
- Information about services was available in a way patients could access.
- The practice had a number of policies and procedures to govern activities.
- Patients said they were treated with compassion, dignity and respect.

However, there were also areas of practice where the provider needs to make improvements.

The provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The provider should:

- Continue to look at ways to improve QOF scores and patient outcomes especially in relation to patients with diabetes.

**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 good for providing safe services.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- An infection prevention and control audit had taken place and an action plan had been developed to address the issues outlined in the audit.
- Staff were trained to use the defibrillator and appropriate masks were available.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services, as there are areas where improvements should be made.

Good



- Data showed patient outcomes were low compared to the national average. The practice had implemented an action plan to improve patient outcomes.
- There was evidence of completed two cycle audits that was driving improvement in patient outcomes.
- 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 evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

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

Requires improvement



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. The practice had produced an action plan to address these scores however there was little change in the scores from the previous year, with some scores worsening.
- 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 patient and information confidentiality.

## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. The practice had produced an action plan to address these scores however there was little change in score from the previous year, with some scores worsening.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

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

- The practice did not have an active patient participation group (PPG) to regularly engage with patients and gain feedback. However the practice hosted periodic open practice events where patients could drop in and informally discuss the practice and were using this as a springboard to start the PPG.

**Requires improvement**



# Summary of findings

- Plans had been put in place to address the scores of the national patient survey but they were having little impact.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- There was a governance framework which supported the delivery of the strategy and care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.

# 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 provider was rated as requires improvement for being caring, responsive and well led, good for being safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for being caring, responsive and well led, good for being safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were below the CCG and national averages. The practice was discussing an improvement plan but this had not been finalised.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for being caring, responsive and well led, good for being safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the local averages.

**Requires improvement**



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

The provider was rated as requires improvement for being caring, responsive and well led, good for being safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for being caring, responsive and well led, good for being safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff was aware of their responsibilities regarding safeguarding.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**





# Summary of findings

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

The provider was rated as requires improvement for being caring, responsive and well led, good for being safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health and dementia related indicators was below the local and national averages.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had an understanding of how to support patients with mental health needs and dementia.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and ninety three survey forms were distributed and 95 were returned. This represented 1% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 71%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 84%.
- 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

The practice had devised an action plan to address the low patient survey scores. The practice stated that they were still investigating this but had some plans which included the plan to install more telephone lines to improve access.

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

## Areas for improvement

### Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

### Action the service **SHOULD** take to improve

- Continue to look at ways to improve QOF scores and patient outcomes especially in relation to patients with diabetes.

# Bruce Grove Primary Health Care Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. The team also included a GP specialist adviser.

## Background to Bruce Grove Primary Health Care Centre

Bruce Grove Primary Healthcare Centre is located in Tottenham, North London. It is part of the Haringey Clinical Commissioning Group (CCG). The practice has a patient list of approximately 8200. Thirty nine percent of patients are aged under 18 (compared to the national practice average of 44%). Ten percent of patients are 65 or older (compared to the national patient average of 20%). Forty nine percent of patients have a long standing health condition.

The services provided by the practice include child health care, ante and postnatal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises two GP partners (male and female both working nine sessions a week), a female salaried GP (working nine sessions a week), a female practice nurse (working 20 hours a week), two part time managers, secretarial and reception staff. The practice also used two regular locum GPs who were offered a further eight sessions per week. Bruce Grove Medical Centre holds a General Medical Service (GMS) contract with NHS England.

The practice's opening hours are:

- Monday, Tuesday, Wednesday and Friday 8am to 6.30pm
- Thursday 8am to 12.45pm

Appointments are available at the following times:

- Monday, Tuesday, Wednesday and Friday 9am to 1pm and 2pm to 6pm
- Thursday 9am to 12.30pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. When the practice was closed, patients were directed to the local out of hour's provider. The practice did not run an extended hour's clinic but referred patients to the local GP hub which provided an out of hour's service. Routine weekend appointments were also provided by the local GP hub.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury, diagnostic and screening procedures, and maternity and midwifery services.

The practice was previously inspected in November 2014 and received an overall rating of good. However there was an outstanding breach of Regulation 9 (2) Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Care and Welfare of people who use the service. The practice failed to provide all the necessary medicines for the use in an emergency.

The practice was further inspected in December 2016 and was rated as requires improvement for providing safe,

# Detailed findings

effective, caring and well led services and rated requires improvement overall. The practice was found to have breached Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

## Why we carried out this inspection

We undertook a comprehensive inspection of Bruce Grove Primary Healthcare Centre on 5 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, caring and well led services.

We undertook a further announced comprehensive inspection on 24 July 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Bruce Grove Primary Healthcare Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example NHS England and Haringey Clinical Commissioning Group to share what they knew. We carried out an announced visit on 24 July 2017. During our visit we:

- Spoke with a range of staff (GPs, practice managers and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

# Are services safe?

## Our findings

At our previous inspection on 9 December 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of a lack of adequate emergency equipment and cleanliness and infection prevention and control processes that were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 24 July 2017. The practice is now rated as good for providing safe services.

### 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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed six significant event records, incident reports, patient safety alerts and minutes of meetings where these were discussed. At the inspection in December 2016 we found that significant events were not being appropriately shared with the practice team. During the inspection in July 2017 we saw evidence that significant events were shared in practice meetings for example evidence was seen of an event when a call from the local hospital regarding a patient was received by the practice but not passed over to the GPs from administration staff. The practice changed its policy so that all calls from the hospital were logged on arrival and put through immediately to the relevant clinician. We saw evidence that regular monthly significant events reviews took place.

### Overview of safety systems and process

At our inspection in December 2016 we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however some systems needed to be updated. For example, no action plan had been developed following the infection prevention and control audit that was carried out in November 2015, and not all staff were aware of where the safeguarding policy and procedure was held. At our inspection in July 2017 we found that these concerns had been rectified.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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 nurse were trained to child protection or child safeguarding level 3. Non clinical staff had received level 1 training. All staff that were asked were aware of how to find the safeguarding and child protection policies and procedures.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A cleaning schedule was present for both the cleaning of the premises and for the cleaning of hand held clinical equipment such as spirometer, nebuliser and ear irrigator. The practice nurse was the infection control clinical lead who 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. At the

## Are services safe?

inspection in December 2016 we found that an infection control audit had been undertaken but no action plan had been developed to ensure improvement. At this inspection we found that a further infection control audit had been undertaken in November 2016. An action plan had been developed and the practice was following through on the actions identified.

- The arrangements for managing medicines, including emergency 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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 in place for all the different staffing groups to ensure enough staff were on duty. All staff were trained to cover each other's duties.

### Arrangements to deal with emergencies and major incidents

At the inspection in December 2016 we found that the practice had a defibrillator but there were no children's masks available and staff had not received training in its use. When we inspected in July 2017 we found that this had been rectified.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen, due to the way that the defibrillator was designed, one size mask was used but placed in different places dependent on whether the patient was an adult or a child (for example two on the chest for an adult, one on the chest and one on the back for a child). All staff had received training in the use of the equipment. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 5 December 2016, we rated the practice as requires improvement for providing effective services as the results of QOF were below average and there was no evidence of completed two cycle audits.

These arrangements had improved when we undertook a follow up inspection on 24 July 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 93% of the total number of points available. The practice had a total exception rate of 6% compared to the Clinical Commissioning Group (CCG) average of 9.5% and the national average of 9.2% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were mainly below the CCG and the national average. For example:
  - The percentage of patients in whom the last blood sugar level was 64 mmol/mol or less was 60%, compared to the CCG average of 73% and the national average of 78%.

- The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 67%, compared to the CCG average of 73% and the national average of 78%.
- The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 71%, compared to the CCG average of 74% and the national average of 81%.
- The percentage of patients with a record of a foot examination and risk classification was 84%, compared to the CCG average of 83% and the national average of 88%.
- Performance for mental health related indicators were in some cases below the CCG and to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 85%, compared to the CCG average of 83% and the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 77%, compared to the CCG average of 81% and the national average of 84%.
- Performance for other health related indicators were comparable to the CCG and the national average. For example:
  - The percentage of patients with atrial fibrillation with CHADS2 score of 1 who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 73%, compared to the CCG average of 81% and the national average of 98%.
  - The percentage of patients with asthma who had an asthma review that included an assessment of asthma control using the RCP three questions was 83%, compared to the CCG average of 76% and the national average of 75%.
  - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 93%, compared to the CCG average of 89% and the national average of 90%.



# Are services effective?

## (for example, treatment is effective)

When asked about the low QOF performance for some of the indicators the practice responded that they were continuing to review the figures and had produced an action plan to improve the scores which included putting more recall processes in place. We were shown evidence of the action plan. They stated that one of the issues was that staff were forgetting to update the computer system and this was a standard agenda in staff meetings where practice management would remind staff to code correctly and update the clinical system. We looked at records and found that this was beginning to improve.

There was evidence of four clinical audits conducted in the last two years; one was a completed audit where the improvements made were implemented and monitored. The audit reviewed diabetes care in the practice. It demonstrated that QOF targets were improving throughout the year. The practice reviewed patients whose blood sugar level was higher than the average by calling them in for a review. Health advice was offered and medicines reviewed in order to bring the blood sugar level down. Data showed that of the 118 patients identified, 89 patients showed an improved blood sugar level after the second cycle had taken place. The practice planned to undertake the audit on a yearly basis.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.



# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 94% CCG average ranged from 85% to 94% and five year olds from 91% to 97% (CCG average ranged from 83% to 94%).

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

# Are services caring?

## Our findings

At our previous inspection on 5 December 2016, we rated the practice as requires improvement for providing caring services as the results of the national GP patient survey were below average and no plans had been put in place to address them.

We found that the latest set of GP patient survey results showed little improvement despite the practice developing an action plan to address the previous scores when we undertook a follow up inspection on 24 July 2017. The practice is still rated as requires improvement for providing caring services.

### Kindness, dignity, respect and compassion

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

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

Results from the national GP patient survey (2017) showed little change to the 2016 results. However patients we spoke with felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% (71% in 2016) of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 68% (69% in 2016) of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 83% (88% in 2016) 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%.

- 66% (66% in 2016) of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 77% (79% in 2016) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 67% (83% in 2016) of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

We spoke to the practice regarding the results of the national patient survey which they acknowledged and had put an action plan in place to address the below average results including putting the clinical staff on a consultation refresher course.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were significantly below the local and national averages. For example:

- 68% (65% in 2016) 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%.
- 59% (67% in 2016) of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 70% (85% in 2016) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We spoke to the practice regarding the results of the national patient survey which they acknowledged and had put an action plan in place to address the below average results.

## Are services caring?

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

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

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 5 December 2016, we rated the practice as good for providing responsive services

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example a weekly diabetes clinic was run in response to the high need of the area.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Online appointment booking was available.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice's opening hours were:

- Monday, Tuesday, Wednesday and Friday 8:00am-6:30pm
- Thursday 8:00am to 12:45pm

Appointments were available at the following times:

- Monday, Tuesday, Wednesday and Friday 9am – 1pm and 2pm – 6pm
- Thursday – 9am – 12:30pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that need them. When the practice was closed, patients were directed to the local out of hour's provider. The practice did not run an extended hour's clinic but referred patients to the local GP hub which provided an out of hour's service. Routine weekend appointments were also provided by the local GP hub.

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

- 66% (70% in 2016) of patients were satisfied with the practice's opening hours compared to the national average of 76%. There was no evidence that the practice had addressed this low score from the survey.
- 56% (76% in 2016) of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice showed us an action plan developed to address the low scores of the patient survey and this included looking into the provision of further telephone lines for patients to access the practice.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 which included posters situated around the practice and a complaints leaflet.

We looked at the seven written and two verbal complaints received in the last 12 months and found they were handled in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to

# Are services responsive to people's needs?

(for example, to feedback?)

improve the quality of care. For example, a complaint was received after a patient was unable to secure an emergency appointment. The patient was contacted, an apology offered and an appointment for a GP given to follow up on

their concerns. We saw evidence that this was discussed in a practice meeting where it was advised that if all emergency appointments had been given for the day, reception were to contact a GP to triage the patient.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 5 December 2016, we rated the practice as requires improvement for providing well-led services as there was gaps in governance arrangements, staff were unaware of practice policies and there was no patient participation group (PPG).

Arrangements had improved when we undertook a follow up inspection of the service on 24 July 2017. However despite attempts, the practice was finding it difficult to form a PPG. The practice is still rated as requires improvements for being well-led.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

- The practice had a governance framework which aimed to support the delivery of the strategy and good quality care. There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. When we inspected in December 2016 we found that, some staff were unaware of the existence of some policies, including infection control and adult safeguarding despite receiving training in these areas. When we returned in July 2017, all staff had received appropriate training and were aware of policies. Policies were also discussed within practice meetings.
- There was evidence of quality improvement including clinical audit.
- the practice had developed an action plan to improve the scores of the Quality and Outcome Framework (QOF), however this was having little effect.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice taken some action in relation to some of the low scores in the National Patient Survey however these were yet to show in the results of the survey.

### Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through quarterly patient open days where patients can drop in and talk informally to staff about the practice and complaints received. However the practice still did not have a functioning patient participation group (PPG)

# Are services well-led?

Requires improvement 

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

despite attempts to start this through giving out information at registration and publicising the group at the quarterly practice open days. The practice had planned another open day to try and find members to instigate and develop the group.

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was some focus on continuous learning and improvement within the practice. This included looking at ways to develop the practice through the results of the patient survey.

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<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice failed to:</p> <ul style="list-style-type: none"><li>• Produce an effective plan of how the practice intended to improve the scores of the national GP patient survey.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |