The Malago Surgery

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?	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 The Malago Surgery on 24 February 2016. Overall the practice is rated as requires improvement. The domains for safe, effective, responsive and well led are rated as require improvement. Caring was good.

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

- There was a variable approach to managing safety at the practice although they had an effective system in place for reporting and recording significant events.
- Risks to patients, staff were not always assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice took steps to address shortfalls in clinical staffing and made alternative arrangements to ensure patients continued to receive the care and treatment they needed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However, the complaints handling process within the practice was not robust.
- Patients said they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and had the equipment to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider must make improvement are:

- The practice must ensure it has effective systems for infection control, a lead is appointed and that appropriate actions are taken to address areas of concern promptly.
- The practice must ensure it has suitable arrangements in the practice for managing medicines, including emergency drugs and vaccinations, and prescription forms to keep patients safe.
- The practice must ensure there are effective systems in place which promote the health and safety of staff and patients at the practice.
- The practice must ensure appropriate checks are made and information held in regard to the locum GPs who had worked at the practice.
- The practice must ensure it has an appropriate system in place for managing complaints, to include being investigated sufficiently and learning from complaints being actioned and shared with staff and other stakeholders
- The practice must ensure that staff receive appropriate health and safety training.

The areas where the provider should make improvement are:

- The practice should maintain adequate records in regard to staff training.
- The practice should ensure that a lead staff member is trained and identified to ensure safe management systems are in place for infection control.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks, such as effective health and safety were not implemented well enough to ensure patients, staff and visitors were kept safe
- The practice did not have suitable arrangements in the practice for managing medicines, including emergency drugs and vaccinations, prescription forms to keep patients safe.
- The practice was not able to evidence that appropriate pre-employment checks were made and information held in regard to the locum GPs who had worked at the practice.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice could not fully demonstrate how they ensured role-specific training and updating for relevant staff as their current records had gaps in the information. We were told they were still seeking detail of training achieved by staff. However, it was clear that there were significant gaps in mandatory training, for example, fire safety and other health and safety topics.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Requires improvement

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 (CCG) to secure improvements to services where these were identified. The practice was one of 16 in the CCG area chosen to participate in a pilot called, the H G Wells Diabetes Transformation Programme, to test an integrated model of care for patients with diabetes and other long term conditions.
- 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 for patients. However, complaints were not always investigated sufficiently and learning from complaints was not always actioned or shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a vision to deliver a service to patients that ensured they were confident and satisfied with the standard of care provided to them.

Summary of findings

- The practice was in the process of formulating a strategy to meet the changed needs of the partnership and staffing at the practice. The practice was not able to provide information of supporting business plans which reflected the vision and values, or how they were regularly monitored
- The practice had put in place some aspects of an overarching governance framework to support the delivery of the service and provide an appropriate standard of care. They were currently in the process of resolving changes to the management and administration team; however, there were some areas that required improvement. The practice did not maintain effective records and did not have a monitoring system in place to ensure staff had the necessary training for their role and to ensure the safety of patients at the practice. There were gaps in providing a clear staffing structure so that staff were aware of their own roles and who to report issues to in regard to health and safety, nurse leadership and medicines management.
- Practice specific policies were implemented. However, they were not always reviewed and updated in a timely way.
- 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 knowing about notifiable safety incidents
- The practice encouraged and valued feedback from patients, the public and staff. It had several systems in place to obtain feedback. However, there were gaps in how this was managed including how learning from complaints and responding to comments made about the practice on NHS Choices.

Staff told us they felt involved and engaged to improve how the practice was run. However, there were areas of leadership, such as the nursing team, where staff did not necessarily have access to discuss issues when they arose.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people.

- Improvements were required in regard to the practices management of health and safety, medicines management and recruitment of staff which may put a patients safety at risk.
- Improvements were also required in the overarching governance of the service and were gaps in how the practice responded and acted upon complaints made to the practice.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

- Improvements were required in regard to the practices management of health and safety, medicines management and recruitment of staff which may put a patients safety at risk.
- Improvements were also required in the overarching governance of the service and were gaps in how the practice responded and acted upon complaints made to the practice.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.5% and the national average was 89.9%.
- 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.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

- Improvements were required in regard to the practices management of health and safety, medicines management and recruitment of staff which may put a patients safety at risk.
- Improvements were also required in the overarching governance of the service and were gaps in how the practice responded and acted upon complaints made to the practice.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average. 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, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

- Improvements were required in regard to the practices management of health and safety, medicines management and recruitment of staff which may put a patients safety at risk.
- Improvements were also required in the overarching governance of the service and were gaps in how the practice responded and acted upon complaints made to the practice.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

Summary of findings

- Improvements were required in regard to the practices management of health and safety, medicines management and recruitment of staff which may put a patients safety at risk.
- Improvements were also required in the overarching governance of the service and were gaps in how the practice responded and acted upon complaints made to the practice.
- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Improvements were required in regard to the practices management of health and safety, medicines management and recruitment of staff which may put a patients safety at risk.
- Improvements were also required in the overarching governance of the service and were gaps in how the practice responded and acted upon complaints made to the practice.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 82.8%and the national average was 84.01%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 91.5% and the national average was 89.4%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 361 survey forms were distributed and 117 were returned. This represented 32% response rate.

- 92% of patients found it easy to get through to this surgery by phone compared to a national average of 73%.
- 73.2% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 86.7% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 85.4% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79.2%).

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.8% and national average of 88.6%.
- 92.2% of patients said the GP gave them enough time (CCG average 86.2%, national average 86%).
- 99.4% of patients said they had confidence and trust in the last GP they saw (CCG average 96.4%, national average 95.2%)
- 94.8% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).
- 91.5% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.5%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 87.9%, national average 86.8%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients also told us they had found staff to be empathic, give patients their full attention and provide them with enough time to discuss their needs.

We spoke with four patients who were also members of the Patient Participation Group during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- The practice must ensure it has effective systems for infection control, a lead is appointed and that appropriate actions are taken to address areas of concern promptly.
- The practice must ensure it has suitable arrangements in the practice for managing medicines, including emergency drugs and vaccinations, and prescription forms to keep patients safe.
- The practice must ensure there are effective systems in place which promote the health and safety of staff and patients at the practice.
- The practice must ensure appropriate checks are made and information held in regard to the locum GPs who had worked at the practice.

Summary of findings

- The practice must ensure it has an appropriate system in place for managing complaints, to include being investigated sufficiently and learning from complaints being actioned and shared with staff and other stakeholders
- The practice must ensure that staff receive appropriate health and safety training.

Action the service SHOULD take to improve

- The practice should maintain adequate records in regard to staff training.
- The practice should ensure that a lead staff member is trained and identified to ensure safe management systems are in place for infection control.

The Malago Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to The Malago Surgery

The Malago Surgery is located in the Bedminster area of Bristol. They have approximately 9562 patients registered who come from the Bedminster, parts of Knowle West and Redcliffe areas of Bristol.

The practice operates from two locations:

40 St John's Road

Bedminster

Bristol

BS3 4JE

Branch Surgery:

BS1

Favell House

Queen Charlotte Street

Bristol

BS1 1DQ

We visited both of these locations during the inspection. The Malago Surgery is situated in an adapted residential property in Bedminster. The consulting, treatment rooms and some of the main administration areas for the practice are situated on the ground floor. There is no patient parking and a small number of parking spaces for staff. There is short stay parking in the local vicinity. BS1 is a leased surgery premises in the centre of Bristol. There are three consulting rooms/treatment rooms and a waiting area. There is on street meter parking.

The practice is made up of eight GPs in total including five partners, salaried GPs, an operational manager and the practice manager. At the time of the inspection one GP was on maternity leave, two others were intending to leave the practice in March 2016. The practice is a teaching practice with two GPs as trainers and they had two GP registrars at the time of this inspection. They have an advanced nurse practitioner, two practice nurses and two healthcare assistants. A recent vacancy had arisen for a practice nurse lead. The practice employed a sessional nurse to provide care for patients with long term respiratory conditions. The practice employs a full time pharmacist. The practice is supported by an administrative team consisting of medical secretaries, receptionists and administrators. The Malago Surgery is open from 8.30am until 6.30pm Tuesday, Thursday and Friday. On Monday the practice opens from 7am and closes at 7.30pm. On Wednesday the practice opens 8.30am and closes later at 8.0pm. They accept telephone calls between 08:30 - 12:30and 13:30 - 18:30. Patients are directed to the out of hours service if their need is urgent. BS1 is open between the hours 8.30am to 12.45pm, Monday, Tuesday and Friday, on Wednesday and Friday the practice opens from 1.30pm to 5.45pm. On Thursdays the practice is closed and patients can attend The Malago Surgery if required.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, patient participation, immunisations and unplanned admission avoidance.

Detailed findings

The practice is a training practice and also offers placements to medical students and trainee GPs.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 5.5% (similar to the national average)

5-14 years old: 7.7% (lower than the national average)

Under 18 years old: 15.6 % (the national average 20.7%)

65-74 years old: 12.7%

75-84 years old: 5.7%

85+ years old: 1.8%

Other Population Demographics

% of Patients with a long standing health condition 42.7%

% of Patients in paid work or full time education 62.7% (similar than the national average 61.5%)

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): 27.2

Income Deprivation Affecting Children (IDACI): 21.4%

Income Deprivation Affecting Older People (IDAOPI): 25%

We found under the CQC (Registration) Regulations 2009 that the provider has not registered a new partner to the partnership.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 February 2016. During our visit we:

- Spoke with a range of staff including administration, management and clinical and spoke with patients from the patient participation group who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Detailed findings

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective 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 practice carried out a thorough analysis of the significant events.
- There was no threshold for treating events as significant events, which encouraged all minor occurrences to be recorded, which were then investigated.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medicine errors and missed or delayed referrals.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP lead for children had a deputy. 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 relevant to their role. All GP partners were trained in Safeguarding for adults and level three for children. All vulnerable families were provided with a named GP.
- Notices in the waiting, consulting and treatment rooms advised patients that chaperones were available if required. All the nursing staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (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. There was no designated member of staff who was the infection control clinical lead. The practice had not identified a member of staff to liaise with the local infection prevention teams to keep up to date with best practice. One of the GP partners had recently taken steps to review the infection control management at the practice. There was an infection control protocol in place. Staff we spoke with confirmed they had undertaken infection control training, however, training records did not confirm this. An infection control audit had been undertaken in December 2015. However, the information given on the day did record where the audit had taken place either at the Malago Surgery or BS1 Favell House location. There was some information and evidence that actions had been taken to address areas for improvement such as foot operated bins and improved availability of gloves. We identified a number of areas of concern, which had not been addressed. For example adherence to the policy for securing the external clinical waste bin at The Malago Surgery.
- There were gaps in the arrangements for managing medicines, including emergency drugs and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. We were provided with an updated copy of the prescription management policy and we looked at the systems in place for prescription form security. We found the process to log prescription forms received into the practice had ceased in October 2015. There was no system of logging where the paper was used and there was inadequate security of prescription paper when it was removed and placed in printers around both the practice premises. We were

provided with an updated policy for prescription management at the end of the inspection and informed after the inspection that actions had been taken to address the concerns.

- The recently employed Advance Nurse Practitioner could prescribe medicines for specific clinical conditions and they received mentorship and support from the medical staff for this role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found the documents were up to date and had been signed by the responsible clinician for governance at The Malago Practice. However, copies of these current documents were not in place at BS1 where we found that there was out of date information which had not been signed for by the responsible clinician.
- We found there was not safe monitoring or a robust overview of the medicines used at the practice. The system of monitoring the vaccine fridge temperatures at both The Malago Surgery and BS1 was inconsistent. There were large gaps between dates for checking fridge temperatures; these were dependent on when a nurse was on duty in the premises, particularly BS1 when this was not open on a daily basis. There was no system to check if there had been a power loss to the fridges or that the temperatures had been compromised when the practice premises were closed. Nursing staff or the pharmacist did not take the lead or managed the stocks of medicines held at the practice and there was uncertainty by these staff why some items were retained. Checking of stocks and reordering was carried out by a member of non- clinical staff. The checking of emergency medicines and the practices home visit bag was carried out by the practice nurses. We found that in one bag a patient's own prescription of an inhaler had been retained and aspirin which was out of date. The practice carried out regular medicine prescribing audits, the new pharmacist took the lead with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed two 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. We looked at the information held in regard to the locum GPs who had attended the practice. We found the information was incomplete as there was no evidence such as professional registration, qualifications and references had been sought. Since the inspection visit we have been provided with a copy of an updated protocol and check list. We were also supplied with information in regard to the progress in obtaining up to date information concerning one of the two locums currently employed at the practice.

Monitoring risks to patients

Risks to patients were not always assessed and were not always well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available although this was incomplete and did not have the most up to date information, such as the number and names of nominated first aiders on each premises. There was no named member of staff with appropriate training at the practice to take the lead for health and safety. There was no Display Screen Equipment policy or risk assessment. The practice's fire risk assessments were not up to date and the policy and procedures needed to be reviewed and updated. This included having specific information in regard to the BS1 Favell House location. We saw that fire evacuation information was on prominent display in The Malago Surgery. However, there were none in BS1. Fire exits were signposted and access kept clear with the exception of the side fire access at BS1 where the door was locked. We were informed keys were held by staff attending the practice premises for this exit, however, there was no risk assessment carried out in regard to the appropriateness of this should a member of staff not be available. We found that a fire evacuation drill had been carried out recently at The Malago Practice. However, there was no evidence at BS1 that a fire drill had been carried out or that fire risk assessments were in place. There were no designated fire wardens at either location.
- 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.

Requires improvement

Are services safe?

The practice manager informed us that they had instigated checks for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) at The Malago Practice and made enquiries with the landlord as to establish responsibility for BS1. There was no designated member of staff identified for First Aid at either location. There was no First Aid equipment at BS1. Accident books were in place and used appropriately. The Malago Practice had engaged for an external Health and Safety specialist to inspect the BS1 location. This visit had occurred in September 2015 where the aspects of fire safety were highlighted as to be needed to be addressed. Some of these concerns had been acted upon such as installing firefighting equipment, others had not such as a fire risk assessment or mains electrical circuits test.

- 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 that enough staff were on duty and staff were shared across the two locations in order to provide a service. The practice had recognised shortfalls in clinical staff provision and had taken some steps to address this. The nursing team, including an Advance Nurse Practitioner, had all been recently recruited we were told with a very limited handover from the outgoing members of staff. The GPs and nursing staff had been supported to provide care for those long term patients by the employment of a full time pharmacist. There was a vacancy for a lead nurse which meant there were gaps in how patients' needs were being met. Locum GP's had been employed to cover for maternity leave in the GP team.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a central area of the practice locations.
- The practice had a defibrillator available at each premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff at each practice premises and all staff knew of their location. However, there was no system to ensure the equipment was tamper proof when the area where these were located was unattended.Not all the medicines we checked were in date and fit for use. We found one pain relief injectable medicine was out of date from December 2015. We found that the checks on equipment had not always included all of the disposable equipment such as airways, where some packaging indicated it had been produced in 2009.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available. Data from 2014/2015 showed;

- The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.5% and the national average was 89.9%.
- The percentage of patients with atrial fibrillation with a CHADS2 score () of 1, measured within the last 12 months, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015) was 100% and the national average was 98.3%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group and national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 91.5% and the national average was 89.4%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 82.8%and the national average was 84.01%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last year, which included reviewing medicines and prescribing audits in line with local clinical commissioning and NHS governance. Others were focussed on reviewing the quality of the services provided at the practice. For example, audits of the outcomes of minor surgery and the referral of patients with specific symptoms to an urology specialist. These were completed cyclical audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved initial steps taken when a patient was first identified with specific urinary symptoms, better recording systems on the patient records, less inappropriate referrals to specialists and improvement on-going monitoring at the practice.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not fully demonstrate how they ensured role-specific training and updating for relevant staff as their current records showed gaps in information. We were told they were still seeking detail of training achieved by staff. However, it was clear that there were significant gaps in mandatory training for example fire safety, moving and handling and other health and safety topics. New staff responsible for administering vaccinations and taking samples for the cervical screening programme provided evidence that they had received specific training which had included an assessment of competence.Staff who administered

vaccinations 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. New nursing staff had specific training planned to provide these services at the practice.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Although staff had not all completed mandatory training, staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. This included working with the substance misuse counselling service that attending the practice on a weekly basis. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, some of the uptake for screening was lower than expected. For example:

- Persons, 60-69 years old, screened for bowel cancer within six months of invitation was 43.6% in comparison with the Clinical Commissioning Group (CCG) average which was 48.7%.
- Females, 50-70 years old, screened for breast cancer within six months of invitation was 36.4% in comparison with the CCG average which was 70.1%.

Childhood immunisation rates for the vaccinations given were above or comparable to Clinical Commissioning Group (CCG). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 100%, CCG was from 80.9% to 97% and five year olds from 93% to 96%, CCG were from 88.2% to 97%.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in 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.

All of the 42 patient Care Quality Commission comment cards we received gave positive comments about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.8% and national average of 88.6%.
- 92.2% of patients said the GP gave them enough time (CCG average 86.2%, national average 86%).
- 99.4% of patients said they had confidence and trust in the last GP they saw (CCG average 96.4%, national average 95.2%)
- 94.8% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).
- 91.5% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.5%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 87.9%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients 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. Patient feedback on the comment cards we received was also positive and aligned with these views. Patients also told us they had found staff to be empathic, give patients their full attention and provide them with enough time to discuss their needs.

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 or above with local and national averages. For example:

- 94.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 86%.
- 94.2% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81.6%)
- 87.4% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

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. Staff also told us they family or friends of the patients were appropriate.

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice engaged with a local community based volunteer befriending scheme to ensure that information was provided to patients about social opportunities in the community.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- There was a variety of extended hours the practice was open for each week to accommodate providing health care to patients who cannot attend during normal working hours.
- The practice offers bookable telephone consultation as part of their extended hour's service.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Post-natal for mothers and six to eight week baby checks were carried out at the same time.
- A hearing loop for patients with an impairment and translation services were available.
- This practice was one of 16 in the Clinical Commissioning Group area chosen to participate in a pilot called, H G Wells Diabetes Transformation Programme, to test an integrated model of care for patients with diabetes and other long term conditions.
- They had engaged a full time pharmacist to ensure that patients with long term conditions had appropriate regular reviews of the medicines.
- The practice held Saturday influenza vaccine clinics and offered home visits for influenza vaccines to those patients unable to attend the practice.
- The practice was participating in a pilot physiotherapy scheme through One Care Consortium. Patients were able to access a telephone consultation with a physiotherapist for some types of muscle, joint or spinal pain or discomfort without seeing a GP first.

Access to the service

The Malago Surgery is open from 8.30am until 6.30pm Tuesday, Thursday and Friday. On Monday the practice opens from 7.00am and closes at 7.30pm. On Wednesday the practice opens 8.30am and closes later at 8.0pm. They accept telephone calls between 08:30 - 12:30and 13:30 - 18:30. Patients are directed to the out of hours service if their need is urgent. BS1 is open between the hours 8.30am to 12.45pm, Monday, Tuesday and Friday, on Wednesday and Friday the practice opens from 1.30pm to 5.45pm. On Thursdays the practice is closed and patients can attend The Malago Surgery if required.

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.

- 74.6% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 92% patients said they could get through easily to the surgery by phone (national average 73. %).
- 34.4% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

Patients gave us mixed responses on the day of the inspection as to their experiences of being able to get appointments when they needed them. This was also reflected in the comment cards we received. Patients had found it was difficult to get a routine appointment and had to wait for over two weeks before they could be seen. For some patients this was difficult in regard to follow up appointments to see the nursing staff following treatment in hospital or obtaining contraceptive care in a timely way. Patients did express if their need was medically urgent they could be seen or could speak to a medical practitioner the same day.

Listening and learning from concerns and complaints

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

- There was designated named responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice waiting room. There was detail of the practice's complaints process on their website.

We looked at 12 formal complaints received in the last 12 months and found that there were gaps in how the complaints were managed. For example, such as an incident of a patient complaining about support for contraception treatment at an appointment. The incident was discussed at a practice clinical meeting, a decision taken not to raise it as a significant event, but it was not

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

investigated or responded to as a complaint. There were other complaints where actions were taken to improve the service, such as providing extra vaccine administration training for a nurse, greater support provided to the nurse and an awareness to provide adequate time for new nurses appointed to the practice to ensure they were provided with sufficient time to acclimatise to the practice policies and procedures.

The practice staff were not able to provide a written procedure for handling complaints; therefore it was uncertain that all staff involved with reported complaints followed the same process. We found complaints were discussed at the practice clinical meetings.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver a service to patients that ensured they were confident and satisfied with the standard of care provided to them.

- The practice was in the process of formulating a strategy to meet the changed needs of the partnership and staffing at the practice. The practice was not able to provide information of supporting business plans which reflected the vision and values or how they were regularly monitored. Partners were in the process of leaving the partnership and the nursing team had completely changed in recent months.

Governance arrangements

The practice had put in place some aspects of an overarching governance framework to support the delivery of the service and provide an appropriate standard of care. They were currently in the process of resolving changes to the management and administration team, by the implementation of an operations manager role who was supported by a practice manager lead shared across a group of GP practices in the local area.

There were some structures and procedures in place. For example there was:

- A programme of continuous clinical and internal audit for some aspects of medicines management which was used to monitor quality and to make improvements.
- Some staff were designated leads for clinical care at the practice, such as safeguarding, long term conditions and governance.

However, there were some areas they needed to further develop:

- There were gaps in providing a clear staffing structure so that staff were aware of their own roles and who to report issues to and who was responsible for. For example, health and safety, nurse leadership and medicines management.
- Practice specific policies were implemented. However, they were not always reviewed and updated in a timely way. For example those for health and safety, where risk assessments for fire safety had either not been carried out or updated. Medicines and prescription form management policies had been updated but did not include the necessary information and had not been implemented in practice, such as Patient Group Directives for vaccines.
- There were gaps in the mandatory staff training for health and safety such as fire safety and moving and handling.
- The practice had gaps in the overarching process for the management of complaints how they responded to and acted upon complaints.
- There were not always robust arrangements or designated staff roles in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They provided a good quality and compassionate care which was reflected in the comments received from patients. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology; however there were gaps in the processes to ensure they did not reoccur.
- They did not always keep written records of verbal interactions as well as written correspondence.

There were leadership structures in place and most staff felt supported by management.

- Staff told us the practice held regular team meetings which were recorded.

Are services well-led?

Requires improvement

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

- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It had several systems in place to obtain feedback.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, they requested higher chairs in the waiting room for those less physically able which the practice provided.
- We did note that comments made about the practice on NHS Choices was not always responded to or acted upon.
- 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. However, there were areas of leadership, such as the nursing team where the senior nurse role was vacant, where staff did not necessarily have access to guidance or discuss issues when they arose.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This practice was one of 16 in the CCG area chosen to participate in a pilot called, H G Wells Diabetes Transformation Programme, to test an integrated model of care for patients with diabetes and other long term conditions.
- The practice was considering a safeguarding administrator role for one member of staff to monitor information received in and sent out of the practice.
- The practice was exploring federation with other local practices to improve the services they can provide in a more effective way.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment **How the regulation was not being met:** • The practice must ensure it has effective systems for infection control and that appropriate actions are taken to address areas of concern promptly. Regulation 12(1)(2)(h). • The practice must ensure it has suitable arrangements in the practice for managing medicines, including emergency drugs and vaccinations, prescription paper to keep patients safe. Regulation 12(1)(2)(g). • The practice should ensure there are effective systems for health and safety at the practice. Regulation 12(1)(2)(a)(b) The practice should ensure appropriate checks are made and information held in regard to the locum GPs who had attended the practice. Regulation 12(1)(2)(c)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. **How the regulation was not being met:** • The practice must ensure it has effective overarching governance systems to assess, monitor and improve the quality and safety of the services provided. Regulation 17(1)(2)(a) • The practice must ensure it has effective systems for receiving and acting on complaints. Complaints were not always investigated sufficiently and learning from complaints was not always actioned or shared with staff and other stakeholders. Regulation 17(1)(2)(f)
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing. **How the regulation was not being met:** • The practice must ensure that persons employed by the service provider receive appropriate support and training as is necessary to enable them to carry out their duties they are employed to perform. Regulation 18(2)(a).