Guildowns Group Practice

Quality Report

Guildowns University Medical Centre
University of Surrey
Guildford
Surrey
GU2 7XH
Tel: 01483 409309
Website: www.guildowns.nhs.uk

Date of inspection visit: 1 March 2016
Date of publication: 03/08/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

Areas for improvement 11

Detailed findings from this inspection

Our inspection team 12

Background to Guildowns Group Practice 12

Why we carried out this inspection 12

How we carried out this inspection 12

Detailed findings 14

Action we have told the provider to take 24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Guildowns Group Practice on 1 March 2016. This report refers to the location of Guildowns University Medical Centre. Overall the location is rated as requires improvement.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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, however the practice could not provide evidence of all appropriate training for example safeguarding training.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Patients did not always receive an apology.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example recruitment checks, staff training, medicines management and legionella risk assessments.
- Information about services and how to complain was available and easy to understand. However, recording of reviews and investigations were not thorough enough. Patients did not always receive an apology.
- The practice had a number of policies and procedures to govern activity, but there was no system in place to ensure that these were up to date or appropriate for the location where they were in use.

The areas where the provider must make improvements are:

- Ensure that all complaints and safety incidents and their investigation are recorded.

Summary of findings

- Ensure that all complaints and safety incidents are investigated thoroughly and ensure that patients affected receive reasonable support and an apology and that learning is shared appropriately to support improvement.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including that a Disclosure and Barring Service check or risk assessment showing a check is not required is in place for all staff.
- Ensure that a system of annual staff appraisals is implemented and that training is completed as appropriate including safeguarding.
- Ensure that policies are up to date and specific to the practice.
- Take action to address identified concerns with fire and legionella as identified in the fire risk and legionella risk assessments.
- Investigate ways to increase engagement with patients, for example re-establish a patient participation group to provide patient input to the practice

In addition the provider should:

- Review patient confidentiality in the reception and waiting area.
- Continue to proactively identify carers.
- Review the systems that are in place to ensure emergency equipment is in date and portable electrical equipment is safe.

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 things went wrong they were not always reported or recorded, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did not always receive a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example: actions identified in the legionella risk assessment had not been actioned fully and there was no system in place to monitor these, also systems to ensure that emergency equipment was fit for use were not robust.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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, however the practice could not provide evidence of all appropriate training for example safeguarding training.
- There was evidence of appraisals and personal development plans for some staff, although not all staff had received an appraisal within the last 12 months most non-clinical staff at this location had had review meetings with the site lead and had a training plan.
- Staff worked with other health care professionals 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.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice as similar to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good 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. For example the practice has worked in conjunction with another local practice to provide a one stop gynaecological clinic. The practice also worked closely with the university to provide appropriate services to the student population; for example providing the Men ACWY vaccine to eligible students (Men ACWY is a vaccine recommended for students going to university or college for the first time).
- Patients said they could 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.
- Patients could get information about how to complain in a format they could understand. However, the practice did not provide evidence that all complaints were followed up or that learning from complaints was always shared widely enough with staff to support improvement.
- In order to provide easier access to university students this location had a dedicated internal university phone number, offered online pre-registration with a GP and accepted some queries by email.

Are services well-led?

Requires improvement

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by the GP partners but at times they weren't sure who to approach with issues.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were not practice specific and were overdue for a review.
- Not all staff had received regular performance reviews or attended staff meetings and events.
- There was little engagement with patients, for example the practice did not have an active patient participation group, but told us that they were in the process of setting up a new group.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. The University Medical Centre had a very low population of elderly patients registered however patients from all four locations were able to attend this location if necessary. There were, however, examples of good practice which applied across the four locations:

- 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.
- The practice provided a frailty service. The practice kept a register of frail elderly patients and discussed these patients regularly with the community matron to avoid hospital admission where possible.

People with long term conditions

Requires improvement

The practice was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice performance for diabetic indicators was above the national and clinical commissioning group (CCG) averages. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 75 mmol/mol or less in the preceding 12 months was 92% compared to the national average 87% and CCG average 89%.
- 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.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a

Summary of findings

priority. However staff we spoke with told us that due to nursing staff shortages not all chronic disease areas had nurse leads, where nurse leads were not available a GP had oversight of the disease area.

Families, children and young people

Requires improvement

The practice was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good 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.
- 80% of eligible female patients had a cervical screening test which was slightly below the CCG and national averages of 82%.
- 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)

Requires improvement

The practice was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good 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.
- The practice offered electronic prescribing which enabled patients to collect their prescriptions from the pharmacists of their choice.
- This location offered services tailored to the needs of its student population for example meningitis vaccine was offered to students who had not been previously vaccinated.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments 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.
- 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.
- The practice was aware that this was often the first time that a high percentage of their student population had lived away from home and worked with the university health and wellbeing centre to provide support.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice performance for mental health indicators was above the national averages. For example 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to a national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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 an 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 were published in January 2016. The results showed the practice was performing in line with local and national averages. 412 survey forms were distributed and 98 were returned. This was a response rate of 24% which represented less than 0.5% of the practice's patient list.

- 62% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group average of 79% and a national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% and national average 85%).
- 84% of patients described the overall experience of their GP surgery as good (CCG average 90% and national average 85%).
- 67% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards for this location; all were positive about the standard of care received. The cards mentioned how helpful and friendly the reception staff were and that patients felt they were listened to and given enough time by the nurses and most of the GPs.

Results from the Friends and Family test, for the whole group practice, showed that 84% or patients would recommend this practice; this was based on 25 responses in December 2015 (0.1% of the practice's patient list).

Areas for improvement

Action the service MUST take to improve

- Ensure that all complaints and safety incidents and their investigation are recorded.
- Ensure that all complaints and safety incidents are investigated thoroughly and ensure that patients affected receive reasonable support and an apology and that learning is shared appropriately to support improvement.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including that a Disclosure and Barring Service check or risk assessment showing a check is not required is in place for all staff.
- Ensure that a system of annual staff appraisals is implemented and that training is completed as appropriate including safeguarding.
- Ensure that policies are up to date and specific to the practice.
- Take action to address identified concerns with fire and legionella as identified in the fire risk and legionella risk assessments.
- Investigate ways to increase engagement with patients, for example re-establish a patient participation group to provide patient input to the practice.

Action the service SHOULD take to improve

- Review patient confidentiality in the reception and waiting area.
- Continue to proactively identify carers.
- Review the systems that are in place to ensure emergency equipment is in date and portable electrical equipment is safe.

Guildowns Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Guildowns Group Practice

Guildowns Group Practice is a large training practice providing services from four locations in Guildford which are registered as independent locations with the CQC. A training practice has GP trainees who are qualified doctors completing a specialisation in general practice. At the time of our inspection there were two GP registrars training with the practice. Three of the locations are GP surgeries and the fourth is a university medical practice. There are approximately 24,200 patients on the group practice list and patients can chose to attend any of the four surgeries. Performance is reported by the group practice as a whole so verified data for individual locations is not available. The group practice has a lower than average number of patients from birth to 14 years and 40 to 80 years. The practice has a higher than average number of patients between 15 and 29 years, this is due to providing GP care on a university site.

The practice has nine partners, six salaried GPs and two long term locums (seven male and 11 female). They are supported by a pharmacist, five practice nurses, six healthcare assistants/phlebotomists, a management team, administrative staff and patient services staff. The practice is led by a group director who is responsible for management of all four locations in the group. Most of the clinical staff work across the four locations and other staff can work across all locations if required.

On this occasion only Guildowns University Medical Centre was inspected. The other locations were inspected separately on 23 February 2016 and 24 February 2016. The University Medical Centre is a purpose built medical centre which is shared with other university services such as the health and wellbeing service. The building is spread over two levels but all patient areas are on the ground floor. There are approximately 8,100 patients registered at this location.

The practice is open between 8.30am and 6.00pm Monday, Tuesday, Thursday and Friday, and 8.30am to 12.30pm Wednesdays. When the practice is closed patients can attend the other locations. This location does not offer extended hours surgeries however patients could attend extended hours surgery that were offered at Wodeland Surgery or Stoughton Road which include some evening, early morning and Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them, although these may be offered at any of the four locations.

This service is provided at the following location:

The Student Health Centre, Stag Hill, University of Surrey, Guildford, Surrey, GU2 7XH

The other sites in the group practice are:

Wodeland Surgery, 91-93 Wodeland Avenue, Guildford, Surrey, GU2 4YP.

The Oaks Surgery, Applegarth Avenue, Park Barn, Guildford, Surrey, GU2 8LZ.

Detailed findings

Stoughton Road Surgery, 2 Stoughton Road, Guildford, Surrey, GU1 1LL.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service NHS 111.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are agreed between the practice and NHS England.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff including GPs, receptionists and other administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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).

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 that they reported incidents to the doctor or site lead. We saw that 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. However the practice could not provide evidence that all events were recorded, staff we spoke told us that events were dealt with locally at the time and not always recorded or reported centrally.
- The practice carried out a thorough analysis of the significant events that were recorded however the learning was not always shared appropriately with staff to support improvement. We saw evidence that significant events meetings were held but some staff we spoke with told us they were not informed about significant events. We saw minutes of the university medical centre team meetings but significant events were not mentioned and were not a standard agenda item.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient attended an appointment to have an intrauterine device fitted but there was no stock available and the appointment had to be rebooked. To prevent this re-occurring each location identified a person to take responsibility for checking stock of intrauterine devices.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff but some of the staff we spoke with did not know how to access the policies or could not find them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members 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 most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, but when asked the practice did not provide evidence that four of the 15 GPs had completed this training. Nurses were trained to child safeguarding level two but when we asked the practice did not provide evidence that one nurse had completed this. The practice records showed that they did not have evidence of a Disclosure and Barring Service (DBS) check for three HCAs. (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).
- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones had been were trained for the role or had had a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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, although when asked the practice did not provide evidence that two of the GPs and one of nurses had undertaken refresher training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The action plan was reviewed quarterly to ensure that actions were completed.
- 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). The practice had a robust system in place for stocking doctors' bags with medicines and checking that they were appropriate and in date. 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 blank handwritten prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber.

- We reviewed seven personnel files and in most found appropriate recruitment checks had been undertaken prior to employment. There were some gaps for example, one file was missing proof of identification, one file only had one reference but practice policy states two are required, and for three clinical members of staff there was no evidence that the appropriate checks had been undertaken 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. When we asked the practice they did not show us evidence that they had a location specific health and safety policy. The practice had up to date fire risk assessments but there was no system to ensure that identified actions were completed and the practice had carried out regular fire drills at this location. We observed out of date testing stickers on equipment and when asked the practice did not provide evidence that all electrical equipment had been checked to ensure the equipment was safe to use. 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. The practice had a legionella management, testing and investigation policy however this was not specific to the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also saw evidence of a legionella risk assessment that was carried out in 2014 but not all actions were being completed. For example the risk assessment stated that rarely used water outlets should be flushed twice weekly but the practice records showed that this was not always completed regularly and at best only done once per week.
- 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. The practice and staff we spoke with told us that there were nurse shortages. The practice had been using long term locum GPs and nurses and told us that they were in the process of recruiting both GPs and nurses.

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 the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, however we noted the adult mask was past its expiry date. 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 also had a robust system in place for stocking doctors' bags with medicines and checking that they were appropriate and in date.
- 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.

Good

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 and 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 96% of the total number of points available, with 10% exception reporting. (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 2014/2015 showed:

- Performance for diabetic indicators was comparable with or above national and clinical commissioning group (CCG) averages. For example the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 75 mmol/mol or less in the preceding 12 months was 92% compared to the national average 87% and CCG average 89%.
- Performance for mental health related indicators, for example 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%. 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to a national average 88%.

There was evidence of quality improvement including clinical audit.

- The practice showed us evidence of two completed clinical audits in the last two years, 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 a change to the approach used by GPs when antibiotics were prescribed which ensured that they were prescribed in line with best practice guidelines.

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 we saw evidence that nurses had completed refresher training.
- 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. Not all staff had received an appraisal within the

Good

Are services effective?

(for example, treatment is effective)

last 12 months, some staff had not had an appraisal for more than two years and the practice did not have a schedule in place for appraisals. Although not all staff had received an appraisal within the last 12 months most non-clinical staff at this location had had review meetings with the site lead and had a training plan.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a 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.
- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Students requiring counselling could be referred to the university health and wellbeing centre and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 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 above target levels. For example, childhood immunisation rate for the vaccinations given to under two year olds was 96% and five year olds 93%. This data was based on information provided by the practice which had not been externally verified. There was no externally verified information available.

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.

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. However we observed that whilst sat in the waiting room we could overhear conversations from reception which included confidential patient information.

We received six comment cards for this location; all were positive about the standard of care received. The cards mentioned how helpful and friendly the reception staff were and that patients felt they were listened to and given enough time by the nurses and most of the GPs.

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

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 89%.
- 89% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 84% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90% and national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%).
- 84% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 85%).

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.
- The receptionists had developed guidance sheets to help students with the registration forms and other common phrases translated into the most commonly used languages among the student population.
- Information leaflets were available in multiple languages and 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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 360 patients as carers (1.5% 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. The practice worked closely with the university centre for wellbeing to support students.

Good

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. For example the practice worked in conjunction with another local practice to provide a pilot community gynaecology service which includes on site ultrasound scanning. This service is available to patients across the clinical commissioning group and has improved access for patients. The practice also worked closely with the university to provide appropriate services to the student population; for example providing the Men ACWY vaccine to eligible students (Men ACWY is a vaccine recommended for students going to university or college for the first time).
- The practice did not offer extended hours access at this location however patients were able to attend extended hours appointments offered at Wodeland Avenue and Stoughton Road.
- A nurse led triage system was in use which prioritised same day appointment requests to the most appropriate clinician. At the time of our inspection this was not in operation every day due to a shortage of nurses.
- There were longer appointments available for patients with a learning disability.
- 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 as well as those only available privately.
- There were disabled facilities and translation services were available and staff we spoke with knew how to access these. There was no hearing loop available.

Access to the service

The practice was open between 8.30am and 6.00pm Monday, Tuesday, Thursday and Friday, and 8.30am to 12.30pm Wednesdays. When the practice was closed patients could attend one of the other locations. This location did not offer extended hours surgeries, however patients could attend extended hours surgery that were offered at Wodeland Surgery or Stoughton Road which included some evening, early morning and Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them, although these may be offered at any of the four locations.

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

- 65% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 72% and national average of 75%.
- 62% of patients said they could get through easily to the surgery by phone (CCG average 79% and national average 73%).

The practice told us that they were aware of the difficulties patients experienced with the telephone system and had recently added two extra telephone lines. However it was too early to determine whether this would resolve the issue. In order to improve telephone access for the student population the university medical centre provided an internal university phone number.

People told us on the day of the inspection that they were able to get appointments when they needed them and that the nurse triage system worked well.

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.

The home visits were allocated by the duty doctors to the doctor who knew the patient best or if they were not available the duty doctor would visit. The group had two duty doctors in order to cover the large practice area. 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 a policy for handling complaints and concerns but this was not always followed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 however we saw that in practice there was no clear accountability for individual complaints.
- There was no clear system in place to ensure that patients received a response from the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 24 complaints received in the last 12 months and found that in a number of cases there was no evidence available to show that these were satisfactorily handled in a timely way. In the examples where we could see evidence we found that there was openness and transparency dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint the clinical indicators for urgent referral for some types of cancer were reviewed and GPs knowledge refreshed.

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 high quality care and promote good outcomes for patients.

- The practice had a mission statement but not all staff were aware of this. The staff understood the practice values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There was an administrative site lead who took responsibility for day to day operations at the university medical centre.
- Practice policies were implemented, but not all were practice specific and some were overdue reviews. Polices were available to all staff but not all staff knew how to access them. The policies were available on the computer system but staff told us their location or the way they accessed them had recently changed and they were unsure how to find them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks and issues however there was no clear system for implementing mitigating actions. Risks to patients were assessed and managed, with the exception of those relating to recruitment checks, staff training, medicines management, fire and legionella risk assessments.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care.

Staff told us that the doctors were approachable and took the time to listen to members of staff but that some of the management team were not approachable and did not listen to 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 the partners but not always by management.

- Staff told us the practice held regular team meetings and we saw evidence to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held occasionally.
- Staff said they felt respected, valued and supported, 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.
- Staff we spoke with told us that they felt part of a team that worked well at this location but they felt isolated from the main site.

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.

· There was little engagement with patients, for example the practice had not responded to patient comments on

Are services well-led?

Requires improvement

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

NHS choices within the last six months and patient response rate to the national GP patient survey was low only 24%.The practice did not have an active patient participation group (PPG) and the last contact was approximately a year ago. The practice told us that they had recently refreshed the practice website to try and recruit new PPG members and had identified six potential members. We noted that at the time of our inspection the website still directed patients to contact a member of staff who had left the practice in summer 2015.

- The practice had gathered feedback from staff through occasional staff away days and generally through staff meetings, appraisals and discussion. Ideas from staff were evaluated by the partners and then put in place if appropriate, for example staff suggested that the practice should use individual sachets of lubricant jelly rather than general tubes, this was supported by the partners and put in place.
- Some staff told us they were reluctant to give feedback and discuss any concerns or issues with the management team.

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. For example the practice has worked in conjunction with another local practice to provide a one stop gynaecological clinic.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The practice was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.** **The practice could not provide evidence that it was acting on the risks that were identified in fire and legionella risk assessments.** **We found that the practice was unable to provide evidence that training was sufficient for all GPs and staff, for example safeguarding children and infection control.** **We found that the practice was unable to provide evidence for all GPs and staff of Disclosure and Barring Service checks or risk assessments to demonstrate that staff did not need checks.** **This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The practice did not demonstrate or provide evidence that all complaints were investigated thoroughly in a timely manner and learning disseminated to appropriate staff.** **This was in breach of regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the practice could not demonstrate that a robust system is in place to ensure all significant events and complaints were recorded and investigated and learning disseminated to appropriate staff. We also found that the practice was not following its own policies regarding recruitment checks. We found the practice could not demonstrate that policies used were up to date or specific to the practice or location. This was in breach of Regulation 17(1) & (2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found the practice could not demonstrate that all staff had annual appraisals. This was in breach of Regulation 18 (2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014