Dr Lionel Dean

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Lionel Dean on 12 January 2016. The practice was rated as requires improvement for safe, effective and well-led and good for caring and responsive. Overall the practice is rated as requires improvement.

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

- Not all risks to patients were assessed. For example, risk assessments of the building (maintenance and security) and utilities (gas, electrics, heating and boiler) had not been undertaken recently.
- Not all recruitment and background checks had been completed such as current Disclosure and Barring services checks for nurses, GPs and non-clinical staff undertaking chaperoning or phlebotomy duties.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available but not everybody would be able to understand or access it. For example, there were no information leaflets available in Nepalese despite there being a large number of Nepalese patients registered with the practice.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, however some were overdue a review.
- The practice had sought feedback from patients, through the friends and family test and had a virtual patient participation group, although it was not active.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Information about services and how to complain was available and easy to understand, although it was all in English.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider **must** make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff and ensure staff training records and yearly appraisals are kept up to date and documented.
- Ensure a safe environment for all staff and patients through an effective building maintenance policy (including boiler checks) and risk assessments, including Control of substances hazardous to health and fire safety checks are documented and evidenced.

In addition the provider **should**:

- Provide practice information in appropriate languages and formats.
- Review how carers are recorded on the patient record system to ensure information, advice and support is made available to them.
- Monitor and maintain cleanliness of high surfaces and electrical equipment and ensure infection control policies are adhered to.

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, as there are areas where improvements should be made.

- The practice had recruited 13 staff in the last six months. Not all recruitment checks had been undertaken prior to employment. For example, some Disclosure and Barring Services (DBS) checks had not been undertaken for clinical staff and there were no DBS checks for non-clinical staff who undertook chaperoning or phlebotomy duties.
- Although cleaning records demonstrated daily cleaning schedules, some of the cleaning was below standard with high and surface dust apparent and overflowing bins in the toilets. The practice were aware of this and were already in discussion with new cleaning contractors.
- Risk assessments and reviews of general building maintenance and security were not in place. The boiler had not had its most recent annual service (due September 2015).
- Risk assessments relating to the control of substances hazardous to health were not up to date.
- Legionella testing was undertaken routinely, although the results of the water temperature had not been suitably reported or action taken.
- Equipment calibration and Portable Appliance Testing was undertaken yearly.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were equal to or below local and national averages, in particular, Asthma and Diabetes.

Summary of findings

- There was evidence that some mandatory training had been undertaken but it was inconsistent and certificates were difficult to find.
- There was evidence of some staff appraisals and personal development plans, although these were poorly documented.
- Thirteen staff had been recruited in the last six months and recruitment checks were inconsistent. Reception and administration staff were not trained to be chaperones, yet undertook chaperone duties when requested. Most had not had a Disclosure and Barring Service check relevant to this role. This had not been risk assessed by the practice.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice held monthly education meetings where external speakers were invited to attend.
- 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.
- We saw staff treat patients with kindness and respect, and maintained patient and information confidentiality.
- The majority of 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 was available and easy to understand, although it was all in English. For example, there were no information leaflets available in Nepalese despite there being a large number of Nepalese patients on the practice list.

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 to secure improvements to services where these were identified. For example, issues with the telephone lines had been recognised and a new telephone system had been installed to meet the demand of the

Summary of findings

increasing patient list size. In addition, the practice had worked alongside NHS England to inform patients about the takeover from another provider and ensure continuity of service delivery was maintained.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- 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 management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff had received inductions but not all staff had received regular performance reviews.
- The practice held practice meetings every month for all staff to attend. In addition, Clinical Governance meetings and multi-disciplinary meetings, including palliative care teams and district nurses were held monthly.
- The practice had sought feedback from patients through the Friends and Family Test. The practice had a virtual patient participation group, although it was not active.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- There was a named lead GP for care of the elderly.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had patients listed from three local care homes and carried out regular reviews of their care. The practice responded appropriately to these patients when an urgent review was required.
- 77% of patients aged over 65 had received a seasonal flu vaccination, compared to a national average of 73%.
- The practice had achieved 100% of the Quality and Outcomes framework points for dementia care. This was better than the CCG average of 90% and national average of 95%.

People with long term conditions

Requires improvement

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

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 91% of patients with diabetes, on the register, had achieved the target blood pressure reading in the last 12 months compared with a CCG average of 90% and national average of 91%.
- Diabetes indicators from the practice showed an improvement in recording blood sugar levels (below 75) from 62% in January 2015 to 72% in January 2016.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective and well led care. 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 similar to Clinical Commissioning Group (CCG) targets for all standard childhood immunisations.
- The practice were aware of national data for 2014/15 that reflected below average indicators in asthma management and had already matched or exceeded their Quality and Outcomes Framework target for the current year (2015/16).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 81% of females aged 25-64 had attended cervical screening within a 5 year period compared with the CCG average of 77% and national average 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 provider was rated as requires improvement for safe, effective and well led care. 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.

Summary of findings

- The practice provided a total of seven hours of extended clinical hours to accommodate appointments for this population group. This was above the contractual requirement for a minimum of four hours.

People whose circumstances may make them vulnerable

Requires improvement

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

- There were no policies or arrangements to allow patients with no fixed address to register or be seen at the practice. Patients preferred to attend the local walk in centre. However, the practice had recently carried out an equality checklist to ensure compliance and improvements to access had already been planned for the near future.
- The practice held a register of patients with a learning disability and there was a lead GP for this patient group.
- 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 provider was rated as requires improvement for safe, effective and well led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 95% of patients diagnosed with a severe mental health problem had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to the CCG average of 90% and national average of 88%.
- 88% of patients with a new diagnosis of dementia had received the appropriate blood level checks within a specified timescale, compared with the CCG average of 86% and national average of 82%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice 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 most recent national GP patient survey results published in January 2016 showed the practice was performing in line with, or above local and national averages. 357 survey forms were distributed and 110 were returned. This was a 31% response rate which represented 1.5% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone compared to the Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 90% described the overall experience of their GP surgery as good compared to the CCG average of 83% and national average of 85%.
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, of which 33 were positive about the standard of care received. Many of these offered the opinion of professional and caring GPs and nurses who delivered an exceptional service, going above and beyond their role to ensure patients were looked after. There were a selection of positive comments about the improvements being made to the environment and to the service. Additional remarks included how clean and tidy the practice looked and observations of the reception staff being friendly and helpful.

Five comment cards gave mixed views, with most stating that they were satisfied with the care and treatment received but reflecting difficulties with telephone access, same day appointments, unclean toilets and staff attitude on the telephone. Only one of the comment cards gave an overall negative view, describing dissatisfaction with a GP consultation.

We spoke with eight patients during the inspection. Seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient described issues with a referral letter, although they were complimentary to the reception staff who had done all they could to make an appointment to rectify the problem. Nearly all the patients we interviewed commented on difficulties with making an appointment by telephone. Additional telephone lines had already been installed to meet the increase in patient numbers and was due to go live within a few days of the inspection.

The practice data for the Friends and Family Test (FFT) was positive with 31 patients in December 2015 responding as likely, or very likely, to recommend the practice to someone else.

We spoke to two care homes who had patients registered with the practice. Both were very positive about the care and treatment experienced by their service users. They described how busy the telephone lines were, but also expressed that once they were through to the practice, the staff were very helpful and could organise a GP to visit the same day if required.

Areas for improvement

Action the service MUST take to improve

The areas where the provider **must** make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff and ensure staff training records and yearly appraisals are kept up to date and documented.

Summary of findings

- Ensure a safe environment for all staff and patients through an effective building maintenance policy (including boiler checks) and risk assessments, including Control of substances hazardous to health and fire safety checks are documented and evidenced.

Action the service SHOULD take to improve

- Provide practice information in appropriate languages and formats.
- Review how carers are recorded on the patient record system to ensure information, advice and support is made available to them.
- Monitor and maintain cleanliness of high surfaces and electrical equipment and ensure infection control policies are adhered to.

Dr Lionel Dean

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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr Lionel Dean

Dr Lionel Dean (also known as Melrose Surgery) provides primary medical services to the population of central Reading and is located opposite the Royal Berkshire Hospital. The practice serves a population of over 8250 patients in an area of medium deprivation, meaning many patients are affected by social deprivation. In addition, there are areas of very high deprivation within the practice boundary with a high incidence of drug and alcohol addiction, heavy smokers and patients affected by HIV and other sexually transmitted diseases. Socio-economic deprivation is also linked to a high prevalence of patients with long term conditions such as diabetes, cardio-vascular disease and Chronic Obstructive Pulmonary Disease (lung disease).

The practice has a larger proportion of patients of working age and young children (up to four years old) compared with both local and national averages. There are a high number of patients from ethnic minority backgrounds including Pakistani, Nepalese and Afro-Caribbean cultures. The practice has students registered with them from the local university and a large number of mobile patients, mostly comprising IT professionals from India. In addition the practice looks after residents from three nursing and care homes.

All services are provided from a four storey, grade II listed building at:

73 London Road

Reading

Berkshire

RG1 5BS

There are limited parking spaces on site and two designated disabled parking bays. The surrounding roads are restricted to a maximum of two hours of parking. In addition, parking is available in the hospital car park opposite, but is often full at peak times.

The practice has access via steps to the main reception entrance with disabled and wheelchair access at the rear of the main building. The nurse treatment rooms are located on the lower ground floor, with GP consultation rooms on the first floor. All areas are accessible by a lift or stairs.

The practice has a large number of staff including two GP partners (both male), four salaried GPs (all female), two regular locum GPs (one male, one female), two practice nurses (one male, one female), a practice manager, six administration staff and eight reception staff. The practice has recruited a Health Care Assistant who is due to commence employment in February 2016.

The GPs currently undertake 33 sessions per week between them with a view to increase this to 42-46 sessions per week by late summer 2016. Both nurses work full time with one taking the lead in diabetes care and the other being lead for Asthma. Due to increasing patient numbers the practice are looking to recruit an additional nurse and offer the current nursing team the nurse prescribers and minor illness courses. Two of the reception staff are trained to provide phlebotomy services for two clinics per week (one afternoon each).

Detailed findings

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are available from 8.30am to 11.30am weekday mornings and 2.30pm to 5pm weekday afternoons.

Extended surgery hours are offered on Monday evenings until 8pm, Wednesday and Friday mornings from 7am and every Saturday between 9am and 10.30am.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

History of Melrose surgery

In October 2015 Dr Lionel Dean and a practice in the same building merged. NHS England and the Clinical Commissioning Group supported Dr Dean to expedite the process of transferring the patient list taking the number of patients registered with the practice from 6,000 to over 8,000.

Dr Lionel Dean has been inspected by the Care Quality Commission (CQC) five times prior to this inspection visit; June 2013, December 2013, April 2014, May 2014 and September 2014.

During the inspection on 25 April 2014, we found that the practice was not monitoring the quality and safety of its service effectively. We found that systems designed to ensure patients were protected from unsafe equipment and premises were not effective. We requested an action plan from the practice setting out what action they were going to take to meet compliance. We also met with the practice owner and other members of staff following the inspection to discuss our concerns. A follow up inspection in September 2014 found that improvements had been made to rectify the breaches in regulation.

The inspection visit on 12 January 2016 was planned as part of our new comprehensive inspection programme.

The practice was a training practice but concerns over patient safety following the merger, resulted in the practice having its training status removed and the GP trainee reallocated to another practice.

Dr Lionel Dean is currently registered with CQC as a sole provider. CQC were unaware that Dr Dean had become a GP partner with Dr Nadeem Ahmed in October 2015. Therefore, the partnership with Dr Dean and Dr Ahmed is incorrectly registered with CQC. The provider is aware that they are in breach of this regulation and are required to submit a notice of changes and application to register as a new organisation. On the day of inspection, they had submitted the registration forms to register as a GP partnership with CQC.

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, such as NHS England, Clinical Commissioning Group and the local Healthwatch to share what they knew. We carried out an announced visit on 12 January 2016.

During our visit we:

- Spoke with a range of staff (including four GPs, one nurse, two reception staff and one member of the administration team). We also spoke with eight 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.'

Detailed findings

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 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.

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, an unidentified specimen tested positive for a contagious illness. The specimen pot had been given to the patient without any labelling and the patient had not added their identifying information. As a result, the practice reviewed their policy on specimen pots being given out and decided to always provide a label at the same time. Another example involved the incorrect dosage of a medicine being given by a nurse. Once the mistake was realised, the patient was recalled and the correct dose administered. The nurse was supervised to ensure the correct checks of medicines were being undertaken prior to administration as per best practice guidelines.

When there were safety incidents, patients received reasonable support, truthful information, a verbal or 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 patients welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us they had received training relevant to their role. GPs told us they were trained in child safeguarding to level three and had received training and updates in adult safeguarding. Not all the training certificates were available to us on the day, however, the practice were able to provide evidence of these within two days of the inspection. Knowledge and awareness of safeguarding processes was apparent from the clinical staff and documentation appropriate to their level of care.
- A notice in the waiting room and on the televised information screen advised patients that chaperones were available. Non-clinical staff who acted as chaperones had not been trained for the role and four staff members did not have an up to date Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice assured the inspection team that they would immediately stop all non-clinical staff from chaperoning until the appropriate training and DBS checks had been undertaken.
- The practice was aware that standards of cleanliness were unsatisfactory and were in the process of changing the cleaning contractor. Whilst the premises appeared to be clean, we found evidence of high dust on some door frames, window sills and wall fixings, as well as on some electrical equipment. Two of the toilets had overflowing bins and the signature sheet for checking one of the toilets had not been signed for five days.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The nurse had been in post for six months and had not yet received training for the lead role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, we found a spill kit to be out of date which had not been identified in a routine audit of equipment.
- We reviewed ten personnel files and found not all the appropriate recruitment checks had been undertaken prior to employment. For example, one nurse did not have a new DBS check, although evidence of an older

one from a previous employer was on file. The practice had not risk assessed this. The practice told us they did check qualifications and the GP performers list, but these were not documented. Three administration staff and three GPs had no references on file and one GP had no photographic proof of identity recorded at the practice. In addition, the practice were unable to evidence up to date Hepatitis B immunisation status for clinical staff.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the staff office which identified local health and safety representatives. The practice told us they had up to date fire risk assessments and carried out regular fire drills, although they were unable to evidence this. The fire alarm system was tested weekly and logged. 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 limited risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and building maintenance. Daily hot water temperature testing to minimise Legionella risk was being undertaken and logged (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the hot water temperatures documented frequently fell below 40 degrees Celsius. This had not been risk assessed or action taken to ensure the boiler was functioning correctly.
- The practice had taken over some staff contracts (under TUPE agreement) from the previous provider and had recruited 13 staff in total over the preceding four to six months. This had been implemented to ensure there were enough numbers and mix of staff needed to meet patients needs. The practice had been monitoring the staff levels and were of the opinion these numbers were appropriate to maintain the service.

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.
- Staff told us they had received annual basic life support training appropriate to their role, but were unable to provide evidence in the personnel files.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 fit for use.
- 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.

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 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 91% of the total number of points available, with 8% exception reporting. This was above the CCG average exception rate of 7% but below the national average of 9%. (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 2014/15 showed;

- 91% of patients with diabetes had achieved a target blood pressure reading in the last 12 months compared with a CCG average of 90% and national average of 91%.
- 100% of patients with diabetes with a diagnosis of protein or albumin in the urine that had been treated with appropriate medicines was better than the CCG average of 93% and national average of 93%.
- Diabetes indicators from the practice shows an improvement in recording specific blood test readings (below 75) from 62% in January 2015 to 72% in January 2016. The last published national data for this indicator for 2014/15 was 77% which was below the CCG average of 82% and national average of 87%. The practice were aware of the low score for diabetes and had recruited a practice nurse into the lead role for diabetes management six months ago. This was following a short period over the summer when there was no practice nurse to undertake this role and diabetes care had not been proactively managed.
- The practice were aware of national data that reflected below average indicators for asthma management and had already matched or exceeded their Quality and Outcomes Framework target for the current year (2015/16). For example, last years (2014/15) data showed that 59% of patients diagnosed with asthma, on the register, had received an asthma review in the preceding 12 months, compared with the CCG average of 73% and national average of 75%. However, the practice provided us with their latest figures, which shows the asthma reviews were already at 69% for this year, with ten weeks of data collection remaining.
- The percentage of patients with hypertension having regular blood pressure tests was better (88%) than the CCG (81%) and national (84%) averages.
- Performance for mental health related indicators was better (100%) than the CCG (91%) and national (93%) averages.

The practice had recognised that their diabetes and asthma related indicators were below the CCG and national averages and provided us with evidence that they were working to improve these figures. The outcomes for these indicators were poor due to the sudden increase in patient list numbers since October 2015 (over 1,800 patients) and the subsequent poor quality of the patient records from the previous practice. There were visible improvements in both the clinical records management and the clinical care being received by patients. All patient records from the previous provider were being individually reviewed by newly employed summarisers. Patients were being actively recalled for medicine or chronic disease reviews. Those that did not attend were followed up. This system was ensuring that patients had up to date records and continuity of care was being maintained.

Clinical audits demonstrated quality improvement.

- There had been 18 clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a completed audit cycle regarding consent for minor surgery, resulted in a 100% compliance for consent information being documented in the patient record. The selection of random patient records demonstrated that the practice are following best practice guidelines for the gaining and recording of consent, which helps keep patients safe.

Information about patients' outcomes was used to make improvements such as; an antibiotic audit which showed the GPs were not always compliant in antibiotic prescribing according to best practice guidelines. Whilst little change was noted between the two audit cycles, the practice have defined clear action for GPs on prescribing of certain antibiotics. This includes contacting a microbiologist and to continue to monitor through re-audit.

In addition, a review of the diagnostic procedures in uncomplicated urinary tract infections (UTIs) resulted in additional training for GPs. The practice have also set up a system alert for the codes entered relating to UTI to offer best practice guidelines. Compliance with the guidelines was found to have improved from 29% to 72%.

Effective staffing

There was evidence of staff development and training. However there were missed induction training checks, gaps in mandatory training and limited appraisals were identified.

- 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. However, with a high intake of new personnel, the practice were unable to demonstrate that the induction plans had been completed. There was no formal handbook for new staff.
- The practice were unable to demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. For example, there was no formal training matrix to show where training had been undertaken or completed (including mandatory 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 not clearly identified. The practice told us that all eligible staff had received an appraisal before August 2015, but were unable to evidence this in written records. We were shown documents for seven reception and administration staff dated September 2014. These were poorly detailed although objectives had been set. None were signed.
- Regular education meetings took place every month and external speakers were asked to attend. In addition, monthly Clinical governance meetings were established and included discussions around audits, the Quality and Outcomes framework, complaints and significant events. Lessons were shared and learning needs identified.
- Some staff had received training that included: safeguarding, fire procedures, basic life support and infection control. However, some of the newly employed staff were yet to receive training. The practice had just introduced e-learning training modules and had plans for future in-house training, including chaperoning.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or

Requires improvement

Are services effective?

(for example, treatment is effective)

after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice held a three-monthly virtual diabetes clinic with a consultant diabetes specialist and had implemented a clinic for patients with poorly controlled diabetes, run jointly by a GP and practice nurse. In addition, the practice held a virtual mental health clinic every six months with a consultant psychologist.

Consent to care and treatment

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

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). However, non-clinical staff had limited knowledge of MCA and there was no formal training provided.
- When providing care and treatment for children and young people, clinical 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 records audits.

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, 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.
- A GP was lead for alcohol addiction and liver disease and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer 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.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 89% compared to the CCG average range of 81% to 93% and five year olds from 78% to 96% compared to the CCG average range of 81% to 92%.

Flu vaccination rates for the over 65s was 77% compared to the national average of 73%. Flu vaccination rates for at risk groups were 62% compared to the national average of 55%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patient 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 all of the consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, one nurse's treatment room had no curtains or rail for them to be provided and no screen was available for use. The practice were planning to install these as part of their future building work.
- We noted that consultation and treatment room doors were closed during consultations; although voices were audible, conversations taking place in these rooms could not be overheard.
- Reception staff were restricted in maintaining confidentiality due to how the reception area is set up. However, staff knew when patients wanted to discuss sensitive issues or appeared distressed so they could offer them a private area to discuss their needs.

33 of the 39 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 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 on the comment cards we received was also positive and aligned with these views.

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:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 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, although they were in English.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice had identified 201 patients (2%) of the practice list as carers. However, the practice had not set up a system alert to identify these patients to the GPs and nurses so that extra support could be offered to them during a consultation.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This 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.

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.

- The practice offered extended hours on a Monday evening until 8pm and Wednesday and Friday mornings from 7am for working patients who could not attend during normal opening hours. In addition, there were Saturday morning appointments available from 9.30am to 11am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these, including residents from three nursing and care homes that were registered with the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, including a lift to all four floors and translation services were available.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 11.30am weekday mornings and 2.30pm to 5.30pm weekday afternoons.

Extended surgery hours were offered on Monday evenings until 8pm, Wednesday and Friday mornings from 7am and every Saturday between 9am and 10.30am.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 71% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 49% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.

The rapid increase in patient numbers was reflected in the poor result for preferred GP. However, the practice had employed additional staff in the last few months and were monitoring the effectiveness of this.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although telephone access was difficult for most. The practice had recognised that telephone access was an issue that had increased when they took over the additional patient list from the other provider. They had installed additional telephone lines and upgraded to a new telephone system which was due to go live within two weeks of the inspection.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, such as a how to complain leaflet and form. There were no posters on display and the complaints form was only available in English.

We looked at ten complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. There was an open and transparent approach to dealing with complaints. The complaints file included verbal and written complaints and comments from the NHS choices website.

Most complaints were discussed at the monthly clinical governance meetings where lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about a referral letter not being sent resulted in

Good

Are services responsive to people's needs?

(for example, to feedback?)

the practice introducing a system where referral requests were highlighted to both the GP and one of the administration team. The change created a back-up to ensure the referral was followed up and actioned appropriately. Although the practice could not evidence this particular complaint had been discussed during a clinical governance meeting, the inspection team were satisfied that appropriate processes were in place for such an occurrence.

Another complaint reported on a lengthy wait for an appointment without being informed of a delay. The practice had updated their televised information screen to display current waiting times and the reception team would advise patients in the waiting room of unexpected delays.

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 partners had a clear vision to deliver high quality care and promote good outcomes for patients, although this had not been fully shared with other staff. The recent merger of another practices list had played a significant role in defining their prioritisation to patient care. The practice demonstrated a substantial improvement in the quality of the medical records had already been implemented and were committed to completing the merger of the medical records by the end of March 2016.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined many of the structures and procedures in place:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, although some were overdue a review.
- The performance of the practice was being monitored and supported by the CCG and NHS England. The practice had employed additional staff to monitor their targets and standards whilst underlying work continued to bring the records of the other provider's patients up to date.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implement mitigating actions. However, we found gaps in building and maintenance management, such as, the last boiler service was overdue by four months and routine building and security risk assessments had not been undertaken in the previous year.

Leadership and culture

The partners in the practice prioritised high quality and compassionate care. 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 safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Friends and Family test and GP National patient surveys. They also discussed and shared complaints received. There was a virtual Patient Participation Group (PPG) and there were plans to implement a formal PPG.

Are services well-led?

Requires improvement

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

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a clear commitment and drive to improve at all levels in the practice and the practice team was fully engaged with the CCG, with one of the GPs taking a lead role for the CCG in information technology.

The practice had recognised the challenge of the last few months and they had increased their staff numbers to meet the demands of their patients. This included the recruitment of administration staff, GPs and a practice manager, who was new to this particular role. The practice acknowledged that this had an impact on their priorities and were working hard towards meeting all legislative requirements and regulations, whilst maintaining the delivery of high quality care. Many of the issues raised during the inspection were already listed for action by the practice manager and partners.

The patient list was continuing to grow, the practice had received approval for funding to extend the current building. The plans included expanding the car parking area, improving disabled access and increasing the number of clinical rooms. In addition, all building checks and risk assessments were to be reviewed and actions implemented once the building works were completed.

The building work was due to commence in March 2016 and the practice had plans to increase their nursing and GP numbers to ensure they had an effective GP and nurse to patient ratios in place.

Training had been recognised as a priority with plans to offer the nursing team additional roles, such as the nurse prescribing and minor illness courses, to improve patient care. In addition, the practice manager was due to commence a practice management course within a few months. One of the partners was in the process of qualifying as a GP trainer. The practice anticipated regaining their GP training status for ST3 doctors (trainee GPs) during 2016.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have systems and processes that enabled them to identify and assess risks to the health and safety of service users including: • Risk assessments of control of substances hazardous to health, building security and utilities maintenance. • Maintaining records relating to fire risk assessments and fire drills • Policies and protocols were not reviewed within a set time frame. • Infection control issues such as cleanliness of the environment and out of date equipment. This was in breach of regulation 17(2)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** We found the registered provider did not operate effective systems to ensure staff received training appropriate to their role, including Mental Capacity Act and regular appraisals. Role specific training had not been provided for the lead in Infection Control.

This section is primarily information for the provider

Requirement notices

We found the registered provider was not ensuring that induction plans were completed and were unable to offer evidence of Hepatitis B status for clinical staff.

This was in breach of regulation

18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** Not all information specified under Schedule 3 was available. This included a lack of criminal background checks and documented evidence of clinical staff registrations with professional bodies. This was in breach of regulation 19(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.