

# Littleton Surgery

## Quality Report

Littleton Surgery  
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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?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Littleton Surgery on 14 October 2015. We visited the practice location at Buckland House, Esher Park Avenue, Esher, Surrey, KT10 9NY.

Overall the practice is rated as requires improvement. Specifically, we found the practice to be inadequate for providing well led services. The practice required improvement for providing safe, effective and caring services. The practice was also rated as requires improvement for providing services for 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 and people experiencing poor mental health (including people with dementia). It was good for providing a responsive service.

The practice was subject to a previous comprehensive inspection on 26 November 2014. The practice was rated inadequate for providing well led services, requires

improvement for providing safe, effective and responsive services and good for providing caring services. Following the comprehensive inspection on 26 November 2014, the practice sent us an action plan detailing what they would do to meet the regulations. We undertook this comprehensive inspection on 14 October 2015 to check that the provider had followed their action plan and to confirm that they now met the regulations.

Our key findings at this inspection were as follows:

- There was a highly flexible range of appointments to suit most patients' needs. Patients reported good access to the practice and a named GP or GP of choice, with urgent appointments available the same day.
- The practice engaged effectively with other services to ensure continuity of care for patients. However, information relating to vulnerable adults and children was not routinely shared with Out of Hours services.
- Patient feedback showed that patients did not always feel they were involved in making decisions about their care and did not always have trust or confidence in their GP.

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- The practice had improved their recording of significant events, incidents and complaints since our last inspection. However, these were not always reviewed as a team in order to ensure learning and promote continuous improvement.
- There was a lack of effective communication within the management team which meant that information and concerns were not shared and reviewed.
- Risks to staff and patients were not always assessed and managed to ensure they were minimised.
- Care plans for patients identified at high risk of unplanned hospital admission had not been reviewed since our last inspection visit and were not scanned into the practice's electronic system.
- The practice had not ensured the safe and secure storage and distribution of prescription pads.
- There was a lack of completed clinical audit cycles, review of patient treatment outcomes and use of patient feedback to ensure continuous improvement.
- Appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Staff felt well supported and had received key training appropriate to their roles since our last inspection. Further training needs had been identified and planned. Staff had received regular appraisal of their performance.
- Information about how to make a complaint was available and easy to understand.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to fire safety and evacuation procedures, the safe storage of archived, paper-based patient records and the management of medical emergencies.
- Ensure clear processes for the review and learning from incidents, significant events and complaints in order to promote continuous improvement and the health, safety and welfare of patients and staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure audit cycles are fully completed in order to demonstrate actions taken have enhanced care and resulted in improved outcomes for patients.

- Ensure regular review of patient treatment outcomes to ensure continuous improvement, particularly in relation to childhood immunisations and cervical screening.
- Ensure care plans for patients at risk of unplanned hospital admission are reviewed and updated records are held electronically.
- Ensure information relating to vulnerable adults and children is routinely shared with Out of Hours services.
- Ensure the security and tracking of blank prescription pads at all times.
- Ensure all staff have access to appropriate policies and guidance to carry out their role and which reflect practice processes.
- Ensure the regular review of patient feedback, particularly to improve upon the level of patient dissatisfaction surrounding consultations with GPs.

In addition the provider should:

- Ensure all information available to patients on the practice website and in the practice booklet is up to date.
- Ensure all nurses and GPs complete training in the Mental Capacity Act 2005 as planned.
- Ensure that the practice partnership registration with the Care Quality Commission accurately reflects the partnership status.

I am placing this practice in special measures. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by

# Summary of findings

adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where improvements should be made. Staff had some understanding of how to raise concerns and to report incidents and near misses. Record keeping relating to incidents and significant events had improved since our last inspection. However, processes for the review and sharing of learning from significant events were not clearly defined. Some risks to patients were assessed and well managed. However, the practice had not adequately assessed the risks associated with fire safety and evacuation procedures or the management of medical emergencies. There were enough staff to keep patients safe. The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained. The practice had conducted a risk assessment associated with potential exposure to legionella bacteria since our last inspection. Staff had some knowledge of how to recognise signs of abuse in vulnerable adults and children and had received training in the safeguarding of children and vulnerable adults. There was a chaperone policy in place and information on display offering this service. Chaperone training had been provided for reception staff who acted as chaperones.

Requires improvement



### Are services effective?

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 at or above average for the locality in most areas. However, rates for some childhood immunisations and rates of cervical screening uptake were below average. We saw evidence of some clinical audit but no evidence of completed audit cycles. Patients' needs were assessed and care was planned and delivered in line with current legislation. All staff had undergone an appraisal and had received training appropriate to their roles. Staff within the practice worked closely with multidisciplinary teams.

Requires improvement



### Are services caring?

The practice is rated as requires improvement for providing caring services. Data showed that patients rated the practice below average for several aspects of care. Patients said they did not always feel they were involved in decisions about their care and treatment and were not always treated with care and concern by their GP.

Requires improvement



# Summary of findings

However, we observed that reception staff treated patients with kindness and respect and maintained confidentiality. Information for patients about the services available was easy to understand and accessible. However, some information was out of date.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had reviewed the needs of its local population and had put in place a plan to secure improvements for the areas identified. The practice took a highly responsive approach to ensuring patients could be seen on the same day or the following day. Feedback from patients reported good access to a named GP and urgent appointments were usually available the same day. The practice provided extended hours appointments on two mornings each week and an ad hoc walk in session on days when demand for appointments was high. The practice was equipped to treat patients and meet their needs. Information about how to make a complaint was available to patients within the practice.

Good



## Are services well-led?

The practice is rated as inadequate for being well-led. At our last inspection we found a lack of openness and transparency within the management team which meant that information and concerns were not shared and reviewed. Although the practice informally reviewed some incidents when things went wrong, lessons learned were not identified or communicated and so safety was not improved. At this inspection we found the leadership team within the practice had become unable to operate effectively as a cohesive team during the time since our last inspection. As a result, partners' meetings had not been held since April 2015. This meant that although the information recording had improved, discussions surrounding learning and the implementation of changes to promote continuous improvement had been restricted. The practice had some policies and procedures in place to govern activity which had been recently revised and these were available to staff. However, some of the policies did not reflect the processes which staff followed within the practice and made reference to associated documents which were not in place. There was a lack of comprehensive understanding of the performance of the practice. There was a lack of continuous clinical and internal audit to monitor quality and to make improvements. The practice sought some feedback from patients and requested annual completion of a practice survey by members of their virtual patient participation group (PPG). Staff had received regular performance reviews and attended staff meetings.

Inadequate



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The practice was rated inadequate for providing well led services and requires improvement for providing safe, effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were positive for conditions commonly found in older patients. There were arrangements in place to provide flu and pneumococcal immunisation to this group of patients. Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues. The practice was responsive to the needs of older patients and offered home visits. The practice had good relationships with a range of support groups for older patients.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The practice was rated inadequate for providing well led services and requires improvement for providing safe, effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Longer appointments and home visits were available when needed for patients with long term conditions. These patients had structured annual reviews to check their health and medicine needs were being met. The GPs followed national guidance for reviewing all aspects of a patient's long term health. 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. Patients with palliative care needs were supported. The practice nurses were trained and experienced in providing diabetes and asthma care to ensure patients with these long term conditions were regularly reviewed and supported to manage their conditions. Flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated inadequate for providing well led services and requires improvement for providing safe, effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Appointments were

**Requires improvement**



# Summary of findings

available outside of school hours and the practice ensured that children needing an urgent appointment were seen the same day. The practice provided a full range of immunisations but its rates for childhood immunisations were low compared with the national and regional average. The premises were suitable for children and babies. There was good communication and collaboration between the practice and other services including health visitors and support organisations. Monthly meetings between the practice and the health visitor enabled them to share concerns when they arose. The practice had safeguarding processes in place to protect children from abuse. Staff were aware of the process and were able to describe what action to take if they suspected abuse or had concerns.

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated inadequate for providing well led services and requires improvement for providing safe, effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of working age patients 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 which reflected the needs of this age group. The practice provided early morning appointments on two days each week to accommodate the needs of working age people.

**Requires improvement**



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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated inadequate for providing well led services and requires improvement for providing safe, effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice worked closely with district nurses and the community matron which enabled an improved continuity of care for their housebound patients. The practice regularly worked with multi-disciplinary teams in the case management of adults and children who were vulnerable. The practice had sign-posted these patients to various support groups and voluntary sector organisations. Staff had some understanding of how to recognise signs of abuse in vulnerable adults and children. GPs were aware of their responsibilities

**Requires improvement**





# Summary of findings

regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours. The practice provided support to patients who were registered as a carer.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated inadequate for providing well led services and requires improvement for providing safe, effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice had a lead GP for mental health and held a register of patients experiencing poor mental health and those with learning disabilities. We saw evidence of effective collaboration and information sharing with community mental health services. The practice had sign-posted patients experiencing poor mental health to various support groups and local organisations. The practice had safeguarding procedures to protect vulnerable adults, including those with poor mental health.

**Requires improvement**



# Summary of findings

## What people who use the service say

Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views on the practice. We received three comment cards, two of which contained positive comments about the practice. We were unable to speak with patients on the day of our inspection.

Two of the comment cards we reviewed were positive about the care and support provided to them by GPs and nurses within the practice. Patients said they felt the practice offered a caring service and staff were efficient, helpful and took the time to listen to them. They said staff treated them with dignity and respect. One of the comment cards described dissatisfaction with their last consultation with a GP. The patient told us they did not feel listened to and felt they had not been well supported.

We reviewed recent GP national survey data available for the practice on patient satisfaction. Data from the national patient survey showed that 85% of patients rated their overall experience of the practice as good,

compared with a local and national average of 85%. We noted that 91% of patients had responded that the nurse was good at treating them with care and concern, compared with a national average of 90%. However, results from the survey indicated that patients were not always happy with how they were treated by GPs within the practice. The practice was below average for its satisfaction scores on consultations with doctors and the percentage of patients who rated their satisfaction as poor for consultations with their GP was higher than the CCG and national averages. The survey found that 77% of patients said the last GP they saw was good at involving them in decisions about their care, compared with a CCG average of 83% and a national average of 81%. 12.6% of patients said the last GP they saw was poor or very poor at involving them in decisions about their care compared with a CCG average of 3.1% and a national average of 4.7%. The practice did not have an awareness of the national GP patient survey and was therefore not aware of this feedback.

## Areas for improvement

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

- Ensure risk assessment and monitoring processes effectively identify, assess and manage risks relating to fire safety and evacuation procedures and the management of medical emergencies.
- Ensure clear processes for the review and learning from incidents, significant events and complaints in order to promote continuous improvement and the health, safety and welfare of patients and staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure audit cycles are fully completed in order to demonstrate actions taken have enhanced care and resulted in improved outcomes for patients.
- Ensure care plans for patients at risk of unplanned hospital admission are reviewed and updated records held electronically.
- Ensure information relating to vulnerable adults and children is routinely shared with out of hours services.

- Ensure the security and tracking of blank prescription pads at all times.
- Ensure all staff have access to appropriate policies and guidance to carry out their role and which reflect practice processes.
- Ensure the regular review of patient feedback, particularly to improve upon the level of patient dissatisfaction surrounding consultations with GPs.

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

- Ensure all information available to patients on the practice website and in the practice booklet is up to date.
- Ensure that the practice partnership registration with the Care Quality Commission accurately reflects the partnership status.
- Ensure all nurses and GPs complete training in the Mental Capacity Act 2005 as planned.

# Littleton Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC Inspector and a GP specialist advisor.

## Background to Littleton Surgery

Littleton Surgery offers primary medical services, via a general medical services (GMS) contract, to approximately 4,000 patients living in Esher, Claygate, Weybridge, Thames Ditton and surrounding areas. The practice has a slightly higher proportion of patients over the age of 65 years compared to the national average and serves a population which is more affluent than the national average.

The practice has three GP partners, two female and one male. At the time of our inspection the practice had not begun the process of amending their registration to reflect the addition of the third partner who had recently joined the practice. Another partner was due to retire from the practice in October 2015. The practice employs a team of two practice nurses and a healthcare assistant. GPs and nurses are supported by the practice manager and a team of reception and administration staff.

The practice was subject to a previous comprehensive inspection on 26 November 2014. The practice was rated inadequate for providing well led services, requires improvement for providing safe, effective and responsive services and good for providing caring services. Following the comprehensive inspection on 26 November 2014, the practice sent us an action plan detailing what they would

do to meet the regulations. We undertook this comprehensive inspection on 14 October 2015 to check that the provider had followed their action plan and to confirm that they now met the regulations.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments are offered on Tuesday and Thursday mornings from 7.30am to 8.30am.

The practice has opted out of providing Out of Hours services to its own patients and uses the services of a local out of hours service, Harmoni.

We visited the practice location at Buckland House, Esher Park Avenue, Esher, Surrey, KT10 9NY.

## 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 on 26 November 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was 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. Breaches of regulations were found and the practice was required to make improvements.

As a result we undertook a further comprehensive inspection on 14 October 2015 to follow up on whether action had been taken to deal with the breaches of regulations and to check whether the provider was 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.

# Detailed findings

## How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 14 October 2015. During our visit we spoke with a range of staff, including GPs, practice nurses and administration staff.

We observed staff and patient interactions. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed three comment cards completed by patients, who shared their views and experiences of the service in the two weeks prior to our visit.

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record

At our inspection on 26 November 2014 we found that records relating to safety incidents were incomplete and that information sharing within the practice was informal and not well documented. We found that the practice had made some improvements to processes for the reporting and recording of incidents since our last inspection. However, the practice did not have a clear policy which defined for staff which incidents and concerns should be reported and it was therefore unclear as to whether all reportable incidents and near misses had been recorded.

### Learning and improvement from safety incidents

The practice had some processes in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these. The process for the review and confirmation of learning from significant events was not clearly defined. The practice manager told us that significant events were discussed at partners' meetings and reception team meetings. However, partners meetings had not been held between April and October 2015. We reviewed the records of one meeting held on 9 October 2015 between one GP Partner and the practice manager. The minutes of this meeting indicated that no significant events or complaints had been recorded despite the practice incident log recording information to the contrary.

The practice manager told us that due to the lack of partners' meetings, sharing of information relating to incidents and complaints had been on an individual basis with key members of staff. This meant that although the information recording had improved, discussions surrounding learning and the implementation of changes to promote continuous improvement had been restricted. We were shown copies of the incident log on which staff initials had been written and ticked. The practice manager told us that this confirmed discussion and sharing of information relating to the incidents recorded with those staff members. We reviewed the minutes of a recent meeting of the reception team and saw that recent significant events had been discussed and shared with those team members.

National patient safety alerts were disseminated to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at clinical meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

### Reliable safety systems and processes including safeguarding

The practice had some systems in place to safeguard children and adults. One GP partner was the practice lead for safeguarding children and another GP partner was the lead for safeguarding vulnerable adults. All of the staff we spoke with knew who the practice safeguarding leads were and who to speak to if they had a safeguarding concern. The GP leads had undertaken training in the safeguarding of children and vulnerable adults at a level appropriate to their roles. Other GPs within the practice had completed training at a level appropriate to their role. At our previous inspection we noted that other staff within the practice had not received training in the safeguarding of vulnerable adults. At this inspection we found that all staff had now received relevant training.

We saw that contact details for local authority safeguarding teams were accessible within the practice. Staff told us they were encouraged and supported to share information within the team and to report their concerns. Information on safeguarding and domestic abuse was displayed in the patient waiting room and other information areas.

There was a system to highlight vulnerable patients on the practice computer system and patient electronic records. This included information to make staff aware of specific actions to take if the patient contacted the practice or any relevant issues when patients attended appointments. For example, children subject to child protection plans.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals.

Improvements had been made since our last inspection to support a chaperone service within the practice. There was a chaperone policy in place and signs promoting this service within the practice to ensure patients were aware they could request a chaperone. Reception staff told us they were sometimes required to act as chaperones and

## Are services safe?

training had recently been provided to support those staff. Staff undertaking chaperone duties had been subject to a criminal records check via the Disclosure and Barring Service since our previous inspection.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators. We found they were stored securely and were only accessible to authorised staff. There was a clear process for ensuring medicines were kept at the required temperatures. We reviewed records which confirmed this. The correct process was understood and followed by the practice staff and they were aware of the action to take in the event of a potential power failure.

The practice had processes to check medicines were within their expiry date and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We found that nurses had received appropriate training to administer vaccines.

The practice implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient.

However, blank prescription forms were not handled in accordance with national guidance and were not kept securely at all times. Blank prescription pads were left in unlocked rooms which could potentially have been accessed by patients or visitors to the practice. The practice did not keep records of the distribution of prescription form stock including the serial numbers, where, when and to whom the prescriptions had been distributed.

The practice had identified a lead GP for medicines management. The practice prescribing lead worked closely in conjunction with the local clinical commissioning group (CCG) and the practice participated in prescribing audits and reviews.

### Cleanliness and infection control

Some systems were in place to reduce the risks of the spread of infection. We observed the premises to be clean and well maintained. We saw there were cleaning schedules in place and that daily cleaning records were kept. Patients who completed comment cards told us they always found the practice to be clean and had no concerns about cleanliness or infection control.

The practice had identified a practice nurse as the lead for infection control. The lead nurse had recently attended updated training in infection control and had disseminated this training to practice staff. Infection control policies and procedures were in place. The practice manager told us they had revised the infection control policy in July 2015 and we saw evidence of this. However, the policy referred to other documents and associated policies which were not in use within the practice. The policy did not reflect the processes which staff followed within the practice. For example, the policy referred to the use of an Infection Control Inspection Checklist to support the undertaking of a bi-monthly unannounced infection control inspection within the practice. Practice staff were unaware of this document or the process of bi-monthly infection control monitoring. The practice manager confirmed that the policy did not reflect the practice's processes. An audit of infection control processes had been carried out by the lead nurse in November 2014.

Hand washing notices were displayed in all consulting and treatment rooms. Hand wash solution, hand sanitizer and paper towels were available in each room. Disposable gloves were available to help protect staff and patients from the risk of cross infection. Spillage kits were available within the practice. We saw that the practice had arrangements in place for the segregation of clinical waste at the point of generation. Colour coded bags were in use to ensure the safe management of healthcare waste. An external waste management company provided waste collection services. Sharps containers were available in all consulting rooms and treatment rooms, for the safe disposal of sharp items, such as used needles.

At our previous inspection we found that the practice had not considered the risks associated with potential exposure to legionella bacteria which is found in some water systems. At this inspection we noted that the practice had employed an external advisor to carry out a legionella risk assessment in July 2015. Recommended remedial works had been completed or were underway. Staff members had



# Are services safe?

received training to conduct regular water temperature monitoring within the practice building. However, the practice manager told us this was not being completed as the recording booklet had not been received. During our inspection visit the practice put in place a recording tool to ensure water temperature monitoring could be implemented with immediate effect.

## Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A schedule of testing was recorded. We saw evidence of testing of electrical items in May 2015 and that calibration of relevant equipment had been carried out in August 2015. For example, digital blood pressure machines and weighing scales.

Records showed essential maintenance was carried out on the main systems of the practice. For example the boilers and fire alarm systems were serviced in accordance with manufacturers' instructions. Fire extinguishers had been serviced in May 2015.

## Staffing and recruitment

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. There was a system for members of staff, including GPs and administrative staff, to cover annual leave. The practice had recently experienced the resignation of several members of the reception team. The practice was aware of each staff member's reason for leaving and was confident that these were not directly related to issues with the practice itself.

At our previous inspection we found that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. At this inspection we examined personnel records and found that the practice had amended its processes for ensuring that appropriate recruitment checks were undertaken. The practice's revised policy resulted in a postponement in requesting references, photographic identification and a criminal records check

for newly recruited staff until the end of the employee's three month probation period. This meant that staff worked for a three month period without appropriate recruitment checks being undertaken.

At our previous inspection we found that the practice had not undertaken a risk assessment of all roles within the practice to determine the need for criminal records checks through the Disclosure and Barring Service (DBS). At this inspection we saw that the practice had undertaken a risk assessment of all roles and as a result all relevant staff, including those reception staff who were required to act as chaperones, had been subject to a criminal records check.

## Monitoring safety and responding to risk

The practice had some systems and processes to manage and monitor risks to patients, staff and visitors to the practice. We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. The practice worked closely with community teams to identify patients in deteriorating health and those at risk of unplanned hospital admission. For patients with long term conditions and those with complex needs there were processes to ensure these patients were seen in a timely manner. Staff told us that these patients could be urgently referred to a GP and offered longer appointments when necessary.

The practice had undertaken a series of risk assessments within the practice since our last inspection visit. These included assessment of risks associated with trips and falls, individual room hazards and confidentiality within the reception and waiting areas. The fire alarm was tested on a weekly basis and emergency lighting was checked monthly. The practice utilised an external supplier to manage six monthly rehearsal of their fire evacuation procedures. However, the practice had not reviewed the risks associated with their fire evacuation procedures in relation to the layout of the premises and the lack of alternative fire escapes from the second and third floors of the building. We noted very large numbers of archived paper-based patient records were stored in unlocked cupboards, in an unlocked meeting room on the third floor of the premises. The practice had not assessed the risks associated with the storage of these records, both in terms of information governance and the increased risk of fire.

# Are services safe?

## Arrangements to deal with 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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use. The practice had a supply of oxygen on the premises with adult and children's masks. The practice manager and other staff present were unable to outline the process for ensuring the cylinder was refilled after use. Following our inspection visit another

staff member was able to explain the process to ensure replenishment of the oxygen supply after use. The practice had pulse oximeters available which enabled them to assess breathless patients within the practice, such as those experiencing an acute asthma attack. The practice did not have a defibrillator and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to a defibrillator. There was a first aid kit and accident book available.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with were able to outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. The GPs and nurses told us they attended weekly clinical meetings where new guidance, alerts and patient treatments were disseminated and discussed. We reviewed the minutes of those meetings to confirm this.

The practice used computerised tools to identify and review registers of patients with complex needs. For example, patients with learning disabilities or those with long term conditions. The practice worked closely with the community teams to identify those patients most at risk of deteriorating health and unplanned hospital admissions. The practice nurses told us that the practice provided support and review of patients with long term conditions according to their individual needs. The practice sent invitations to patients for review of their long term conditions.

At our previous inspection in November 2014 we noted that the practice was providing enhanced services to patients attending the practice who were most likely to be subject to unplanned hospital admissions or using Out of Hours services. For example, elderly frail patients and those with long term conditions. The practice had developed care plans in place to provide support for those patients. However, many of the care plans we reviewed did not contain key information which reflected the patients' wishes should their condition deteriorate and the management of emergency situations. At this inspection we reviewed those care plans again and found they had not been reviewed and updated. Many were also marked as still needing to be scanned onto the practice's electronic system but this had not been completed. We noted that one complaint received by a relative related to the planning and management of one patient's care. Despite the complaint being received and responded to some months earlier we noted that the care plan had not been updated nor scanned into the practice's system.

The practice nurses worked closely with a diabetes specialist nurse who provided support to the practice in

managing the care of patients with the most complex needs. The diabetes specialist nurse attended regular clinics within the practice which meant that some patients' care was managed by the practice team rather than requiring hospital clinic attendance.

The practice held a register of patients receiving end of life care and held monthly palliative care meetings with the local hospice and multi-disciplinary teams. Patients with palliative care needs were supported using the Gold Standards Framework.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. GPs used national standards and best practice for all referrals to secondary care. For example, patients requiring a referral into secondary care with suspected cancers were referred and seen within two weeks.

The practice provided a CCG wide vasectomy service for patients. Patients could be referred from all of the 33 GP practices within the CCG area for treatment. This no scalpel vasectomy service was led by one GP within the practice and we saw that the practice provided information to link patients with the GP's website which provided extensive information about the procedure. The lead GP for this service had a special interest in family planning and was a member of the Association of Surgeons in Primary Care. We saw that the practice provided pre and post-procedure questionnaires and counselling for patients. There was a consent protocol and form in place and information leaflets providing detailed information on the procedure. The GP ensured a process for monitoring treatment outcomes and for informing patients in writing of those outcomes. We saw that an audit of the number of procedures undertaken and related complication rates and treatment outcomes had been undertaken.

### Management, monitoring and improving outcomes for people

Staff across the practice held key roles in the monitoring and improvement of outcomes for patients. These roles included data input and quality, clinical review scheduling, long term condition management and medicines management.

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice).

# Are services effective?

## (for example, treatment is effective)

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 94.7% of the total number of points available, compared with a national average of 94.2%. Data from 2013/2014 showed:

- Performance for those patients with a diagnosis of diabetes related indicators was similar to the CCG and national average. For example, 90% of patients with diabetes had received a flu immunisation in the preceding first of September to the end of March, compared with a national average of 93.49%; the percentage of patients with diabetes whose last measured cholesterol was 5/mmm0l/l or less was 86.05% compared with a national average of 81.61%.
- Performance for those patients with a diagnosis of mental health related indicators was below the national average. For example: the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 81.82% compared with a national average of 88.61%; the percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 76.92% compared with a national average of 83.82%.

At our previous inspection we found that the practice had undertaken some clinical audit but there were no fully completed audit cycles. At this inspection we found that the practice had some systems in place for carrying out clinical audits but we remained unable to see evidence of completed clinical audit cycles which had been used to implement change and improve outcomes for patients. We saw that the practice had undertaken a first stage audit of dementia screening and prevalence and had begun to audit the use of antibiotics in the treatment of sore throats. The practice also provided a list of three additional audits they intended to carry out in the future. The lead practice nurse told us they were in the process of auditing the treatment of asthma patients with specific medicines. The nurse told us the decision to carry out the audit had been in response to review of best practice guidance and following discussion and agreement with the GP partners.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. At our previous inspection we found that staff had not always received training in key areas. At this inspection we reviewed staff training records and saw

that staff were mostly up to date with training in key areas. Staff had received training in basic life support, fire safety, health and safety and the safeguarding of children and vulnerable adults at a level appropriate to their role. A number of reception and administrative staff were required to act as chaperones within the practice and had received appropriate training to undertake this role since our last inspection. GPs and nursing staff had not received training in the Mental Capacity Act 2005 but this had been planned for.

We spoke with one practice nurse who told us the practice supported education and ongoing professional development. The nursing team were able to attend training in specialist areas such as spirometry, cervical screening and immunisations. Those nurses with extended roles had undertaken training in the management of conditions such as chronic obstructive pulmonary disease, asthma and diabetes. We spoke with a healthcare assistant who told us they had been very well supported by the practice to progress within their role. They had recently moved from a phlebotomy role to a healthcare assistant position within the practice. Appropriate external and internal training had been planned and identified to support this progression. The healthcare assistant was mentored and monitored by the lead practice nurse. We saw evidence of competency monitoring and ongoing support and supervision.

All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

At our last inspection we found that some staff had not undergone regular appraisal. At this inspection all staff within the practice told us they had recently undergone appraisal which gave them the opportunity to discuss their performance and to identify future training needs.

### Working with colleagues and other services

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between

# Are services effective?

## (for example, treatment is effective)

services, including when they were referred, or after they were discharged from hospital. We saw evidence that regular multi-disciplinary team meetings took place within the practice. These included monthly meetings with palliative care nurses from the local hospice.

The practice worked closely with a counsellor who provided support to patients attending the practice and other patients from within the CCG area, on a weekly basis.

Blood results, hospital discharge summaries, accident and emergency reports and reports from Out of Hours services were seen and action taken by a GP on the day they were received. In the absence of a patient's named GP, the duty GP within the practice was responsible for ensuring the timely processing of these reports. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting upon any issues arising from communications with other care providers on the day they were received.

### Information sharing

The practice had systems to provide staff with the information they needed. Staff used the electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice used several electronic systems to communicate with other providers and for making referrals. For example, there was a shared system with the local GP Out-of-Hours provider to enable patient data to be shared in a secure and timely manner. The practice notified the Out of Hours provider if for example, patients were receiving end of life care. However, we found that the practice did not provide information to Out of Hours services relating to vulnerable adults or children who were at risk or subject to child protection plans.

### Consent to care and treatment

Staff understood some of the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, assessments of capacity to consent were also

carried out in line with relevant guidance. However, staff including GPs, told us they had not received training in the Mental Capacity Act 2005. The practice did not have a written policy for consent.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included 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 then signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's uptake for the cervical screening programme was 75.05%, which was below the national average of 81.89%. One practice nurse we spoke with told us that the practice supported families attending a local international school. Therefore the nature of the practice population meant that some patients sought private cervical screening or had undergone screening outside of the United Kingdom. The nurse told us that the practice then experienced difficulty in obtaining the data and results required for their records.

Childhood immunisation rates for the vaccinations given were lower than CCG averages. We reviewed our data and noted that 73.3% of children aged up to two years who attended the practice, had received their first dose of the measles, mumps and rubella vaccination, compared with a CCG average of 82%. 53.7% of children had received their infant meningitis C vaccination compared with a CCG average of 80.8%. The practice nurse we spoke with told us the low rates of immunisation were also due to the nature of the practice population which meant that some patients sought private immunisation services or their children had undergone immunisation outside of the United Kingdom. The practice nurse told us that the practice then experienced difficulty in obtaining the data and results required for their records.

Data we reviewed showed that 90% of patients with diabetes had a flu vaccination within the six month period between September and March. This was slightly lower than the national average of 93%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 area to discuss their needs.

We received three comment cards, two of which contained positive comments about the practice. We were unable to speak with patients on the day of our inspection. Two of the comment cards we reviewed were positive about the care and support provided to them by GPs and nurses within the practice. Patients said they felt the practice offered a caring service and staff were efficient, helpful and took the time to listen to them. They said staff treated them with dignity and respect. One of the comment cards described dissatisfaction with their last consultation with a GP. The patient told us they did not feel listened to and had not been well supported.

We reviewed the national GP patient survey data for July 2015 available for the practice on patient satisfaction. 336 surveys had been sent out with 115 surveys being returned. This represented a completion rate of 34%. Results from the survey showed that the practice was comparable with CCG and national averages for its satisfaction scores on consultations with nurses. However, results from the survey indicated that patients were not always happy with how they were treated by GPs within the practice. The practice was below average for its satisfaction scores on consultations with doctors and the percentage of patients who rated their satisfaction as poor or very poor for consultations with their GP was higher than the CCG and national averages. The practice did not have an awareness of the national GP patient survey and was therefore not aware of this feedback. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%. 8.2% said that the last GP they saw was poor at listening to them compared with a CCG average of 2.8% and a national average of 3.8%.
- 82% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%. 10.6% said that the last GP they saw was poor at giving them enough time compared with a CCG average of 2.8% and a national average of 3.8%.
- 86% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%. 13.6% said that they had no confidence or trust in the last GP they saw compared with a CCG average of 3.5% and a national average of 4.8%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%. 7.7% said the last GP they saw was poor at treating them with care and concern compared with a CCG average of 3.2% and a national average of 4.3%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

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

We reviewed patient feedback on the comment cards we received. Two of the comment cards were positive about the care and support provided to them by GPs and nurses within the practice. Patients said they felt the practice staff took the time to listen to them. One of the comment cards described dissatisfaction with their last consultation with a GP. The patient told us they did not feel listened to and felt they had not been well supported.

Results from the July 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with nurses and results were in line with local and national averages. However, results from the survey indicated that patients were not always happy with their involvement in planning and making decisions about their care and treatment with GPs within the practice. The practice was below average for its satisfaction scores on patient involvement in planning and making decisions about their care with doctors. The percentage of

## Are services caring?

patients who rated their satisfaction as poor or very poor for involvement in planning and making decisions about their care was higher than the CCG and national averages. The practice did not have an awareness of the national GP patient survey and was therefore not aware of this feedback. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%. 5.9% of patients said the last GP they saw was poor at explaining test and treatments compared with a CCG average of 1.8% and a national average of 3.3%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%. 0% of patients said the last nurse they saw was poor at explaining test and treatments compared with a CCG average of 1.4% and a national average of 1.8%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%. 12.6% of patients said the last GP they saw was poor at involving them in decisions about their care compared with a CCG average of 3.1% and a national average of 4.7%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG

average of 83% and national average of 85%. 1.1% said the last nurse they saw was poor at involving them in decisions about their care compared with a CCG average of 2.3% and a national average of 2.6%.

Staff told us that translation services were available for patients who did not have English as a first language.

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

The results of the national GP survey showed that 82% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 88% and national average of 85%. 91% of patients said the nurses were good at treating them with care and concern compared with the CCG average of 91% and national average of 90%.

The practice ensured continuity of care for patients receiving end of life care and their carers. The practice held a register of patients who were carers and new carers were encouraged to register with the practice. The practice computer system then alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice provided a highly flexible approach to ensure access to appointments for all patients. Extended hours appointments were available on two mornings each week. Home visits were available for patients who required them.
- Two Saturday morning flu vaccination clinics were provided for patients and nurses provided home visits for flu vaccinations for housebound patients when required.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available to patients.
- The practice undertook annual reviews of patients with learning disabilities and provided support to those patients and their carers.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- Practice staff worked closely with the other services to meet the needs of patients. For example, nurses worked with a diabetic nurse specialist to provide enhanced support to patients with diabetes.
- The practice worked closely with the community nursing and palliative care teams to ensure optimum support to patients receiving end of life care under the Gold Standards Framework.
- The practice had identified a lead GP in the management of patients with dementia and poor mental health. They worked closely with community services who attended the practice to provide additional support to those patients. For example, counselling services were available within the practice.
- Patients were referred promptly to the memory assessment service and all patients with dementia were offered annual health reviews.
- The practice provided vasectomy procedures for patients within the practice and those across the CCG area.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice provided care and support to patients with a learning disability and worked closely with community services to support their needs.

The practice was located in premises were suitable to meet the needs of patients with disabilities. Access to the premises by patients with a disability was supported by an automatic door. The practice was situated over three floors in a listed building. Patients were seen on the ground floor and first floor. The practice did not have a lift but we were told that patients who were not able to use the stairs were seen in a ground floor consulting room. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to the ground floor treatment and consultation rooms. Toilet facilities were available for all patients. The toilet for disabled patients contained grab rails for those with limited mobility and an emergency pull cord.

Frail elderly patients and those with a disability were supported by a volunteer car service which provided transport to the practice. The practice supported these patients by making transport arrangements with the car service on the patients' behalf.

The number of patients with a first language other than English was low. Staff knew how to access language translation services if these were required.

### Access to the service

The practice was open from 8.30am until 6.30pm on weekdays. There were extended hours appointments available for patients from 7.30am to 8.30am on two mornings each week. There were online facilities for patients to book appointments. Routine appointments could be booked in advance. A number of urgent appointments and routine appointments were available to book on the day. The practice took a highly responsive approach to ensuring patients could be seen on the same day or the following day. The practice provided an ad hoc walk-in session on days when demand for appointments was particularly high. The practice also provided a designated time each day when patients were able to ring to seek advice and support from their GP.

# Are services responsive to people's needs?

(for example, to feedback?)

Comments left on CQC comment cards confirmed that patients were happy with the appointment system. Patients told us they found it easy to get through to the practice by telephone and were usually able to obtain an appointment to meet their needs. Results from the national GP patient survey in July 2015 showed that patients' satisfaction with regards to how they could access care and treatment was significantly higher than local and national averages. Results from the GP patient survey indicated that:

- 94% of patients described their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 98% of respondents said they found it easy to get through to the practice by phone. This was significantly higher than the CCG average of 68% and the national average of 73%.
- 95% of patients said they were able to get an appointment to see or speak to someone the last time they tried which was higher than the CCG average of 86% and national average of 85%.
- 97% of patients said the last appointment they got was convenient compared to the CCG average of 90% and national average of 92%.
- 91% of patients said they usually waited 15 minutes or less after their appointment time which was significantly higher than the CCG average of 67% and national average of 65%.

Information was available to patients about appointments on the practice website. This included how to arrange home visits, how to book appointments and the number to call outside of practice hours. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Patients were advised to call the out of hours' service.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. There were posters in the waiting rooms to describe the process should a patient wish to make a compliment, suggestion or complaint. Complaint forms and a patient information leaflet about the complaints process, which the practice had developed since our last inspection visit, were available to patients. Information was also advertised on the practice website.

We looked at the complaints log for those received in the last twelve months and found these were all reviewed and learning points were noted. Staff we spoke with knew how to support patients wishing to make a complaint and told us that learning from complaints was shared with the relevant team or member of staff. However, the process for the review and confirmation of learning from complaints was not clearly defined. The practice manager told us that complaints were discussed at partners' meetings and shared with relevant staff. However, partners meetings had not been held between April and October 2015. We reviewed the records of one meeting held on 9 October 2015 between one GP Partner and the practice manager. The minutes of this meeting indicated that no complaints had been recorded despite the practice complaints log recording information to the contrary. The practice manager told us that due to the lack of partners' meetings, sharing of information relating to complaints had been on an individual basis with key members of staff.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

We saw that the practice charter was described on the practice website and outlined the practice's responsibilities to its patients. The practice described their aims and objectives as providing patients with the highest quality of care whilst delivering an individual service to patients. Staff we spoke with had some understanding of this ethos for the practice. However, governance and leadership arrangements within the practice did not always ensure the implementation of these aims and objectives.

One GP partner was due to retire from the practice. The practice had recently recruited an additional GP partner in order to support their succession planning. However they had not registered this new partnership arrangement as required with the Care Quality Commission.

### Governance arrangements

The practice had some policies and procedures in place to govern activity and these were available to staff. The practice manager told us they had reviewed and revised the practice policies since our last inspection. However, some of the policies did not reflect the processes which staff followed within the practice and made reference to associated documents which were not in place. Some policies included out of date references to organisations which no longer existed. We noted that the practice did not have a consent policy or a policy to support staff in reporting significant events and incidents.

We saw that the practice website and the practice information leaflet also made reference to out of date information with regards to the commissioning of primary care services. The practice manager told us that the practice information leaflet was being reprinted at the time of our inspection.

Clinical governance leads were identified within the practice and received appropriate professional development and training to support the role. The nursing team were well supported to attend training in specialist areas such as spirometry, cervical screening and immunisations. Those nurses with extended roles had undertaken training in the management of conditions such as chronic obstructive pulmonary disease, asthma and diabetes.

There was a lack of a comprehensive understanding of the performance of the practice by the management team. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. Current results were 94.7% of the total number of points available, compared with a national average of 94.2%. However, some child immunisation rates and cervical screening rates were lower than the CCG and national average. Although nursing staff within the practice had determined the possible reasons for these rates, the GP partners had not undertaken a review of the practice's performance in these areas in order to improve outcomes for patients where necessary.

The practice did not have an awareness of the national GP patient survey. The GP partners had therefore not reviewed the findings of the survey and were not aware of the feedback provided by patients. Results from the survey indicated that patients were not always happy with how they were treated by GPs within the practice. The practice was below average for its satisfaction scores on consultations with doctors and the percentage of patients who rated their satisfaction as poor or very poor for consultations with their GP was higher than the CCG and national averages.

The practice had some systems in place for carrying out clinical audits but we were unable to see evidence of completed clinical audit cycles which had been used to implement change and improve outcomes for patients.

### Leadership, openness and transparency

At our previous inspection in November 2014, we found a lack of openness and transparency within the management team which meant that information and concerns were not shared and reviewed. This resulted in a lack of risk assessment and implementation of changes to ensure the safety of staff and patients. The practice had taken steps to implement some improvements in the level of formal recording and sharing of information. Significant events, complaints and records of team meetings had been documented in more detail and the practice had attempted to improve their information sharing processes.

However the leadership team within the practice had become unable to operate effectively as a cohesive team during the time since our last inspection. As a result, partners' meetings had not been held since April 2015. The lack of partners meetings had resulted in the practice manager needing to share information relating to incidents



# Are services well-led?

Inadequate 

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

and complaints with GP partners individually. This meant that although the information recording had improved, discussions surrounding learning and the implementation of changes to promote continuous improvement had been restricted. We spoke to two GP partners who felt confident that imminent changes within the practice would improve the leadership, openness and transparency going forward.

There were however, a series of additional meetings which took place within the practice. Reception and administration teams held quarterly meetings and the nurses and GP partners attended weekly clinical meetings. We saw records of these meetings and found that the recording of minutes had improved since our last inspection. Staff told us they had the opportunity to raise issues at those meetings Staff said they felt respected, valued and supported by the partners and the practice manager in the practice.

## **Practice seeks and acts on feedback from its patients, the public and staff**

The practice had systems in place to seek and act upon feedback from patients. The practice had a virtual patient participation group (PPG) which did not meet but communicated electronically. The PPG received information from the practice by email and participated in providing feedback to the practice via the completion of electronic surveys. We reviewed the results of the annual practice patient survey from 2014/2015 and the corresponding action plan. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the

patient survey. These included an increased use of patient email addresses and mobile numbers to communicate with patients and the provision of a walk-in-clinic on days when demand for appointments was very high.

The practice gathered feedback from staff through informal discussions and via team meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged within the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff. Staff we spoke with were aware of the policy and how they could whistleblow internally and externally to other organisations.

## **Management lead through learning and improvement**

GPs and nurses were supported to maintain their continued professional development. For example, those nurses with extended roles had undertaken training in the management of conditions such as chronic obstructive pulmonary disease, asthma and diabetes. We spoke to one healthcare assistant who had been well supported to progress within their role.

The planning and implementation of training had been improved since our last inspection. All staff had received training in key areas. The practice had identified that that nurses and GPs within the practice had not received training in the Mental Capacity Act 2005, however, this had been planned for.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</p> <p>We found that the registered provider had not ensured the proper and safe management of medicines.</p> <p>We found that the registered provider had not ensured that where responsibility for the care and treatment of service users was shared with or transferred to other persons, timely care planning took place to ensure the health, safety and welfare of the service users.</p> <p>This was in breach of regulation 12 (1) (2) (a) (b) (g) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not always assessed, monitored and improved the quality and safety of services provided.</p> <p>We found that the registered provider had not always maintained records which are necessary to be kept in relation to the management of the regulated activity.</p> <p>We found that the registered provider had not always acted on feedback from relevant persons on the services provided for the purposes of continually evaluating and improving services.</p>

This section is primarily information for the provider

## Requirement notices

We found that the registered provider had not always evaluated and improved their practice in respect of the processing of the information above.

This was in breach of regulation 17 (1) (2) (a) (d) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered provider had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and had the necessary qualifications, competence, skills and experience necessary for the work to be performed.

We found that the registered provider had not ensured that recruitment procedures were established and operated effectively to ensure that persons employed met the required conditions.

We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed.

This was in breach of regulation 19 (1) (a) (b) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.