The Vineyard Surgery

Quality Report

35 The Vineyard
Richmond
TW10 6PP
Tel: 020 8948 0404
Website: www.thevineyardsurgery.co.uk

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
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 at The Vineyard Surgery on 27 October 2014. The overall rating for the practice was requires improvement. We identified breaches of regulations relating to staffing and the monitoring of safety and we issued requirement notices in relation to these breaches. Following the initial inspection the practice submitted an action plan outlining how they intended to address the breaches of regulation identified. The full comprehensive report on the October 2014 inspection can be found by selecting the 'all reports' link for The Vineyard Surgery on our website at www.cqc.org.uk.

We carried out a follow-up announced comprehensive inspection at The Vineyard Surgery on 20 December 2016. Overall the practice is rated as requires improvement.

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

- During the initial inspection in October 2014 we found that the practice had failed to ensure that learning from significant events was shared with staff. During the follow-up inspection we found there was a system in place for reporting and recording significant events; however, not all staff were aware of their responsibilities in relation to this. The provider was aware of the requirements of the duty of candour; however, this requirement was not sufficiently embedded into the culture of the practice to ensure that patients were always notified of incidents that affected them.
- During the initial inspection we found that the practice had failed to ensure that risks to patient safety were well managed; specifically, we found that they had failed to conduct regular infection control audits. During the follow-up inspection we found that risks at the practice were still not always well managed, specifically those relating to infection control, security and medicines management.
- During this inspection we found staff aimed to assess patients' needs and deliver care in line with current evidence based guidance; however, we saw examples of the practice failing to act when alerted to problems in this area. We also found that some staff were not fully aware of their responsibilities in establishing

Summary of findings

whether a young person had capacity to make decisions about their care and treatment, and we saw an example of a patient's consent to receiving treatment had not been appropriately recorded.

- During the initial inspection we found that the practice did not have suitable arrangements in place to support staff, and that staff did not receive regular supervision or appraisal. During the follow-up inspection we found that staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and that all staff received an annual appraisal; however, we saw evidence that some members of staff were likely to be acting outside of their scope of competence and that there were not suitable arrangements in place for all staff to receive regular supervision.
- During the initial inspection we found that the practice did not have suitable recruitment procedures in place, as they did not have records of proof of identity, references, Disclosure and Barring Service checks or Hepatitis B status for all relevant staff. When we reviewed records during the follow-up inspection we found that all necessary recruitment records were in place.
- Data showed patient outcomes were comparable to the national average; however, the practice had a high exception reporting rate and had no plan to address this.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Processes were in place for lessons learned from complaints to be shared with staff.
- Overall, patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and overall, staff felt supported by management. The practice was in the process of making changes to the terms and conditions in some staff members' contracts, and was conducting a formal consultation with staff about this; however, some staff felt that they were not always consulted on changes that impacted them.
- The practice had a group of patients who they contacted electronically to gather feedback, but did not have a formal patient participation group.

The areas where the provider must make improvement are:

- Ensure that all staff are aware of their responsibilities with regards to reporting safety incidents, including their obligations under the duty of candour, and that they are familiar with the processes to be followed.
- Ensure that staff are only providing care and treatment with their competency and that all staff have a clear and well-defined scope of practice.
- Ensure that all staff are clear about their responsibilities in relation to assessing patients' capacity to make decisions about their care and treatment, and that a record of consent given is made in patients' notes.
- Ensure that adequate processes are in place to manage the risks of infection, including putting processes in place to monitor cleaning in the practice and ensuring that staff with specific infection control responsibilities are qualified to undertake their role.
- Ensure that resources, equipment and medicines are stored securely and in line with guidance and the processes are in place to monitor stock levels of emergency medicines.
- Put in place the correct legal paperwork to allow staff to administer medicines in line with guidance.
- Ensure that processes are in place to monitor the safety and performance of the practice, including gathering and acting on feedback from patients including analysing and acting on the results of the NHS patient survey and developing a patient participation group.

In addition, the practice should:

- Ensure that records are kept of the cleaning carried-out.
- Advertise the availability of language translation services to patients.
- Ensure that all staff carrying-out chaperoning duties are familiar with the requirements of their role.
- Take action to further identify patients with caring responsibilities in order that these patients can be offered support.
- Ensure that complaints are handled consistently and in line with the practice's complaints policy.

Summary of findings

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?

Inadequate

The practice is rated as inadequate for providing safe services.

During the initial inspection in October 2014 we found that the practice did not have a significant event policy or procedure and lessons learnt were not communicated widely enough to support improvement. We also found that staff recruitment procedures were not sufficiently thorough to ensure patient safety and an infection control audit had not been completed.

The follow-up inspection in December 2016 found:

- There was a system in place for reporting and recording significant events; however, we saw evidence the threshold for recording an incident as a significant event was set too high to appropriately capture safety incidents, and saw an example of an incident which should have been recorded as a significant event but had not been. Where incidents were reviewed, lessons were shared within the practice and across practice sites to make sure action was taken to improve safety.
- When things went wrong patients generally received reasonable support, truthful information, and a written apology; however, we found evidence that the practice's responsibilities under the duty of candour were not sufficiently embedded into the culture of the practice to ensure that this always happened.
- Some risks to patients were assessed and well managed; however, risks relating to the prescribing of medicines and security of resources within the practice had not been adequately assessed or mitigated.
- The practice had completed an infection control audit and most staff had received infection control training; however, the practice infection control clinical lead had not received infection control refresher training within the recommended timeframe.
- The practice had adequate recruitment procedures in place and we saw evidence that thorough background checks had been completed on staff recruited since the initial inspection.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Summary of findings

Are services effective?

Requires improvement

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

During the initial inspection in October 2014 we found that the practice did not always action test results promptly.

The follow-up inspection in December 2016 found:

- The practice had processes in place to ensure that test results were actioned promptly and the practice did not have any backlog on the day of inspection.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average; however, the practice's exception reporting rate was higher than average and the practice had not put a plan in place to address this.
- Clinical audits were carried-out, but there was little evidence that audit was driving improvement in patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment; however, we found that some staff were working outside of the remit set by practice policy.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care; however, there were some areas relating to the quality of nursing care which were rated lower than average and which had not been analysed or acted upon.
- The practice had identified 21 patients who were carers, which represented less than 1% of the patient list.
- 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 available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- 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, the practice was able to book appointments at one of the three CCG hub practices offering appointments from 8am to 8pm, seven days a week.
- Patients said they found it easy to make an appointment; however, some commented that it could be difficult to see the same GP and therefore there could be a lack of continuity of care. There were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

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

During the initial inspection in October 2014 we found that the partners we spoke to each had a vision for the practice, but their views did not wholly coincide and there was no clear strategy to deliver the vision. We also found that not all staff were fully aware of their responsibilities and they felt there was a lack of cohesion. Some staff had not had an induction or an appraisal within the preceding year.

The follow-up inspection in December 2016 found:

- The practice had a vision and strategy to develop the business as a group with shared values and that made best use of resources. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and overall staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Staff received a comprehensive induction when they began working at the practice and all staff had received an annual appraisal within the past year.
- There was an overarching governance framework which was in the process of being updated and standardised across all practices in the group.
- The provider was aware of the requirements of the duty of candour; however, this was not sufficiently embedded in the culture of the practice to ensure that the requirement was always met.

Summary of findings

- The practice sought feedback from staff on key issues that affected them; for example, they were in the process of consulting with staff on proposed changes to contractual arrangements; however, some staff told us that they were not always adequately consulted about changes that affected them
- The practice had arrangements in place to consult with a group of patients by email; however, it was unclear whether this group recognised themselves as a patient participation group and what their remit was.
- There was a focus on continuous development of the business and as a group the practice was in the process of introducing new technology-based initiatives to improve access and efficiency.

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 inadequate for safety and requires improvement for caring and well-led. 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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice's achievement for the management of conditions typically found in older people was comparable to local and national averages; for example, the percentage of patients with hypertension who had well controlled blood pressure was 83% compared to a CCG average of 83% and national average of 84%.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall, performance for diabetes related indicators was above the CCG and national average. The practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 90% nationally. However, their exception reporting rate was higher than local and national averages for 18 of the 19 indicators.
- The practice had conducted an annual asthma review for 93% of patients, which was better than the CCG average of 84% and national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as inadequate for safety and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Immunisation rates were below average for all but one of the standard childhood immunisations. For example, uptake for the combined diphtheria, tetanus, whooping cough, Hib and polio vaccine for babies under 12 months was 81% compared to a CCG average of 85% and national average of 93%, and the uptake for the two-year-old booster was 81% compared to a CCG average of 93% and national average of 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. We were informed that nurse practitioners would not see children under two years for general consultations of acute conditions, but saw evidence that they did.
- Cervical screening had been carried-out for 83% of women registered at the practice aged 25-64, which was comparable to the CCG average of 82% and national average of 81%; however, the practice's exception reporting rate was higher than the local and national average and the practice had not investigated the reason for this.
- 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 inadequate for safety and requires improvement for caring and well-led. 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 and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement 

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- There were seven patients with a learning disabilities registered at the practice and two of these had received an annual review in the past year. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

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

- The practice had 23 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for all of these patients, compared to a CCG average of 92% and national average of 89%; however, the practice's exception reporting rate for this indicator was 39% compared to a CCG average of 7% and national average of 13%.
- The practice had 11 patients diagnosed with dementia and 91% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 87% and national average of 84%.
- 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.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twenty five survey forms were distributed and 116 were returned. This represented approximately 3% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, 30 of which were wholly positive about the standard of care received and eight which contained mixed comments. Overall, patients commented that the staff at the practice were kind and helpful and that consultations did not feel rushed; however, some commented that there was a lack of continuity of care and that it could sometimes be difficult to get an appointment.

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

The Vineyard 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 GP specialist adviser and a second CQC inspector.

Background to The Vineyard Surgery

The Vineyard Surgery provides primary medical services in Richmond to approximately 4000 patients and is one of 31 practices in Richmond Clinical Commissioning Group (CCG). The practice is run by a partnership of six GPs who run three other practices in a neighbouring CCG.

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 5%, which is lower than the CCG average of 9%, and for older people the practice value is 11%, which is the same as the CCG average. The majority of the practice's patient population are aged between 25 and 50 years, and they also have a high proportion of children aged up to 10 years. The proportion of patients aged 10 to 24 years and 50+ years is significantly lower than the national average. Of patients registered with the practice, the largest group by ethnicity are white (87%), followed by asian (6%), mixed (4%), other non-white ethnic groups (2%), and black (1%).

The practice operates from a 2-storey converted residential premises. The reception desk, waiting area, and three consultation rooms are situated on the ground floor. The practice manager's office, one consultation room and staff kitchen are situated on the first floor.

The practice team at the surgery is made up of two part time male GPs who are partners in the provider organisation; in addition, one part time female salaried GP is employed by the practice. In total 14 GP sessions are available per week. The practice also employs two part time female nurse practitioners who provide a total of three clinical sessions per week, one part time female nurse (who is being trained in general practice, having been recently recruited from a different clinical field), and one healthcare assistant. The clinical team are supported by a practice manager for the group who works across all sites, a site manager, three reception staff and two administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8am to 1pm every morning, and 1:30pm to 6:30pm every afternoon. Extended hours surgeries are offered between 7:30am and 8am and between 6:30pm and 7:30pm on Tuesdays. Patients can also access appointments from 8am to 8pm, seven days a week, at one of the CCG's hub practices.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of The Vineyard Surgery on 27 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services and issued with requirement notices in order to address the breaches of regulation identified. Following publication of the report the practice submitted an action plan outlining how they intended to address the breaches of regulation identified.

We undertook a further announced comprehensive inspection of this service on 20 December 2016. The 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 Health and Social Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 December 2016. During our visit we:

- Spoke with a range of staff including members of the practice management team, a GP, members of the nursing team and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

At our previous inspection on 24 October 2014, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant event handling, recruitment and the management of infection prevention and control were not adequate.

The arrangements in respect of recruitment had improved when we undertook a follow up inspection on 20 December 2016; however, further breaches of regulation in relation to significant event handling, medicines management, security of resources and medicines management were identified. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events; however, we saw evidence that the threshold for recording an incident as a significant event was set too high to appropriately capture safety incidents, and therefore opportunities for learning could be missed.

- 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; however, not all non-clinical staff were aware of the process for recording significant events, some were unsure whether they would complete the form themselves or whether this would be done by the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out an analysis of the significant events; however, some of the examples of significant event records that we saw could have benefitted from being more detailed about the action the practice had taken and the learning that had resulted.
- We found one example of an incident which had not been recorded as a significant event which regarded an error in prescribing which was likely to have resulted in the patient taking an incorrect dose of medicine. The issue had been corrected once it was identified; however, we saw no evidence that the patient had been made aware that they could have been taking an incorrect dose or that they were contacted to discuss the incident. This incident had not been recorded as a significant event.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable); however, not all staff were clear about their role as a chaperone, and we found a lack of consistency between staff we spoke to about where they would position themselves whilst chaperoning.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A cleaning schedule was in place for cleaners to follow; however, cleaners did not complete a record of the cleaning they had carried-out. One of the nurse practitioners was the infection control clinical lead; however, she was not up to date with infection control training. There was an infection control protocol

in place and all other 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.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were inadequate to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal):

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing; however, there was a lack of evidence to show that these resulted in improvements in prescribing in line with guidance.
- Blank prescription forms and pads were not stored in line with NHS guidance; the practice logged the batch numbers of stocks of forms and pads when they were delivered, but did not keep a record of stocks as they were distributed. Blank prescription sheets were not securely stored.
- Two of the nurses had qualified as Independent Prescribers; these nurses were seeing patients and prescribing medicines for all acute conditions. We saw evidence that the nurse prescribers had completed training in the treatment of specific long-term conditions such as diabetes, and in areas such as travel health and contraception; however, we saw no evidence that any assessment of competence had been carried-out to enable the practice to be assured that these staff members were competent to diagnose and treat other acute conditions. We also found a lack of clarity amongst staff about the remit of the nurse practitioners, as we were told by a member of the management team that it was practice policy that they would not see patients aged under two years (other than for appointments for treatment in their practice nurse capacity, such as vaccinations); however, we were told by one of the nurse practitioners that they saw all patients for general consultations. The practice had no formal process to review consultations carried-out by nurse practitioners; we were told that discussions about competence and performance would be undertaken where there were concerns about an individual's practice. We were also told that patient notes were reviewed ahead of nurse practitioners' annual appraisals; however, from the notes of appraisals that the practice showed us, we saw no evidence of clinical competence being discussed.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). We were shown examples of two different PSD forms used by the practice; however, neither of the examples was appropriate; the form that we were told was the "old form" did not allow for the directions about the medicine to be administered, dose, method and site of administration to be included by the prescriber. The other form was a patient checklist and did not contain fields for the name of the person being authorised to administer the vaccination.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Some risks to patients relating to the practice building and provision of service were assessed and well managed; however, security arrangements were insufficient.

- Consultation rooms were left unlocked when vacant (including overnight), including rooms containing medicines and blank prescription sheets. Staff told us that they did not always remove their NHS Smart Card from their computer before leaving it unattended.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried

out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents; however, these were insufficient to ensure that patients were kept safe.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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 and all staff knew of their location. All the medicines we checked were in date; the practice had a record of expiry dates of emergency medicine and completed monthly visual checks of emergency medicines and equipment; however, we saw no evidence of stocks of emergency medicines being regularly checked. Emergency medicines were stored in an unlocked box in one of the consultation rooms which we were told could not be locked.
- 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

At our previous inspection on 24 October 2014, we rated the practice as requires improvement for providing effective services as test results were not always actioned promptly.

During the follow-up inspection on 20 December 2016 we found that test results were being actioned promptly and the practice had no backlog on the day of inspection; however, further breaches of regulation in relation to the effective management of patients with long-term conditions and the use of audit as a tool for driving improvement were identified. The practice remains as requires improvement for providing effective services.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 100% of the total number of points available; however, their overall exception rate was 17%, compared to a CCG average of 7% and national average of 10% and we saw no evidence that action was being taken to address this. (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).

Data from 2015/16 showed:

- Overall, performance for diabetes related indicators was above the CCG and national average; however, their exception reporting rate was higher than local and national averages for all but one of the indicators. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 96%, which was better than the CCG average of 77% and national average of 78%; however, their exception reporting rate for this indicator was 20% compared to a CCG average of 7% and national average of 9%. The proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 96%, compared to a CCG average of 77% and national average of 78%; however, their exception reporting rate for this indicator was 24%, compared to a CCG average of 9% and national average of 13%. The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 96% (CCG and national average 88%); however, the practice's exception reporting rate for this indicator was 16% compared to a CCG average of 6% and national average of 8%.
- The practice had conducted an annual asthma review for 93% of patients, which was better than the CCG average of 84% and national average of 89%; their exception reporting rate was 7% compared to a CCG average of 4% and national average of 8%.
- The practice had 23 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG average of 92% and national average of 89%; however, the practice's exception reporting rate for this indicator was 39% compared to a CCG average of 7% and national average of 13%.
- The practice had 11 patients diagnosed with dementia and 91% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 87% and national average of 84%; their exception reporting rate was 8% compared to a CCG average of 6% and national average of 7%.

Clinical audits had been completed; however, there was limited evidence that audit was used to drive improvements.

- There had been five clinical audits carried out in the last two years, one of these was a completed audit which looked at whether amoxicillin was being prescribed correctly to children. The initial audit found that the

correct dose had been prescribed in 50% of cases, and as a result, prescribers were instructed to prescribe in line with British National Formulary (BNF) guidelines. The re-audit completed three months later found that the correct dose had been prescribed in 59% of cases and concluded that staff should continue prescribing in line with BNF guidelines; however, there was no evidence of any further action taken to address why incorrect doses were being prescribed in over 40% of cases.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment; however, we found that some staff were working outside of the remit set by practice policy..

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurse practitioners had completed training in diabetes care, contraception and travel health and attended regular update 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 nurse practitioners had qualified as independent nurse prescribers, which allowed them to prescribe any medication within the scope of their competence. We reviewed the qualifications of one of the nurse practitioners and found that they had completed specific training in diabetes care, contraception and travel health. Their scope of practice stated that they could prescribe in these areas and also for all chronic disease management and “acute undefined illness”; however, there was no evidence that the practice had undertaken any assessment to ensure that that they were competent to prescribe so broadly or that any specific ongoing support or assessment was carried-out.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

Overall, staff were aware of their responsibility to seek patients’ consent to care and treatment in line with legislation and guidance; however, we found some examples of staff being unclear about the relevant consent and decision-making requirements of legislation and guidance, and of staff failing to record consent being given in patients’ notes. For example, not all staff we spoke to were clear about their responsibilities when applying Fraser guidelines. We also saw an example of a member of staff failing to record that a parent had provided verbal consent for their child to receive a vaccination.

Requires improvement

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Cervical screening had been carried out for 83% of women registered at the practice aged 25-64, which was comparable to the CCG average of 82% and national average of 81%; however, the practice's exception reporting rate was 10%, compared to a CCG average of 6% and national average of 7%. We asked the practice about their exception reporting rate and they explained that they suspected that as they were located in an affluent area, a large proportion of their patients attended screening privately; however, they had not researched whether this assumption was correct by contacting women who failed to attend for screening, nor had they conducted any benchmarking against other practices in the area. The practice encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening; their uptake for breast cancer screening was below the CCG average (54% compared to a CCG average of 67% and nation average of 72%). Their uptake for bowel cancer screening was 45% which was below the CCG average of 56% and national average of 58%.

Childhood immunisation rates were below average for all but one of the standard childhood immunisations. For example, uptake for the combined diphtheria, tetanus, whooping cough, Hib and polio vaccine for babies under 12 months was 81% compared to a CCG average of 85% and national average of 93%, and the uptake for the two-year-old booster was 81% compared to a CCG average of 93% and national average of 95%.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the 38 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. Two patients commented that there could be a lack of continuity of care.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 80% of patients said that the last nurse they spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 80% of patients said that the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and national average of 90%.
- 87% of patients said they found the receptionists at the practice helpful, which was the same as the CCG and national average.

We asked the practice about the action they had taken to analyse and address the issues relating to consultations with nursing staff. The practice explained that they were in the process of training a new practice nurse and recruiting a further nurse, and that they felt that increasing the nursing provision in the practice would address the issue. We found no evidence that the practice had discussed the results of the survey with the nursing team or considered whether there was any other reason for the result other than the level of staffing.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

Requires improvement

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language; however, this was not advertised to patients in the waiting area.
- The practice had produced literature for patients to explain common tests.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was able to book appointments for patients at any one of the CCG's three extended hours hub practices, which provided appointments from 8am to 8pm, seven days a week.

- The practice offered a 'Commuter's Clinic' on Tuesdays from 7:30am and until 7:30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice was located near to a project offering support to homeless people. They had arrangements in place to register homeless patients, and used the project's address when registering these patients. At the time of the inspection the practice had 42 homeless patients registered.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm every morning, and 1.30pm to 6:30pm every afternoon. Extended hours surgeries were offered between 7.30am and 8am and between 6.30pm and 7.30pm on Tuesdays. Patients could also access appointments from 8am to 8pm, seven days a week, at one of the CCG's hub practices. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 79%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice had a 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 complaints in the practice and all of the complaints handled by this member of staff complied with the requirements of the NHS complaints policy; however, one of the complaints we viewed was handled by another member of staff, and we noted that the response to this complaint did not contain contact information for the Health Service Ombudsman.
- We saw that information was available to help patients understand the complaints system, for example, a poster was displayed in the reception area with information about how to complain.

We looked at three complaints received in the last 12 months and found these to be satisfactorily handled and dealt with in a timely way. Complaints were discussed with

Good

Are services responsive to people's needs?

(for example, to feedback?)

staff in meetings in order that lessons learned could be shared. For example, the practice had received a complaint from a patient who felt that they were asked sensitive questions in the waiting area. As a result, reception staff were reminded that they should offer patients a private room for discussions.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 24 October 2014, we rated the practice as requires improvement for being well led, as the partners did not have a clear vision or strategy for the practice, not all staff were aware of their responsibilities and the practice's arrangements for recruitment, supervision and appraisal were not adequate.

When we undertook a follow up inspection on 20 December 2016 we found arrangements in relation to the practice's vision and strategy had improved, as had their recruitment and appraisal processes. However, we found further breaches of regulation in relation to the safety of staffing arrangements, the understanding of performance and the oversight of risk. The practice remains rated as requires improvement for being well led.

Vision and strategy

The partners had a clear vision to develop the group of practices as a business, which included optimising their operational approach in order to deliver services in an efficient and cost-effective way.

- The practice had a mission statement, strategy and supporting business plans.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy; however, there were areas where the practice's performance was not well understood.

- Overall, there was a clear staffing structure and that staff were aware of their own roles and responsibilities; however, there were not always adequate arrangements in place for the practice to assure itself that staff were working within their scope of competence.
- Practice specific policies were implemented and were available to all staff.
- They practice were unaware of their high QOF exception reporting rate and did not have a plan in place to address this. They had made assumptions about the reasons for their below-average uptake of reviews and screening, such as cervical screening, but had not taken action to establish whether these assumptions were correct or whether there was more they needed to do to engage patients.
- Clinical and internal audit was undertaken; however, there was no evidence that this was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, there were significant gaps in the management of risk in relation to prescribing arrangements and security at the practice.

Leadership and culture

On the day of inspection the management team demonstrated they had the experience, capacity and capability to develop the practice according to their business plan, to ensure that governance arrangements were in place to provide a consistent service across sites, and ensure that the business remained financially viable.

The provider was aware of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment); however, we found that the processes in place to ensure compliance were not effective. We found one example of an error in prescribing which was likely to have resulted in the patient taking an incorrect dose of medicine; this was corrected once it was identified; however, this was not recorded as a significant event, and we saw no evidence that the patient had been contacted to discuss the incident.

There was a clear leadership structure in place.

- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us they were sometimes involved in discussions about how to run and develop the practice; however, we were told that there were occasions when decisions were made about individuals' roles without consultation.

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

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 arrangements in place to gather feedback from patients and staff; however, we found limited evidence of patients being engaged in the delivery of the service.

- The practice told us that they had a group of patients that they communicated with via email, which they referred to as their Patient Participation Group (PPG). We met with one of these patients who told us that the practice would invite them to social events and would on occasions ask for advice, but they were not aware that they were a member of the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt able to provide feedback and make suggestions; however none of the staff members we spoke to were able to provide specific examples of their suggestions being implemented. Some staff we spoke to told us they felt involved and engaged in the running of the practice; however, some told us that they were not always consulted on decisions that affected them, and that they felt that since becoming part of a group, the practice had lost its personal 'feel'.

Continuous improvement

The partnership and management team responsible for the group of practices were in the process of standardising governance and staffing arrangements across the group. This included standardising staff contracts and terms and conditions, and at the time of the inspection, the practice were in the process of carrying-out a consultation exercise with staff in relation to this.

The group were also committed to developing their staff; this included providing opportunities for existing staff to acquire additional skills, and providing job-based training opportunities for new staff; for example, in response to the national shortage of practice nurses, the practice had recruited a nurse who did not have practice nurse experience, and had set up a structured programme of training and mentoring to allow her to develop the necessary skills and experience to work as a practice nurse.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The provider had failed to assess, monitor and improve the quality and safety of services provided in the carrying-out of the regulated activities. Specifically, they had:** • Failed to properly consider the reasons for their high exception reporting rate and their low uptake for immunisations and screening, and put plans in place to make improvements. • Failed to make improvements to services as a result of clinical audit. • Failed to seek and act on feedback about the service; in particular, they had failed analyse the outcome of the NHS GP patient survey and address areas of low score, and there was no evidence of an operational patient participation group. **The provider had failed to keep an accurate, complete and contemporaneous record in respect of each service user; specifically, they had failed to ensure that a record was made in patients' notes of their consent to receive treatment.** **The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users; specifically, they had:** • Failed to ensure that all staff were aware of their role in reporting incidents. • Failed to put in place appropriate paperwork to allow staff to administer medicines in line with legal requirements. • Failed to put processes in place to ensure that adequate stocks of emergency medicines were maintained. • Failed to ensure that resources and equipment were stored securely and in line with guidance.

This section is primarily information for the provider

Requirement notices

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider had failed to ensure that staff had completed the training required in order to perform their role effectively. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.