

# Kensington Street Surgery Practice

## Quality Report

Kensington Street Health Centre  
Whitefield Place  
Bradford  
BD8 9LB  
Tel: 01274 496433  
Website: [www.driqbalandpartners.co.uk](http://www.driqbalandpartners.co.uk)

Date of inspection visit: 3 May 2017  
Date of publication: 23/06/2017

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		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

### Detailed findings from this inspection

Our inspection team	13
Background to Kensington Street Surgery Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kensington Street Surgery Practice on 3 May 2017. Overall the practice is rated as good.

Specifically, we found the practice to require improvement for providing safe services. It was good for providing effective, responsive, caring and well led services. The population groups are rated as good for the patients using the practice.

- Where incidents had been identified relating to safety, staff had been made aware of the outcome and action was taken where appropriate, to keep people safe.
- All areas of the practice were visibly clean and where issues had been identified relating to infection control, action had been taken.
- Patients received care according to professional best practice clinical guidelines. The practice had regular information updates, which informed staff about new

guidance to ensure they were up to date with best practice. The service ensured patients received accessible, individualised care, whilst respecting their needs and wishes.

- We found there were positive working relationships between staff and other healthcare professionals involved in the delivery of service. For example, the patients could access support groups such as carers resource, the local community centre volunteer services, my wellbeing college and the community mental health team, without being referred by the practice.
- Evidence we reviewed demonstrated patients were satisfied with how they were treated and this was with compassion, dignity and respect. It also demonstrated the GPs were good at listening to patients and gave them enough time.
- The provider was aware of and complied with the requirements of the duty of candour and had a clear

# Summary of findings

policy statement. In addition, a policy called Being Open underpinned their approach to honesty and integrity, ensuring that all staff were aware of their duty of care.

- The practice had invested in an effectively designed visual environment, with the appropriate use of colour and lighting. The colour coding of patient appointment cards, messaging boards and clinical rooms creates a pleasant atmosphere for patients, staff and visitors and enabled those who could not read English to identify the correct consultation room and practitioner.

The area where the provider must make improvements is:

- Systems and processes must be established and operated effectively in order to be able to demonstrate good governance. The systems and processes for recording, reporting and responding to occasions when the refrigerator(s) used to store temperature sensitive medicines were reading outside of the accepted safe range of temperatures were not effective.

The areas where the provider should make improvement are:

- Continue to improve the identification of carers on the practice register to assure themselves that carers are aware of support available to them.
- The practice should be able to assure themselves that cleaning schedules are in place for multi-patient use clinical equipment.
- Review the arrangements for checking medical supplies at the practice are in date. For example we saw evidence of out of date blood glucose testing strips, swabs and blood sample storage bottles.
- Continue to address issues identified in the national GP survey in order to improve patient satisfaction around accessing the practice.

**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.

**Requires improvement**



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.
- There was a system in place for reporting and recording significant events and a monthly safety meeting was attended by the clinical staff and the practice management team.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Most risks to patients were assessed and managed. The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The process for assessing and recording the temperature of refrigerators used to store temperature sensitive medicines was not effective. There was not a system for reporting out of the accepted range of temperatures which included documenting the reason and a risk assessment when temperatures were out of range.
- We saw evidence of out of date medical supplies, for example blood glucose testing strips, skin swabs and blood sample storage bottles. The practice disposed of these immediately.
- We did not see evidence of cleaning schedules for clinical equipment. The practice manager assured us that cleaning did take place (the equipment was visibly clean).

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- We found that patients' needs were met and referrals to secondary care were made in a timely manner. We confirmed that patients' consent to treatment was obtained.

# Summary of findings

- We saw staff had received training appropriate to their roles and were supported in their work. We confirmed new staff completed induction training and staff appraisals were in place.
- There were regular GP clinical team meetings and evidence of positive working relationships with multidisciplinary teams. National Institute of Health and Care Excellence (NICE) guidance was referenced and used consistently.
- They had developed services and worked with local schemes, such as Hepatitis screening to monitor and improve the health outcomes of patients.
- The practice raised awareness of health promotion during consultations, via information boards and leaflets in practice waiting areas. Their web site included links to further advice. There were screening programmes in place to ensure patients were supported with their health needs in a timely and safe way.
- The practice was part of a 'City Health Federation'. They were one of 23 practices that had joined together to mutually support one another and to share resources such as clinics and professional expertise.

## Are services caring?

The practice is rated as good for providing caring services.

- Patient surveys showed patients rated this practice lower than some other local practices, regarding several aspects of care. However, all the patients who responded to CQC comment cards, and those we spoke with during our inspection, were positive about their care. They confirmed that during consultations and treatment, staff were caring and respected their dignity.
- Information for patients about the services available was easy to understand and accessible.
- The practice had invested in an effectively designed visual environment, with the appropriate use of colour and lighting. The colour coding of patient appointment cards, messaging boards and clinical rooms creates a pleasant atmosphere for patients, staff and visitors and enabled those who could not read English to identify the correct consultation room and practitioner.
- One of the patients we spoke with was the Imam of the local mosque. He explained that the practice had adapted to the needs of the Muslim (80% of the practice population) community in the area. For example, the practice opening times were adjusted during Ramadan.

**Good**



# Summary of findings

## Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The GPs and staff understood the diverse needs of the different population groups they supported and made arrangements for these to be met. The practice had surveyed patients to look at the best way to improve access to the surgery. We saw a copy of the 'General Practice Access Plan 2016/17' which highlighted engagement and collaborative working with patients. They had introduced extended opening hours via another practice, employed additional staff and added two pharmacists to the team in order to deal with minor ailments and to encourage patients to self-manage their health.
- Patients we spoke with said they found it easy to make a routine appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Patients could make appointments at the practice, by telephone, or the internet. They were further supported with text messaging to remind them of their appointments. The practice was using email and texting to inform patients of their test results. On line services were promoted to make appointments or order prescriptions.
- Patients were offered extended appointments for those who needed support with communication or had multiple health needs.
- Services had been developed to support patients' cultural and religious needs, extending opening hours whilst patients were fasting and ensuring staff were available to provide access to translation support if required. The screen in the waiting area and leaflets provided important information in different languages to meet the needs of patients.
- The practice had employed a 'patient communication and engagement lead' whose role was to help improve communication with all patients and to promote a more

# Summary of findings

effective Patient Participation Group. They also ran health information sessions at the practice and linked patients to further support networks e.g. age concern and the Alzheimer's society. They promoted the range of services the practice provided and raised awareness of patients' rights.

- There was a complaints process and patients were informed of the process and any complaints made were dealt with in a timely manner. Learning from these was shared with the staff to improve the quality of the service overall.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The provider was aware of and complied with the requirements of the duty of candour. The senior staff encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.
- There was a visible management team, with a clear leadership structure. Staff told us they felt supported by the management. There were governance arrangements and systems in place to monitor quality and identify risk. The practice had a number of policies and procedures to govern activity.
- The practice was pro-actively updating all policies when required. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, performance reviews and attended staff meetings and events.
- Whilst the practice had a virtual Patient Participation Group (PPG) they also had a 'patient communication and engagement lead' who provided an important link to patients and there were systems in place to obtain feedback from patients about the service they received. We looked at the 'Kensington Street Surgery Patient Engagement Annual Report' 1 March 2017, that highlighted effective engagement, for example, English lessons for Eastern European patients and healthy eating events.

# 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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population, and offered home visits and urgent appointments for those with enhanced needs. Housebound patients were supported by clinical staff offering long term conditions and medication reviews in the patient's own home.
- A range of enhanced services was offered. For example in dementia support, patients with a diagnosis had regular appointments to meet their needs. The patients who had been identified to be at risk of developing dementia were provided with the opportunity of an annual dementia screening.
- Rapid access appointments were available for those with enhanced needs. Extended appointments were provided for this age group. This reduced their visits to the practice and provided better coordination of their care.
- The practice ensured follow up consultations were in place for older patients when discharged from hospital. Patients over the age of 75 had a named GP. Annual health checks were in place for the over 75s.
- Patients told us they were included in their care decisions and health promotion programmes were available. The practice provided flu and shingles vaccination to help protect the health of patients. Medication reviews were undertaken by the GPs and the pharmacists to reduce the effects on the patient of being on unnecessary medication.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall QOF achievement for treatment of diabetes was 89% and was achieved with 3% exception reporting. (This data relates to the previous provider).



# Summary of findings

- 75% of patients with asthma received an annual review with exception reporting of 2%, which was 6% lower than the local average and 6% below the national average. (This data relates to the previous provider).
- Longer appointments and home visits were available when needed. The practice combined reviews wherever possible to minimise the number of appointments required and sent text reminders to patients.
- 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 or advanced nurse practitioner worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly.
- The practice prioritised patients with long term conditions and their carers for preventative medicines; for instance flu vaccines.
- We found the practice completed full health checks on new patients and follow on support for any identified health needs. Special clinics for health needs such as, coronary heart disease, diabetes, asthma and chronic obstructive pulmonary disease (COPD) were held and systems were in place to identify patients who met the criteria to attend. The practice provided in-house diagnostic care e.g. Electrocardiogram (ECG), 24 hour blood pressure monitoring and spirometry which tests lung function.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were lower for all standard childhood immunisations. We saw good examples of joint working with midwives and health visitors.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- A full range of family planning services were provided and sexual health support for young people was offered, including chlamydia screening.

Good



# Summary of findings

- Uptake for the cervical screening programme was 70%, which was lower than the CCG average of 85% and the national average of 81%. (This data relates to the previous provider).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were regular baby clinics held and post-natal reviews for female patients. The practice provided sexual health support. GPs and clinical staff were trained to support patients with contraceptive advice.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments could be booked by telephone and online.
- The practice had screening programmes for pre diabetes and hepatitis B and C. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice encouraged homeless people to register with a nearby practice as they were very close and able to meet their specialist needs. The practice had agreed this with the nearby service.
- Patients with a cancer diagnosis or a serious mental illness were followed up by the practice if they missed an appointment.
- 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.

**Good**



# Summary of findings

- The practice carried out annual health checks for patients with learning disabilities. The practice also offered longer appointments for vulnerable patients or undertook annual reviews in their home environment if indicated as preferable.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw evidence of practice staff advising and signposting vulnerable patients to access various support groups and voluntary organisations, such as alcohol and drug support services.

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- We saw the practice monitored patients with poor mental health; they used audits to ensure patients had a regular physical health check and follow ups if there was non-attendance.
- The practice offered structured reviews to all patients with severe and enduring mental health conditions with at least annual reviews of their physical and mental health, medicines and revision of their agreed care plan.

Good



# 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 below local and national averages. Survey forms were distributed to 363 patients and 64 were returned. This represented a completion rate of 18% and comprised less than 1% of the practice's patient list.

- 37% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 55% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 55% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

We noted that the survey results related to the previous provider.

The practice had surveyed patients to look at the best way to improve access to the surgery. We saw a copy of the 'General Practice Access Plan 2016/17' which highlighted engagement and collaborative working with

patients. They had introduced extended opening hours via another practice, employed additional staff and added two pharmacists to the team in order to deal with minor ailments and to encourage patients to self-manage their health.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 responses which were overall positive about the standard of care received. Patients described a friendly reception team and very caring clinicians. Several patients commented that the reception staff were helpful in making prompt appointments and that the environment was clean and welcoming.

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

The practice regularly reviewed their responses to The Friends and Family Test and achieved good or high satisfaction in more than 85% of responses from January to April 2017. (The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family).

## Areas for improvement

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

- Systems and processes must be established and operated effectively in order to be able to demonstrate good governance. The systems and processes for recording, reporting and responding to occasions when the refrigerator(s) used to store temperature sensitive medicines were reading outside of the accepted safe range of temperatures were not effective.

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

- Continue to improve the identification of carers on the practice register to assure themselves that carers are aware of support available to them.

- The practice should be able to assure themselves that cleaning schedules are in place for multi-patient use clinical equipment.
- Review the arrangements for checking medical supplies at the practice are in date. For example we saw evidence of out of date blood glucose testing strips, swabs and blood sample storage bottles.
- Continue to address issues identified in the national GP survey in order to improve patient satisfaction around accessing the practice.

# Kensington Street Surgery Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector and included a SPA (Specialist advisor) GP and a second CQC inspector.

## Background to Kensington Street Surgery Practice

Kensington Street Surgery Practice, Kensington Street Health Centre, Whitefield Place, Bradford, BD8 9LB is located near to the centre of Bradford. The building is a purpose built building with good parking facilities and disabled access.

The practice is registered with the CQC to provide primary care services. It provides Primary Medical Services (PMS) for 5,507 patients under a PMS contract in the Bradford City Commissioning Group (CCG) area. The practice is in Girlington which is in the most deprived area of Bradford and the U.K.

The practice has one GP partner, one salaried GP and locum GPs (three male and three female). They also have an advanced nurse practitioner, practice nurse, two clinical pharmacists, a data quality manager, patient engagement lead and two healthcare assistants. The reception team consists of one practice manager, and nine reception and administrative staff.

The practice is open Monday to Friday from 8:30am to 6pm with extended opening Saturday morning 9am to 11:30am at Little Horton Lane Medical Centre, one mile away. The practice offers Saturday morning openings as part of the winter pressures between 9 and 11:30am at the same site.

The practice treats patients of all ages and provides a range of medical services. When the practice is closed patients can access the out of hour's provider service Local care Direct on 111.

The practice population is made up of a predominately younger and working age population between the ages of 0- 49 years. Sixty three per cent of the patients have a long-standing health condition.

A wide range of practice nurse led clinics are available for patients at the practice. These include vaccinations and immunisations, cervical smears, family planning, spirometry, and chronic disease management such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart disease. The practice also holds clinics for smoking cessation and healthy living. Additionally within the same building patients can access health visitors, midwives, podiatry, dentist, and debt and benefits advice.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 May 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, health care assistants, receptionists, data quality manager, cares resource and the practice manager. We also spoke with patients who used the service.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.

Reviewed six questionnaires given to reception/administration staff prior to the inspection.

- Reviewed 25 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice had written a policy called 'Duty of Candour' that underpinned their approach to honesty and integrity and ensured that all staff were aware of their duty of care.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, regular clinical review of critical events to ensure learning outcomes were disseminated to relevant staff.

### Overview of safety systems and processes

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

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out annual fire drills. Electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment had been calibrated to ensure it was working properly.
- 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 were trained to child and adult safeguarding level three.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical (IPC) lead. The practice had undertaken hand washing training with the reception staff in March 2017. There was an infection control protocol in place and staff had received regular updates. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the practice were unable to evidence that cleaning (which we were told did take place) schedules were in place for multi-patient use clinical equipment.
- We reviewed six 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.

### Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). One of the medicine refrigerator's recordings showed that on some occasions the temperature had read outside of the normal operating range for medicine storage and that on some days the fridge temperature



# Are services safe?

was not recorded. This meant there could have been a breach in the cold chain ('Cold chain' is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution. Maintaining the cold chain ensures that vaccines are transported and stored according to the manufacturer's recommended temperature range of +2C to +8C until the point of administration). If a breach in cold chain had occurred, that could put the efficacy of the temperature sensitive medicines at risk. We found that there was documented evidence to demonstrate when the temperatures were checked, but risks had not been assessed and reasoning for the refrigerator thermometers showing out of range temperatures was not recorded in all instances.

- The practice responded immediately by:-
  - They carried out a significant event analysis and had implemented new procedures to ensure that when the temperature falls outside of the normal range this is investigated, risk assessed and documented.
  - The day after the inspection the practice had ordered an automatic refrigerator temperature data logger, updated the recording chart to include 'out of range temperature' to be communicated to the practice manager and nurse lead.
  - A clinical meeting was held the week after the inspection (11 May 2017) in which this issue was discussed and the new updated protocol was communicated to all staff. We were sent a copy of the minutes of that meeting.
  - The practice also informed the CCG medicine management team of this issue.
  - We were sent certificates for the 'Annual Service & Maintenance' carried out on the medical refrigerators at this practice on the 25 April 2017.
  - The practice had recorded later that day and the following days that temperatures were back to normal. The vaccine suppliers have reassured the practice that the stock would not be degraded in that 24 hour period.
- 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 two clinical pharmacists, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- We found several pieces of equipment which had passed their use by date. These included blood glucose testing strips, swabs for taking samples and blood sample storage bottles. They were disposed of and replaced immediately.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice had recruited an advanced nurse practitioner. Mentorship and support was offered by the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office 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 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.



## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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 practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015-16 showed the practice had achieved 89% of the total number of points available with exception reporting of 4 %. We noted that the data related to the previous provider. Unpublished QOF results for 2016/17 indicated that their expected results were 97% of the total number of points available with exception reporting of 3%.

This is below local and national average. The clinical exception rate for this provider is 3%, which is lower with the local average and national average. 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:

- Performance for diabetes related indicators was higher overall than the national average. For example 69% of diabetic patients on the register had achieved a blood sugar result of 5.9 mmol or less in the preceding 12 months with exception reporting of 3%, which was 2% above CCG Average and 0.2% above national average. This demonstrated that their diabetes was being well controlled. In addition, 90% of diabetic patients had

received a foot examination to check for nerve or skin damage associated with their condition. The provider was also able to initialise insulin for patients identified as needing this treatment.

- Performance for mental health related indicators overall was higher than the national average. For example 84% of patients with a serious mental illness had a comprehensive care plan in place. In addition, 91% of patients with a serious mental illness had a record of their blood pressure taken in the last year with exception reporting of 9.5%, which was 1.8% above CCG average, same as the national average.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits commenced in the last two years two of these were completed audits (Feb 2017 and April 2017), where the improvements made were implemented and monitored. We noted that the audits related to the previous provider.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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

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

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

- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 70%, which was lower than the CCG average of 85% and the national average of 81%. We noted that the data related to the previous provider.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Childhood immunisation rates (most recent available data April 2017) for the most common vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 93% (local average 95%-98%, national average 93%-95%). Rates for five year olds were 83% of eligible children (local average 93%-98%, national average 87%-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 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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 and the door locked when appropriate 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.

The majority of the 25 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.

Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 76% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.

- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 76% and the national average of 87%.

We noted that the survey results related to the previous provider.

### 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.

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 or below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 77% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

We noted that the survey results related to the previous provider.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice website included advice about pregnancy, long term conditions and minor illnesses.

## Are services caring?

### **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 13 patients as carers (0.3% of the practice list). A carer's resource representative was in reception to improve the number of identifiable carers and written information was available to direct carers to the various avenues of support available to them.

Information was available in the waiting area, dementia friendly signage was visible, colour coded appointment slips and colours on treatment rooms were visible throughout the practice.

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

The practice has invested in an effectively designed visual environment, with the appropriate use of colour and lighting, research has shown that the psychological power of colour and control of lighting can influence the mood of people who may be anxious, disoriented or overemotional. The colour coding of patient appointment cards, messaging boards and clinical rooms creates a pleasant atmosphere for patients, staff and visitors.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered pre-booked appointments from 8:30am to 6pm Monday to Friday.
- An on-call clinician ensured that home visits could be undertaken late into the afternoon for urgent cases and also reviewed key correspondence on day of receipt to ensure results and correspondence from secondary care were dealt with promptly.
- The practice offered consultations by telephone, via online media and email for patients that were unable to attend the surgery or preferred this method of consultation.
- There were longer appointments available for patients with a learning disability or who would benefit from a longer consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Adhoc visits were undertaken to the one local care home.
- 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 were referred to other clinics for vaccines available privately.
- There were disabled facilities, interpretation and translation services available.

### Access to the service

The practice opening times were Monday to Friday 8:30am to 6pm, on weekends the surgery was closed. Extended opening was provided on agreement with the provider on a Saturday morning from 9am to 11:30am at Little Horton Lane Medical Centre, one mile away.

Telephone lines were open every day at 8.30am to book appointments.

Appointments were available at clinics throughout the day. In addition to pre-bookable appointments that could be booked up to six 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 lower than local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the local and national average of 76%.
- 37% of patients said they could get through easily to the practice by phone compared to the local average of 75% and the national average of 73%.

We noted that the survey results related to the previous provider.

Due to the low access score of 37% the practice had surveyed patients to look at the best way to improve access to the surgery. We saw a copy of the 'General Practice Access Plan 2016/17' which highlighted survey response rates.

The 'Access and Demand' plans which had been submitted to the CCG, in order to improve access for patients and aim to improve the results in the survey. This was agreed at a quality assurance visit by the CCG, the meeting was on the 14 November 2016 conducted by the CCG locality development manager and CCG practice quality development manager.

The practice provided extended hours in the evenings to help improve the above indicator however as a result of the survey results and feedback from PPG & patient engagement lead the practice have reviewed the extended hours provision. Patients expressed a preference for a Saturday morning clinic for the extended hours and the practice have switched to Saturday morning surgery in direct response to this request.

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.

# Are services responsive to people's needs?

(for example, to feedback?)

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 an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available in reception and on the website to help patients understand the complaints system.

We looked at six complaints received in the last 12 months. The practice actively welcomed feedback from patients and maximised any opportunity to record data and learn from it. We saw that complaints were responded to in a timely manner and that the practice responded in a considered and open way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements for identifying, recording and managing of most risks, issues and implementing mitigating actions.
- A programme of ongoing clinical and internal audit had been implemented to monitor quality and to make improvements. However, at the time of our inspection, there had been no two cycle audits completed to demonstrate improvements made. The new provider told us that previous audits were done by the GP who took over the practice in October 2016.

### Leadership and culture

On the day of inspection the staff in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with

patients about notifiable safety incidents. The provider had a clear policy on both duty of candour and also integrity and honesty, which they incorporated in their 'Open Duty of Candour' policy. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw evidence confirming this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they had developed services and worked with local schemes, such as Hepatitis screening to monitor and improve the health outcomes of patients.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.</b></p> <p><b>How the regulation was not being met:</b></p> <p>Systems and processes were not established or operated effectively in order to demonstrate good governance.</p> <p>Specifically:</p> <ul style="list-style-type: none"><li>• Systems and processes for recording, reporting and responding to occasions when the refrigerator(s) used to store temperature sensitive medicines were reading outside of the accepted safe range of temperatures were not effective.</li></ul> <p><b>This was a breach of Regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</b></p>