

Morland Road Surgery

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Morland Road Surgery on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Patients said they found it easy to make an appointment with a named GP and that 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 with the exception of not having medical oxygen to respond to a medical emergency and systems in place to monitor the expiry of medication.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure the availability of medical oxygen to enable them to respond appropriately to medical emergencies.

Summary of findings

- Ensure appropriate systems are put in place to monitor the expiry of medication.

In addition the provider should:

- Review processes for infection control procedures ensuring curtains are changed at the appropriate intervals/as and when necessary.

- Review the induction process for new staff ensuring that it is up to date and relevant to staff roles.

- Review patient access to female GPs

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 improvements for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Medical oxygen was not available in the event of a medical emergency. Some of the medication we reviewed was out of date.
- Infection control procedures were not always being followed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Induction processes were in place but not formalised or structured.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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?

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.

Good



Are services well-led?

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

- 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Including regularly visiting three local care homes in the area providing weekly sessions.
- The practice offered dementia screening.
- The practice worked closely with district nursing to jointly meet the needs of older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Flu and pneumococcal vaccinations were offered to all older patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were 419 patients on the diabetes register. 92% of patients with diabetes on the register had been immunised against influenza.
- Longer appointments and home visits were available when needed.
- The practice did in-house insulin conversion for diabetic 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 worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice often ran specialist clinics on Saturdays to meet the needs of this patient group.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the CCG and national rates for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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, health visitors and school nurses.
- All children under six were given on the day appointments.
- The practice offered a full contraception service including coil fitting and implants.
- A baby clinic was held weekly by one of the GPs or the nurse.
- A full antenatal clinic was offered including midwife appointments. One of the GPs was an obstetric and gynaecology registrar so was able to provide more specialist care.

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 pre-booked in advance and the practice offered morning and afternoons. Telephone consultations were also available every day.
- Extended hours were offered at various times.
- Opportunistic health checks were carried out including weight, blood, lifestyle advice and routine HIV testing.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, sex workers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other patients whose circumstances make them vulnerable.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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)

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

- 93% of patients with physical and/ or mental health conditions notes had record smoking status in the preceding 12 months.
- There were 107 patients on the mental health register. Only 66% of these patients had a comprehensive care plan documented in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below local and national averages. Four hundred and twenty survey forms were distributed and 121 were returned (28% response rate). This represented 1.7% of the practice's patient list.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 70% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 77% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 84%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients described the GPs as caring, attentive and exceptional. All the patients were happy with the treatment they received and commented that reception staff were friendly and caring. Patients felt listened to and involved in their care and treatment.

We spoke with 18 patients during the inspection. All 18 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients commented about the difficulty in getting through to make an appointment when they call in the morning and some patients said they were not aware they could have a chaperone (although none of them had ever required one).

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure the availability of medical oxygen to enable them to respond appropriately to medical emergencies.
- Ensure appropriate systems are put in place to monitor the expiry of medication.

Action the service **SHOULD** take to improve

In addition the provider should:

- Review processes for infection control procedures ensuring curtains are changed at the appropriate intervals/as and when necessary.
- Review the induction process for new staff ensuring that it is up to date and relevant to staff roles.
- Review patient access to female GPs

Morland Road 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 an Expert by Experience.

Background to Morland Road Surgery

Morland Road Surgery is a medium sized practice based in Croydon. The practice list size is approximately 7000. Whilst the practice population is diverse, patients are mainly from white British backgrounds.

The practice facilities include three consulting rooms, two treatment rooms, two patient waiting rooms, three administration offices and a staff room. The premises have wheelchair access and there are facilities for wheelchair users including an accessible toilet, however the main entrance door was not automatic and wheelchair users had to depend on someone seeing them to assist with opening the door to gain access to the practice.

The staff team comprises of two male GPs partners (one worked 40.5 hours per week and the other worked 45 hours per week) and one salaried GP who worked 22.5 hours per week (female), one female nurse (currently on maternity leave but cover is in place), one female healthcare assistant, a practice manager, an assistant practice manager and receptionists. The practice is a training practice and at the time of our inspection had one third year GP specialist doctor in training working at the practice.

The practice is open between 8.00am and 6.30pm Monday to Friday and offer extended opening on Monday from

6.30pm-8.00pm. Appointments are from 8.00am-12.00pm every morning and 1.30pm-6.30pm daily. When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hours provider of “111” service. This information is also in the practice leaflet and on the website.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to

Detailed findings

share what they knew. We met with Croydon Clinical Commissioning Group (CCG) and they provided us with information. We carried out an announced visit on 17 February 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses and reception) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer internal drive on their system.
- The practice carried out a thorough analysis of the significant events. We discussed significant events with the GPs and they gave us example of when significant events were discussed in practice meetings and details shared with staff in the practice.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw emails relating to safety alerts that had been shared with staff and also discussed at meetings. We also reviewed a folder which had recent safety alerts from MHRA and the NHS. The folder was stored centrally for all staff to access.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This included details of external contacts. There was a lead member of staff for safeguarding and staff knew who this person was. The GPs were not always able to attend safeguarding meetings however they always provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and other staff were trained to the appropriate levels.

- Details of the local authority safeguarding team were displayed in the reception area as well as the surgeries. Copies of the local authority policy, flow chart and reporting procedures were readily available to staff. We reviewed an example of a safeguarding referral that had been made by the practice and we saw that it had been handled in accordance with procedure and followed up appropriately.
- A notice in the waiting room and all surgeries 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 check (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 generally clean and tidy. However, the curtain in one of the surgeries was stained and was dated as last being changed in 2013. We brought this to the attention of staff and they made arrangements for the curtain to be changed immediately.
- The practice nurse and practice manager were the infection control leads who liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We reviewed an infection control audit completed on the 23 November 2015 in conjunction with the local CCG infection control team. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored however there was no system in place for signing them out, therefore there was no way to monitor the use. We discussed this with the practice manager and one of the GPs and they confirmed that a system would be put in place

Are services safe?

immediately (this was actioned by the end of our inspection). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed 10 personnel files and found appropriate recruitment checks had been undertaken prior to employment. The majority of staff had been employed in the service before the provider registered with the Care Quality Commission. Files of staff we reviewed who had joined since registration were in line with CQC requirements, for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). All staff working in the practice had a DBS in place.
- 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.

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 comprehensive health and safety policy that covered all relevant areas. A health and safety risk assessment had been completed in December 2015 where actions were identified which the practice was working towards completing. The practice had up to date fire risk assessments which were completed in February 2016 and carried out fire drills two times a year. There were posters in the reception with fire safety instructions and a fire evacuation plan. All electrical equipment was checked in September 2015 to ensure it was safe to use and clinical equipment was also checked in September 2015 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, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment had been completed in 2010 and the practice was carrying out regular water monitoring and temperature checks.

- 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 that enough staff were on duty. The practice manager told us that they very rarely used locums or temporary staff. If staff were off sick or on leave they could usually get cover from their permanent staff to ensure all shifts were covered.

Arrangements to deal with emergencies and major incidents

The practice did not have 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 clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. Non-clinical staff received training every three years.
- The practice had a defibrillator available on the premises. Staff were aware of the location of the defibrillator and knew how to assemble it in the event of needing to use it
- Medical oxygen was available on the day of our inspection however it was out of date so there was no guarantee that it would be effective in the event of it needing to be used in a medical emergency. The practice provided evidence that a new cylinder had been ordered.. Adult and children's masks were available. A first aid kit and accident book was also available. There had not been any accidents over the past 12 months but staff we spoke with gave good examples of what they would do in the event of needing to report one.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Staff told us they carried out weekly checks to emergency drugs and maintained a log book of the checks. However, some of the medicines we checked (both refrigerated and non-refrigerated) were out of date. Staff took immediate action to replace the expired medication.

Are services safe?

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. The practice had experienced a recent

flood and staff gave us good explanations of how they handled it. We reviewed the paperwork related to the flood and saw that they had managed the incident in line with their policy.

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 peoples' needs. One of the GPs attended a monthly locality meeting which also helped to keep staff updated. The practice also operated a half day closure every 3 months for staff to receive training and relevant updates.
- GPs told us they attended CCG meetings where there were presentations and talks relating to new NICE guidelines and other updates relevant for them.
- 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 were 87.5% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was worse than the CCG and national average. Overall they scored 65 out of 86 points (75%). This was 9% below the CCG average and 13% below the national average. The provider was aware of their performance and explained that there were issues with patients accessing diabetes specialist services in the CCG area that were contributing to the low score.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice scored 80% compared to the national average of 83%.
- Performance for mental health related indicators was similar to the CCG and national average. Overall they scored 22 out of 26 points (84%). This was 6% below the CCG average and 8% below the national average.
- The percentage of patients on the diabetes register, whose last measured cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 65% which was lower than the national average of 80%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 66% which was below the CCG average of 88%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit on immunisations and cervical smear testing in HIV was undertaken to see if they were meeting the recommended guidance for HIV seropositive patients. The audit found that numbers of patients being vaccinated against pneumococcal was still low. The practice planned to increase rates by further recall for patients through a telephone call or personal telephone call and ensure invitation for annual cervical smear testing.
- 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. Whilst the induction procedure was out of date we spoke with new staff and they told us their induction had covered such topics as safeguarding, infection prevention and control and confidentiality. We

Are services effective?

(for example, treatment is effective)

discussed the fact that the policy was out of date with the practice manager and they told us that this was an area of their procedures they were planning to review and wanted to strengthen.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those (GPs and nurses) reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. For example, we saw that one of the nurses had completed yellow fever training. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence from meeting minutes that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff we spoke with including non-clinical 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. We reviewed medical records and saw that staff were documenting consent appropriately.
- 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.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those on the unplanned admissions list. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the local pharmacist (the practice made referrals to them).

The practice's uptake for the cervical screening programme was 82%, which was 0.9% above the CCG average and 0.9% above the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 100% and five year olds from 77% to 95%, compared to the CCG average of between 84% to 93% for under two year old and 68% to 92% for five year olds.

Flu vaccination rates for all patients were also good. The practice had 1457 patients eligible. All patients were invited and 1188 were given the flu vaccination; 243 refused and the remaining 26 did not respond to the invitations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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 very helpful to patients and treated them with dignity and respect. We observed examples of staff being patient and attentive with patients in the waiting room.

- Curtains were provided in consulting rooms or consulting rooms had separate private examination 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 generally be overheard although, at times when the waiting room was quiet, muffled conversations could be heard from one of the consultation rooms. However this was not the extent that privacy was breached.
- Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed that they could offer them a private room to discuss their needs.

All of the nine 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. We spoke with 18 patients on the day of the inspection. Patient feedback was generally positive about staff attitudes and behaviours towards them, although some patients did comment about GPs sometimes rushing consultations and displaying a lack of empathy.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The survey was distributed to 420 patients and 121 responded. This represented a response rate of 28%. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 86% said the GP gave them enough time (CCG average 82%, national average 86%).

- 91% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 90%).
- 78% said they found the receptionists at the practice helpful (CCG average 86%, national average 86%)

Care planning and involvement in decisions about care and treatment

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 84%).

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.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients (0.8% of the patient population) who were carers and 46 patients who had a carer (0.6% of the patient population). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card or

made a visit to the family if appropriate. We were given examples of where the practice had supported patients following the loss of a relative, particularly when it severely impacted the patient's own health. The practice also gave them advice on how to find a support service. They also had a list of patients who passed away so that all staff were aware and could convey their sympathies and act appropriately if their relatives visited or called the practice.

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. Staff in the practice told us that the practice was in an economically deprived area with a high percentage of patients on welfare benefits. They also had a high volume of patients whose first language was not English. They told us that they had a patient turnover of approximately 20% every year. Knowing these facts enabled the practice to respond to the needs of their patients.

- The practice offered a 'Commuter's Clinic' on a Monday evenings until 8.00pm 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 would benefit from these.
- Same day appointments were available for children under five and patient's over 65; patients on the avoidable admissions list and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities including a wheelchair accessible toilet, step free access to the building.
- Translation services were available through language line, although there was no sign or information making patients aware of the service. Staff told us that in most instances reception staff would find out a patient's needs. The staff team was multi lingual and languages spoken by staff included French, Hindi, Tamil and Twi. Staff told us that they had patients who spoke these languages and staff translated on behalf of patients if necessary.

The practice had one female GP who worked part-time. Staff told us that they sometimes had challenges regarding examinations and treatment of some female patients whose religious beliefs would not allow them to be examined by a male GP. To respond to these patients needs they always tried to offer these patients appointments with the female GP. If a patient needed to be examined on a day when the female GP was not working, the GP would ask

one of the nurses to carry out the examination, if appropriate and report back to them to ensure there were no immediate/ serious health concerns that needed urgent attention.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.30pm every morning and 4.00pm to 6.30pm every evening, daily. Extended surgery hours were offered from 6.30pm to 8.00pm on Mondays. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them every morning and afternoon session.

Patients we spoke with were aware of the appointments system however many of them commented on the difficulty of securing appointments, especially an on the day appointment. The practice was aware of the obstacles faced by patients in securing appointments. The practice manager told us that they had tried to reduce the waiting times and make appointments more accessible. To counteract the problem, the practice always ensured that the service was accessible at all times to children under 5, patients over 65 and patients on the avoidable admissions list and these patients were seen irrespective of appointment availability.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 74%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 68% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 60%).

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, they had posters displayed on how to make a complaint, a comments box and suggestions form. Some of the patients we spoke with were aware of these processes.

We looked at five complaints received in the last 12 months and found that they had all been handled satisfactorily and

in line with their policy, in a timely manner and with openness and transparency. For example, one complaint we reviewed related to a complaint about the attitude of a member of staff. The patient had received a letter outlining the action taken and confirmation that the matter had been investigated. We saw that the incident was discussed with the member of staff involved and discussions took place as to what lessons were learnt and how things could have been done differently. We saw examples where lessons were learnt from concerns and complaints and shared with staff in team meetings.

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 clear vision of what they wanted to achieve. Their aim was to provide holistic care through a compassionate approach. The GP partners were very aware of the financial constraints on their ability to provide services but were optimistic they would achieve their aims.
- The practice had a robust strategy and supporting business plans (including a practice plan covering 2015 to 2016) which reflected the vision and values and were regularly monitored. Part of their future plans included closer working with other services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. This included a practice plan which outlined areas they wanted to improve in and how they would measure their success.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. For example they used their students/registrars to carry out projects and audits focusing on quality and improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. We spoke with the GP partners and they were both very aware of the Duty of Candour and gave good examples of where they had exhibited it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. This included practice meetings, multidisciplinary team meetings and clinicians meetings. We reviewed minutes of a range of meetings held including the avoidable admissions meetings and staff meetings and saw that discussions were documented well. We noted that written minutes were not always taken for all meetings, however staff confirmed that planned meetings had gone ahead.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager 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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG (approximately 9 members) which met regularly (although they had not met for a few months due to the absence through sickness of the staff member who led the group).
- The practice had gathered feedback from staff through team meetings and informal suggestions made on an ad-hoc basis. For example, staff told us that the extended hours had been implemented partly due to feedback for patients regarding accessing appointments

outside of working hours. 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.

We saw examples of projects that had been completed by staff focusing on how they could improve the service. This included audits on immunisations and cervical smear testing, increasing the uptake of flu vaccine for the at-risk groups, increasing the number of patients having emergency hormonal contraception and increasing albumin creatinine testing for diabetic 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure the availability of medical oxygen to enable them to respond to medical emergencies and they did not have appropriate systems in place to monitor the expiry of medication.</p> <p>This was in breach of regulation 12(1)(2)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>