

# Hedgemans Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# 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 Hedgemans Medical Centre on 4 August 2016. Overall, the practice is rated as requires improvement.

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 managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were comparable to the national average.
- Although some audits had been carried out, we did not see evidence of a programme of audits to improve patient outcomes.

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt their confidentiality was maintained as conversations could be heard from the consultation room as well as the reception desk.
- The practice did have disabled access but did not have accessible facilities or baby changing facilities. There was no hearing loop for people hard of hearing.
- Information about services and how to complain was available and easy to understand. However, we did not see evidence of improvements that were made to the quality of care as a result of complaints and concerns and the practice could not evidence that learning was shared with staff.
- The practice had a number of policies and procedures to govern activity.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

# Summary of findings

- The practice must ensure that patient confidentiality is protected and patients can speak privately in consultations.
- Review the systems for managing complaints to include a review and documentation of both verbal and written feedback. A record of learning outcomes to be shared with staff and patients in order to drive improvements in the services provided.
- Implement a programme of quality improvement including audits to show improvements in patient outcomes.
- Ensure improvements identified in risk assessments are actioned and recorded within the set period to improve services.
- Ensure all staff receive and complete required training to carry out their roles effectively, including information governance.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Display notices in the reception areas informing patients that translation services are available.

In addition the provider should:

- Ensure systems are in place to monitor repeat prescriptions.

**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 good for providing safe services.

Good



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there were outstanding actions to be completed from the Health and safety risk assessment.
- The practice had not carried out a risk assessment for not having a defibrillator in the practice. However, the provider has since the inspection, submitted a risk assessment and handling emergency situations procedure guidance.
- 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 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

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

Good



- Data showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however staff had not received training in information governance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

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

Requires improvement



# Summary of findings

- We saw staff treated patients with kindness and respect, however people told us there was a lack of confidentiality in the waiting room and on the day of inspection we found we could hear patient and GP consultations from the waiting area.
- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- 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.
- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.

## 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 facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, the practice could not evidence how they learnt from complaints and how this was shared with staff and other stakeholders.

**Good**



## Are services well-led?

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

- The practice had a clear vision to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However, the practice did not have a supporting strategy or business plan to achieve the vision and values.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of practice specific policies and procedures to govern activity.

**Requires improvement**



# Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients. However, complaints were not formally discussed in practice meetings. There was a patient participation group however they were not active.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. For example, 73% of patients with diabetes had a total cholesterol of 5 mmol/l or less in the preceding 12 months compared to 76% for CCG average and 80% for national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

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

**Requires improvement**



# 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Immunisation rates for the standard childhood immunisations were mixed. For example vaccinations given to under two year olds ranged from 74% to 95%, which was comparable to CCG average but lower than national average.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. People could order prescriptions online and book appointments.
- The practice offered extended hours on Monday to Wednesday evenings between 6.30pm and 7pm for working people.

**Requires improvement**



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

**Requires improvement**





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Performance for dementia related indicators was better than the national average. For example, 94% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, compared to 84% for CCG average and 84% for national averages.
- Performance for mental health related indicators was comparable to the national average. For example, 90% of patients out of with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 90% for CCG average and 89% for national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had not completed training in the Mental Capacity Act 2005.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. Three-hundred and fifty-three survey forms were distributed and 94 were returned. This represented 1.6% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% 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 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% 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 79%.

We received 32 patient Care Quality Commission comment cards, 30 of which 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 13 patients on the day of inspection and four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice however they said there was a lack of privacy in the waiting area and people could hear conversations from consultation rooms. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

## Areas for improvement

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

- The practice must ensure that patient confidentiality is protected and patients can speak privately in consultations.
- Review the systems for managing complaints to include a review and record of all verbal and written feedback. A documented record of learning outcomes to be shared with staff and patients in order to drive improvements in the services provided.
- Implement a programme of quality improvement including audits to show improvements in patient outcomes.

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

- Ensure systems are in place to monitor repeat prescriptions.

- Ensure improvements identified in risk assessments are actioned and recorded within the set period to improve services.
- Ensure all staff receive and complete required training to carry out their roles effectively, including information governance.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Display notices in the reception areas informing patients that translation services are available.

# Hedgemans Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Hedgemans Medical Centre

Hedgemans Medical Centre is located in Dagenham in a converted detached house, providing GP services to approximately 5,800 patients. The practice provides services under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Barking and Dagenham Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice is a two GP partnership (one male and one female). The practice employs three locum GPs who provide five GP sessions a week. A total of 25 GP sessions are provided between Monday to Friday. The practice employs one full time practice nurse and one part time independent nurse prescriber. There is four reception staff, three administrative staff, one practice manager and two assistant practice managers.

The practice was open between 8.30am and 6.30pm Monday to Friday, with the exception of Thursdays when the practice closed at 1.30pm. Appointments were from 9am to 1pm every morning and from 3.30pm to 6.30pm daily. Extended hours appointments were offered from 6.30pm to 7pm between Monday and Wednesday.

Telephone lines at the practice were open between 8.30am and 12.30pm in the morning and between 2pm and 6.30pm on Monday to Friday with the exception of Thursday when the telephone lines closed at 1.30pm. People could access the out of hours services provided by the local HUB when the practice was closed. 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.

Information taken from Public Health England, shows that the population distribution of the practice is similar to that of the CCG and national average. Life expectancy for males in the practice is 76 years, which is lower than the CCG of 77 years and national average of 79 years. The female life expectancy in the practice is 81 years, which is the same as the CCG average and lower than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## Why we carried out this inspection

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

Hedgemans Medical Centre was not inspected under the previous inspection regime.

# Detailed findings

## 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 4 August 2016. During our visit we:

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

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and patient safety alerts; however, there was no evidence in minutes of meetings that these were discussed with staff. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a recent incident had taken place which put staff in danger but they did not have immediate access to raise an alarm to other colleagues. We saw that the practice was in the process of installing an alert system on their computers to enable all staff to be able to raise an alarm in an emergency.

### 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:

- 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, however they were generic and not practice specific; for example, it did not identify the safeguarding lead in the practice. However the provider has, since the inspection, made available a separate document listing the lead roles which is said to

be available in the practice policy folder. The policies outlined external contacts for further guidance if staff had concerns about a patient's welfare. 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 protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 lead, however she told us that there was no local infection prevention team to liaise with at the CCG to be able to keep up to date with best practice. We did not see evidence of an infection control protocol in place however staff had received up to date training. We saw an infection control audit had been carried out by the practice manager in May 2016 and this was due to be reviewed annually.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were no processes in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

## Are services safe?

practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed five personnel files and found inconsistency in recruitment checks undertaken prior to employment of staff from 2014. For example, only one file we reviewed had records of references, one file did not have proof of identification, three files did not have an application form or CV or any details of previous employment. However, we did see qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been carried out for clinical staff.

### 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. We saw the practice had carried out a health and safety risk assessment in April 2016, which identified 17 actions for improvement. However, we found that half of these had not been implemented in the recommended time. The practice had also carried out a fire risk assessment in February 2016. We saw a recent fire evacuation had been carried out and a full assessment of the procedure was documented and evaluated for improvements. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- On the day of inspection the management team told us that they were installing an instant messaging system on the computers in all the consultation and treatment rooms, which would alert staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises and had not carried out a risk assessment for not having one. The provider has, since the inspection carried out a risk assessment and provided practice guidance on managing emergency situations. The practice did have 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, however on the day of inspection the locum GP was not aware of the location of these medicines. 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. However, the plan was only held at the practice and none of the management team kept a copy externally although this had also been advised in the health and safety risk assessment.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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 96.7% of the total number of points available. They were not an outlier for 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 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 73% of patients with diabetes had a total cholesterol of 5 mmol/l or less in the preceding 12 months compared to 76% for CCG average and 80% for national averages.
- Performance for mental health related indicators was comparable to the national average. For example, 90% of patients out of with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 90% for CCG average and 89% for national average.

- Performance for dementia related indicators was better than the national average. For example, 94% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, compared to 84% for CCG average and 84% for national averages.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we saw a recent two-cycle audit carried out by the practice as part of the CCG prescribing incentive scheme on COPD patients. We saw 59 patients had been reviewed and 12 patients had been identified as not receiving suitable inhaler treatment. In the second audit cycle all 12 patients had been reviewed and medication had been changed to follow local guidance.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### 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

# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support, 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 and basic life support. Staff did not receive training in 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. However, staff had not completed training in 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.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 82%. 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 for the vaccinations given were mixed compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 95%, which was comparable to CCG average but lower than national average and five year olds from 71% to 91% which was comparable to CCG and national averages.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; however, it was possible to overhear conversations from some consultation rooms from the waiting area. On the day of inspection, a locum GP was using the consultation room next to the waiting and reception area and patient's private conversations could be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them an area at the back of the reception to discuss their needs.

We received 32 patient Care Quality Commission comment cards, 30 of which 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 13 patients on the day of inspection and four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice however they said there was a lack of privacy in the waiting area and people could hear conversations from consultation rooms. 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 comparable to the CCG average but lower than national average for its satisfaction scores on consultations with GPs. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 76% 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%.

The practice had not considered what they were doing to make improvements in GP consultations. On the day of inspection, patients we spoke to informed us that they preferred to be seen by one particular GP and did not want to be seen by the other as they felt that GP did not listen or give them enough time.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the CCG and national averages for its satisfaction scores on consultations with nurses and reception. For example:

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 94% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

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

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

## Are services caring?

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

On the day of inspection, patients told us that one particular GP was not good at explaining tests and treatments and involving them in decisions about their care and therefore would prefer not to be seen by them. The practice was not able to evidence what they were doing to make improvements to patient involvement in planning and making decisions about their care and treatment in GP consultations to be in line with national average.

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

- The management team told us that translation services were available for patients who did not have English as a first language, however when we spoke to staff they

said translation services were not available and patients were encouraged to bring an English speaking relative with them. There were no notices in the reception areas informing patients if translation services were available and both patients and staff we spoke to on the day of inspection were not aware whether translation services were available or not.

- Information leaflets were available in easy read format.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 29 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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/or by giving them advice on how to find a support service.

# 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 CCG had recently taken some services away from the practice however, the practice continued to provide some of these services to avoid patients having to be referred to other providers. For example, ear syringing and pre and post-operative checks.

- The practice offered extended hours on a Monday to Wednesday evening between 6.30pm and 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. However there were no baby changing facilities.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There was disabled access but no other facilities for disabled people and there was no hearing loop for people who are hard of hearing. Translation services were available, however not all staff or patients were aware of this service.
- One of the nurses was trained in initiating insulin for diabetic patients and runs a clinic every Tuesday morning. Although, people can be seen at other times and days more convenient to them.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday, with the exception of Thursdays when the practice closed at 1.30pm. Appointments were from 9am to 1pm every morning and from 3.30pm to 6.30pm daily. Extended hours appointments were offered from 6.30pm to 7pm between Monday and Wednesday. Telephone lines at the practice were open between 8.30am and 12.30pm in the morning and between 2pm and 6.30pm

on Monday to Friday with the exception of Thursday when the telephone lines closed at 1.30pm. People could access the out of hours services provided by the local HUB when the practice was closed. 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 mixed compared to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, they felt the opening times of the practice could be improved by keeping the practice open during lunch times.

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. GPs would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and there was a sign displayed in the waiting area.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at seven complaints received in the last 12 months and found these were dealt with in a timely way and with openness and transparency with dealing with the complaint. However, we found that one of the complaints made was verbal and the person was advised to put the complaint in writing in order for it to be investigated further, however the patient did not and therefore the complaint was not responded to. Staff told us that complaints needed to be made in writing and this is what they would tell people who wanted to complain. We did see some examples of where lessons had been learnt from

individual concerns and complaints; however, the practice had not carried out an analysis of trends from these complaints. For example, we found from reviewing the seven complaints that these were related to a lack of communication with the patient from both clinical and non-clinical staff. The practice manager told us that they were working to improve this through providing training to staff. Complaints were not formally discussed in practice meetings and therefore the practice could not evidence how learning was shared with staff as a result of complaints.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice did not have a mission statement, however staff were aware of their responsibilities in achieving the practice's vision.
- The practice did not have a formal strategy or supporting business plan to reflect the vision and values.

### Governance arrangements

The practice had a governance framework, which supported the delivery of good quality care. Nevertheless, there was a scope to improve governance in the following areas:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained. However, there was a lack of evidence to show that learning was being shared with staff as a result of complaints and feedback to make improvements to the service.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We found there was a lack of formal documentation of actions taken or pending as a result of a recent health and safety risk assessment.
- There was no programme of continuous clinical and internal auditing used to monitor quality and to make improvements.
- Practice specific policies were implemented and were available to all staff.

### Leadership and culture

The practice management team told us they prioritised safe, high quality and compassionate care. Staff told us the management 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. 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 every quarter.
- 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice told us that they encouraged feedback from patients and staff.

- The PPG did not meet regularly and the PPG told us they had not been informed of what their role was and many were unclear about the impact they could have on the development and improvement of the practice. On the day of inspection, PPG were not aware that that practice telephone lines had recently been changed to be closed during lunch times and that they would be directed to the out of hours provider telephone lines.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not always ensure the privacy of patients as consultations could be overheard from the waiting room.</p> <p>This was in breach of regulation 10(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not adequately assessed monitored and mitigated some risks to patients.</p> <ul style="list-style-type: none"><li>• The provider failed to implement all actions identified in health and safety risk assessment to improve the quality and safety of services in the recommended time.</li><li>• The provider could not demonstrate how verbal and written feedback from people was analysed or how learning outcomes were shared with staff or patients to drive improvements in the quality of services provided to people.</li><li>• The provider did not have a programme of continuous quality improvement.</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>