# The Laurels Medical Practice

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at The Laurels Medical Centre on 28 July 2015. Overall the practice is rated as requires improvement.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to relating to the safe storage of vaccines and infection prevention and control.
- There was evidence that clinical audits were being used to drive improvements in performance to improve patient outcomes. However, data also showed significant variation in patient outcomes above and below averages for the locality.
- 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 we spoke with 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.
- Leadership arrangements did not support the delivery of high-quality person-centred care. Our registration records indicated that there were two partners working at the practice. However, on the day of our inspection we noted that there was only one full time GP working; supported by seven part time locums. We were told that the other partner was no longer practising and had been absent for more than 28 days.

# Summary of findings

We had not received a statutory notification. Although the practising GP partner was clear about his role and accountability for quality, we could not be assured that they had the necessary capacity to lead effectively. For example, we noted that they had a range of responsibilities including safeguarding, clinical auditing and clinical and non clinical staff line management.

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

Importantly the provider must:

- Ensure that vaccines are safely managed and stored.
- Ensure Patient Specific Directions (PSDs) are in place for named patients whenever the health care assistant administers flu immunisations.
- Undertake annual infection prevention and control audits in order to identify and act on infection risks.
- Ensure that the Care Quality Commission is formally notified of the non practising partner's absence and advised of the arrangements in place for managing the regulated activities during their absence.

In addition, the provider should:

- Continue to implement and monitor improvements in patient outcomes for people with diabetes and for cervical screening uptake as these are significantly below CCG and national averages.
- Review its clinical leadership arrangements to ensure they support the delivery of high-quality person-centred care.
- Investigate an apparently high level of emergency admissions for patients with cancer.

We inspected The Laurels Medical Practice in 2013 using our old methodology and judged it to be compliant regarding the following outcomes: respecting and involving people, care and welfare, cleanliness and infection control, safety and suitability of premises and assessing quality of service provision. The location was not compliant regarding its safeguarding systems. We re-inspected in 2014 and judged that the location was compliant regarding this outcome.

**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?**

**Requires improvement**

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

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, we identified concerns with vaccines storage protocols and also noted that an appropriately signed patient specific direction was not on file for the practice's health care assistant administering flu immunisations. The practice could not demonstrate that it undertook annual infection prevention and control audits to identify and act on infection risks.

**Are services effective?**

**Requires improvement**

The practice is rated as requires improvement for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. However, data showed that patient outcomes were lower than locality and national averages for diabetic care and cervical screening.

**Are services caring?**

**Good**

The practice is rated as good for providing caring services. Patients told us 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality. GP patient survey results highlighted that patients were positive about consultations with doctors and practice nurses. Satisfaction scores were comparable to local and national averages.

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**Are services responsive to people's needs?**

Good 

The practice is rated as good for providing responsive services. 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 that the practice responded quickly to issues raised. Patients we spoke with and comment cards we reviewed were positive on the overall experience of making an appointment but national GP patient survey results highlighted that satisfaction with access was generally below or significantly below locality and national averages. The practice could demonstrate actions taken to improve access.

**Are services well-led?**

Requires improvement 

The practice is rated as requires improvement for being well-led as there are areas where it must make improvements. Although it had a clear strategy and staff were clear about their responsibilities, we noted that clinical leadership arrangements did not support the delivery of high-quality person-centred care. Our registration records indicated that there were two partners working at the practice. However, on the day of our inspection we noted that there was only one full time GP working; supported by seven part time locums. We were told that the other partner was non practising and had been absent for more than 28 days and we had not received a formal notification. Although the practising partner GP was clear about his role and accountability for quality, we could not be assured that they had the necessary capacity to lead effectively.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active but meetings only took place approximately once every six months. Staff had received inductions, regular performance reviews and attended staff meetings.

# Summary of findings

## The six population groups and what we found

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

**Older people**

Requires improvement

The practice is rated as requires improvement for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**People with long term conditions**

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. QOF performance on diabetic care was significantly below CCG and national averages. We also noted that the practice could not account for unplanned cancer admissions rates which were relatively high for the CCG area.

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Families, children and young people**

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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. Appointments were available outside of school hours and the premises were suitable for children and babies.

# Summary of findings

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Requires improvement

The practice is rated as requires improvement 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. For example, the practice offered urgent appointments and telephone triage and was also proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group. However, the practice's uptake for cervical screening was 64.3%, compared to the CCG average of 76% and the national average of 82%.

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**People whose circumstances may make them vulnerable**

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including with a learning disability (for whom longer appointments were offered).

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

# Summary of findings

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

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

# Summary of findings

## What people who use the service say

The national GP patient survey (published July 2015) showed that the practice was below local and national averages. There were 116 responses and a response rate of 28%.

- 62% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 81% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 49% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 70% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 86% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 57% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 35% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 59% and a national average of 65%.
- 28% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received; with key themes being that staff were respectful, that they listened and were compassionate. We also spoke with four patients (including one patient participation group member). They were positive about the standard of care they received.

## Areas for improvement

**Action the service MUST take to improve**

- Ensure that vaccines are safely managed and stored.
- Ensure Patient Specific Directions (PSDs) are in place for named patients whenever the health care assistant administers flu immunisations.
- Undertake annual infection prevention and control audits in order to identify and act on infection risks.
- Ensure that the Care Quality Commission is formally notified of the non practising partner's absence and advised of the arrangements in place for managing the regulated activities during their absence.

**Action the service SHOULD take to improve**

- Continue to implement and monitor improvements in patient outcomes for people with diabetes and for cervical screening uptake as these are significantly below CCG and national averages.
- Review its clinical leadership arrangements to ensure they support the delivery of high-quality person-centred care.
- Investigate an apparently high level of emergency admissions for patients with cancer.

# The Laurels Medical Practice

**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, practice nurse specialist adviser and practice manager specialist advisor.

## Background to The Laurels Medical Practice

The Laurels Medical Centre is located in Haringey, North London. The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services.

The practice's opening hours are:

- Monday to Friday: 8.00am - 6.30pm
- Saturday: 9.00am - 1.00pm

Appointments are available at the following times:

- Monday to Friday: 8.30am-12.30pm and 2.30pm-6.30pm
- Saturday: 9.30am - 12.30pm

Outside of these times, cover is provided by an out of hours provider.

The practice has a patient list of approximately 7,400. Nine per cent of patients are aged 65 or older and approximately 18% are under 18 years old. Thirty nine percent have a long standing health condition and 10% have carer responsibilities.

The services provided include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions clinics. The staff team comprises one GP partner (male), one non-practicing partner, seven part time locum GPs (four female, three male equating to 4.5 whole time equivalent (WTE) full time members of staff), two part time female locum nurses, one female health care assistant, a practice manager and a range of administrative staff.

On the day of our inspection, we were advised that the non practicing partner had been absent for more than 28 days. We had not been formally notified or advised of the arrangements in place for managing the regulated activities during the period of absence.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury, Diagnostic and screening procedures, maternity and midwifery procedures and surgical procedures.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 and as part of our regulatory functions. This 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.

We inspected The Laurels Medical Practice in 2013 using our old methodology and judged it to be compliant regarding the following outcomes: respecting and involving people, care and welfare, cleanliness and infection control, safety and suitability of premises and assessing quality of

service provision. The location was not compliant regarding its safeguarding systems. We re-inspected in 2014 and judged that the location was compliant regarding this outcome.

## How we carried out this inspection

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2015 During our visit we spoke with a range of staff including GPs, locum practice nurse and practice manager; and spoke with four patients who used the service. We observed how people were being cared for and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Staff knew how to access this system and report significant events.

We reviewed safety records, incident reports 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, records showed that an incident of the vaccines fridge temperature not being logged had been recorded as a significant event and discussed at a team meeting. Vaccines management was reviewed to minimise the chance of reoccurrence.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

We looked at systems, processes and practices in place to keep people safe. We noted the following:

- Arrangements were in place to safeguard adults and children 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Records showed that safeguarding was routinely discussed at team quality assurance meetings (for example latest NICE child maltreatment guidelines).
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice's health care assistant had recently been appointed infection prevention and control (IPC) lead following the resignation of the previous (practice nurse) IPC lead. The health care assistant had received training in their role. They were in the process of undertaking an IPC audit to identify and act on infection control risks. Staff told us that an IPC audit had previously taken place in 2014 but this could not be located. The practice had an infection control protocol in place.
- Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The Patient Group Directions (PGDs) of the locum practice nurse working on the day of our inspection were in date. 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. The Patient Specific Direction (flu immunisations) of the health care assistant could not be located. We were told that it had been accidentally destroyed. PSDs are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. The practice told us that they would take immediate action to resolve this issue.
- We identified concerns with the arrangements for managing vaccines. The practice was using a data logger to automatically record fridge temperatures. The practice nurse who had left the practice in June 2015

had had responsibility for checking the temperature data but following their resignation, this had not been monitored. The practice noted that shortly before our inspection there were two dates (24 and 27 July 2015) when the fridge temperature was outside the range of 2-8°C; the temperature range between which vaccines should be stored in order to ensure their effectiveness. The fridge temperatures were recorded at between 16 and 21°C.Records showed that the practice had treated this incident as a significant event and undertaken a range of actions including temporary suspension of child immunisations whilst advice was sought from Public Health England, fridge calibration and reverting back to manual recording of fridge temperatures. We notified Public Health England shortly after our inspection.

- At the time of our inspection, the practice's two practice nurse posts were vacant. Records showed that the practice was in the process of recruiting a practice nurse and that practice nurse locums were currently being used. We also noted that there was only one full time GP working at the practice who was supported by seven part time locums (equating to four full time GPs posts). There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment (including locum GPs and practice nurses). For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training within the last year and there were emergency medicines available in the treatment room. The practice had a Defibrillator available on the premises and emergency oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Records showed that monthly NICE guidelines discussions had been scheduled for the calendar year. For example, staff had recently discussed latest NICE guidelines on how to reduce prescribing of antibiotics for respiratory tract infections and NICE guidelines on dementia care.

The practice monitored that NICE guidelines were followed through by auditing a random sample checks of patient records. For example, the practice undertook regular antibiotics prescribing audits to ensure that prescribing was in accordance with NICE guidelines.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Latest available results were 78% of the total number of points available, with 4% exception reporting. The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for asthma related indicators (97%) was slightly above the CCG average (96%) and national average (96.5%).
- Performance for mental health related indicators (90%) was slightly above the CCG mental health average (89%) and equal to the national average.
- Performance for dementia related indicators (100%) was above the CCG average (91.6%) and national average (93.4%).
- Performance for diabetes related indicators (51%) was significantly below the CCG average (85.7%) and national average (90.1%).

We looked for evidence of how the practice was improving outcomes for diabetic patients. Records showed that QOF performance was a standing agenda item at monthly quality assurance meetings. For example, a March 2015 meeting had discussed the reallocation of clinical roles and responsibilities in order to improve availability of diabetic care. The practice had also recently identified a GP diabetic clinical lead and we were told that GP led diabetic Saturday clinics would shortly commence.

The practice had a structured programme of clinical audits which were routinely carried out to demonstrate quality improvement. There had been four clinical audits conducted in the last twelve months; three of these were completed audits where the improvements made were implemented and monitored. For example, in September 2014, the practice audited the uptake of child immunisations for under-five year olds and identified that only 23 of 30 patients (76%) had been vaccinated in accordance with the vaccination schedule or had a proper record of vaccinations. Following changes to how vaccination records of newly registered patients were collated from parents and carers, a March 2015 reaudit showed that all of the 27 newly registered under five year olds were up to date with their vaccinations or had vaccinations scheduled for within the next eight weeks.

An October 2014 audit highlighted that only 80% of newly registered patients had had a health check. The practice contacted patients; stressing the importance of health checks and a December 2014 reaudit showed that the rate had increased to 90%. The practice also undertook regular antibiotic prescribing audits.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support

Requires improvement

# Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Records showed that monthly NICE guidelines discussions had been diarised for the calendar year.
- 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.
- Locum GPs attended the practice's weekly quality assurance meetings.

## 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

For example, in March 2015, the results of a two cycle audit showed that all 20 audited patient records included accurately scanned hospital correspondence. However, we noted that the practice was faxing hospital referral letters but not undertaking routine audits of whether they arrived.

We also saw evidence that teleconference multi-disciplinary team meetings took place on a weekly basis (for example with district nurses) and that care plans were routinely reviewed and updated.

## Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

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

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 64.3%, compared to the CCG average of 76% 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 but we could not be assured that this was happening due to current nursing staff levels. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, emergency cancer admissions per 100 patients on the practice's register of cancer patients was 49 compared with the national rate of seven. The practice could not account for this difference.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 92% and five year olds from 73% to 90%. Flu vaccination rates for the over 65s were 57% which was below the 73% national average. We were told that the practice had reviewed its patient recall systems in order to improve up take rates.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients and that they were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient CQC 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 also spoke with a member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

Patients responded positively to questions about consultations with doctors and practice nurses and satisfaction scores were generally comparable to CCG and national averages.

- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 90%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

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

Patients we spoke with told us that health issues were discussed with them and 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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. The results were in line with local and national averages. For example:

- 81% 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%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

Staff told us that interpreting services were available for patients who did not have English as a first language and we saw that this was advertised in reception.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 10% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, a recent antibiotic prescribing audit had been triggered by discussions with the CCG's prescribing team and a review of NICE antibiotic prescribing guidance.

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

- There were longer appointments available for people with a learning disability.
- Home visits and rapid access appointments were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Repeat prescribing was offered for patients who could not get to the practice during the day such as carers and others working in the day.
- There were disabled facilities including step free access, hearing loop and lowered reception desk for wheelchair users.
- Male and female doctors were available.
- The practice was open Saturday mornings which was of benefit to working age people.
- Two GPs were fluent in languages prevalent in the local community.
- Online appointment booking and repeat prescriptions were also available.

### Access to the service

The practice's opening hours are:

- Monday to Friday: 8.00am - 6.30pm
- Saturday: 9.00am - 1.00pm

Appointments are available at the following times:

- Monday to Friday: 8.30am-12.30pm and 2.30pm-6.30pm
- Saturday: 9.30am - 12.30pm

Outside of these times, cover is provided by an out of hours provider. 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.

Patients we spoke with on the day were positive about how they were able to get appointments when they needed them. They also spoke positively about practice opening times.

However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally either below or significantly below local and/or national averages. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 62% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 57% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 35% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59% and national average of 65%.

We asked the practice how it had acted on negative patient survey feedback. They told us that they had had increased the number of reception staff with responsibility for answering phones and also introduced a patient self check in machine in reception. The number of daily emergency appointment slots had also been increased. Records showed that telephone access audits were routinely used to monitor and improve phone access as necessary. For example, an October 2014 audit highlighted that 48% of patients got through to the practice on their first attempt during morning peak hours. Following the introduction of additional phone lines and staff, a follow up audit in December 2014 highlighted that this had increased to 64%.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system (such as posters

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

displayed in reception, patient information leaflet and information posted on the practice website). Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last twelve months and found that these were satisfactorily handled and dealt with in a timely way in accordance with the practice complaints policy. Records showed that discussion of complaints was a standing agenda item at weekly quality assurance meetings. There was evidence of how learning from complaints was used to improve the quality of care. For example, following a patient complaint alleging that a member of staff had been rude, records showed that the incident had been discussed at a quality assurance meeting and learning shared.

# 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 clear vision to treat patients and staff with compassion and to deliver safe and high quality services to its patients. The practice did not have a documented business plan but had a statement of purpose on which staff were clear.

### Governance arrangements

The practice was working with three external organisations to improve its information and clinical governance systems. The practice also used a computer based governance framework system which supported the delivery of the strategy and good quality care. The system supported the practice in ensuring that:

- Practice specific policies were up to date, implemented and readily available to all staff
- There was a programme of continuous clinical audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of those relating to infection prevention and control; and the safe storage and handling of vaccines
- There was regular discussion and learning from significant events and complaints
- NICE guidelines were routinely discussed
- There was a clear staffing structure and staff were aware of their own roles and responsibilities although data showed that patient outcomes were lower than locality and national averages for diabetic care and cervical screening

### Leadership, openness and transparency

Clinical leadership arrangements did not support the delivery of high-quality person-centred care.

Our registration records indicated that there were two partners working at the practice. However, on the day of our inspection we were told that there was only one full time GP working; supported by seven part time locums. Although the GP was clear about his role and accountability for quality, we could not be assured that they had the necessary capacity to lead effectively due to the individual burden being placed on them. For example, we were told that they led on a range of areas such as safeguarding and all aspects of clinical governance (such as clinical audits and patient satisfaction surveys).

We were also told that the other partner was non-practising and had been absent for more than 28 days. We had not been formally notified or advised of the arrangements in place for managing the regulated activities during this absence. Providers have a statutory obligation to notify the Care Quality Commission in the event of such absences.

Staff also told us they had the opportunity to raise any issues at regular team meetings and were confident in doing so and felt supported if they did and that they were involved in discussions about how to run and develop the practice. For example, reception staff spoke positively about how their concerns regarding the appointments system had been taken on board.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met approximately every six months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example a July 2015 survey of 50 patients had highlighted high levels of satisfaction regarding opening hours. We were told that low levels of satisfaction regarding patients being able to see the GP of their choice had been addressed by increased use of locums. A PPG member spoke positively about how the group's views had been acted upon.

The practice also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They felt involved in how the practice was run.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They failed to identify the risks to patients associated with not having an adequate system in place for ensuring that vaccines were safely managed and stored and with not maintaining fridge temperatures within safe limits to ensure the efficacy of vaccines and immunisations given. They also failed to identify the risks to patients associated with not having appropriately signed Patient Specific Directions (PSDs) on file for its health care assistant and failed to identify the risks to patients associated with not having an adequate system in place for ensuring that annual infection prevention and control audits took place.<br><br>This was in breach of regulation 12 (1) (2) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 14 CQC (Registration) Regulations 2009 Notifications – notice of absence<br><br>The provider failed to give notice in writing to the Commission of a proposed absence from carrying on or managing the regulated activity for a continuous period of 28 days or more.<br><br>This was in breach of regulation 14 Care Quality Commission (Registration) Regulations 2009 |