

# Connaught Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Connaught Surgery on 28 July 2016. Overall the practice is rated as requires improvement.

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

- The practice was unable to provide evidence that all staff had undergone all necessary pre-employment checks.
- The practice was not using care plans for patients with long-term conditions. Care plans set out how the care and support needs of each patient within specific groups will be met.
- Although staff had personnel records these were not stored in separate folders, and were not kept up to date, much of the information we would expect to find was missing including evidence that staff had undertaken mandatory training. There was also a lack of evidence to confirm that all staff had undergone an appraisal within the last 12 months.
- A domestic fridge was being used to store vaccines rather than a validated medicines fridge which must be used for the storage of vaccines and other medicines.
- There was an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was generally well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks to verify that staff are of good character and have the qualifications, competence, skills and experience necessary for them to discharge their role.
- Ensure all staff are kept up to date with mandatory training in line with national guidance and guidelines and that appropriate records of this are maintained.
- Ensure that all vaccines are stored safely in an appropriate medicines fridge, and that the fridge is not overstocked.

In addition the provider should:

- Consider installation of a hearing loop in reception for the benefit of patients with impaired hearing.
- Consider conducting fire drills so staff know what to do in the event of a fire.
- Introduce a system to monitor and keep secure in use prescription pads and loose prescription forms.
- Consider the use of care plans to ensure it meets the needs of patients with long term conditions.
- Implement an audit programme so that all clinical audits demonstrate a two audit cycle to support quality improvement for patient outcomes.
- Consider re-decorating the inside and outside of the building.
- Consider how to implement, monitor and review actions identified to improve care for patients with diabetes.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- The practice was not keeping adequate staff records. It could not provide evidence that all staff had undergone appropriate pre-employment checks, including all staff having a Disclosure and Barring Service (DBS) check or a suitable risk assessment. Additionally, the practice was unable to provide evidence that staff underwent mandatory training in line with national guidance and guidelines.
- Unused prescription pads and loose forms were securely stored, but there was no system to keep secure and monitor the in use prescriptions and loose forms.
- Vaccines were stored in a domestic fridge rather than an appropriate medicines fridge. It was also overstocked and vaccines were not stored safely.
- The interior and exterior of the building were in need of re-decoration.
- 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 an apology. They were told about any actions to improve processes to prevent the same thing happening again.

**Requires improvement**



### Are services effective?

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

- Although staff we spoke with attested to having undergone induction training, mandatory training and appraisals, we found that personnel files were inconsistent and incomplete which meant we were unable to verify that pre-employment checks, mandatory training, annual appraisals and DBS checks, or a suitable risk assessment, had been undertaken for all staff.
- There was limited evidence of appraisals and personal development plans for all staff.

**Requires improvement**



# Summary of findings

- The practice was not using care plans for patients with long-term conditions. Care plans set out how the care and support needs of each patient within specific groups will be met.
- The practice had undertaken five audits within the last two years including one completed two-cycle audit.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. The practice was working with the CCG and other local practices to secure purpose built premises to which the practice could move.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- There was a governance framework which supported the delivery of the strategy and good quality care. However, poor record keeping prevented us from confirming that all staff had undertaken all pre-employment checks or completed mandatory training.
- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

## Requires improvement



# 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, effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- When a family suffered a bereavement the practice sent a condolence card to the family and a GP or nurse phoned the family to offer their condolences and to direct them to support groups.

**Requires improvement**



### People with long term conditions

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

- The practice was not using written care plans for patients with long-term conditions. Care plans set out how the care and support needs of each patient within specific groups will be met and are to be agreed by the patients in consultation with the GPs.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes was mixed, for example: 51% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months compared to a CCG average of 86% and a national average of 88%. However, 85% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (CCG average 76% National average 78%).
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- 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.

## Families, children and young people

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

- 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, and we saw evidence to confirm this.
- 79% women aged 25-64 had had a cervical screening test performed in the preceding 5 years (CCG average 81% national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered evening clinics on Tuesday evenings until 8.30pm for patients who could not attend during working hours. It also offered appointments on Monday and Thursday evenings after 6.30pm on an ad hoc basis depending on patient demand.

Requires improvement





# Summary of findings

- 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 whose circumstances may make them vulnerable

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

- The practice did not have a hearing loop in reception for the benefit of patients with impaired hearing
- 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.
- 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.

Requires improvement



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

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

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (CCG average 90%, national average 90%).
- 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.

Requires improvement



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. Two hundred and fifty-seven survey forms were distributed and 105 were returned. This represented 2% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 89% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients mentioned the friendly and helpful approach, though some were disappointed they could only discuss one issue per visit. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Seventy eight percent of nine patients responding to the FFT said they would recommend the practice.

## Areas for improvement

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

The areas where the provider must make improvement are:

- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks to verify that staff are of good character and have the qualifications, competence, skills and experience necessary for them to discharge their role.
- Ensure all staff are kept up to date with mandatory training in line with national guidance and guidelines and that appropriate records of this are maintained.
- Ensure that all vaccines are stored safely in an appropriate medicines fridge, and that the fridge is not overstocked.

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

The areas where the provider should make improvement are:

- Consider installation of a hearing loop in reception for the benefit of patients with impaired hearing.
- Consider conducting fire drills so staff know what to do in the event of a fire.
- Introduce a system to monitor and keep secure in use prescription pads and loose prescription forms.
- Consider the use of care plans to ensure it meets the needs of patients with long term conditions.
- Implement an audit programme so that all clinical audits demonstrate a two audit cycle to support quality improvement for patient outcomes.
- Consider re-decorating the inside and outside of the building.
- Consider how to implement, monitor and review actions identified to improve care for patients with diabetes.

# Connaught Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Connaught Surgery

Connaught Surgery provides primary medical services in the London Borough of Enfield to approximately 4900 patients and is one of 49 member practices in the NHS Enfield Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. It has higher than CCG and national average representation of income deprived older people (24% compared to the CCG average of 22% and national average of 16%). The practice had surveyed the ethnicity of approximately 96% of the practice population and had determined that 55% of patients described themselves as white, 20% Asian, 10% black and 15% as having mixed or other ethnicity.

The practice operates from a converted and extended residential property with all patient facilities on the ground floor and wheelchair accessible. There are offices for administrative and management staff on the ground floor.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: childhood vaccination

and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; learning disabilities; minor surgery; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one part-time female and one full-time male GP partners. The doctors work a combined total of 15 clinical sessions per week. The nursing team consists of one part time female practice nurse.

There are seven administrative, reception and clerical staff and one full-time practice manager.

Appointments are available

Monday 9.00am to 1.30pm and 4.00pm to 6.00pm

Tuesday 9.00am to 11.40am and 4.00pm to 8.20pm

Wednesday 9.30am to 1.45pm and 2.30pm to 5.30pm

Thursday 9.15am to 1.00pm and 2.00pm to 5.00pm

Friday 9.00am to 11.40am and 4.00pm to 6.00pm

Extended hours appointments are available

Tuesday 6.30pm to 8.30pm

The practice offers extra appointments after 6.30pm on Mondays and Thursdays on an ad hoc basis depending on patient need.

The practice has opted out of providing out of hours (OOH) services to their own patients when it is closed and directs patients to the OOH provider for NHS Enfield CCG.

# Detailed findings

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

The practice was previously inspected by CQC on 3-4 January 2015 as part of the pilot scheme for our current inspection system. At that time we found several areas for improvement: staff had not received training in the requirements of the Mental Capacity Act 2005 (MCA); it was not offering patients the option to book appointments online; translation services had to be booked long in advance; and parts of the practice required repair and redecoration. During this inspection we confirmed that the practice had resolved the above issues, with the exception that the practice still required re-decoration.

## 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.

## 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 28 July 2016. During our visit we:

- Spoke with GPs, nurse, practice manager and administrative and reception staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# 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, an 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, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient attended for an appointment with an contagious infection. The practice discussed in a meeting how this could have been better handled and provided staff with update awareness training of the procedure for such illnesses. It also contacted Public Health England to raise an alert concerning the incident.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and we were provided with evidence that all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received training for the role, and were able to describe their role and responsibilities when acting as a chaperone, 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, though the interior and exterior of the building were in need of re-decoration. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence of an action plan to address any necessary improvements.
- Although vaccines were not safely stored, the arrangements for managing other medicines, including emergency medicines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription forms and pads were securely stored but there was no system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The vaccines were stored in a domestic fridge. A specialised medicines fridge must be used for the storage of vaccines and other medicines. Medicines fridges are secure and have accurate thermometers than domestic fridges, allowing for appropriate

## Are services safe?

monitoring to ensure that vaccines are stored within the recommended temperature range. Rather than being stored in the body of the fridge there were vaccines stored in the door shelving. The fridge was also overstocked which may compromise its effectiveness.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. Controlled drugs were stored safely, and there were also arrangements in place for their destruction.
- We reviewed four personnel files but found them to be inconsistent and incomplete. For example, it was not possible to verify that all appropriate recruitment checks had been undertaken prior to employment. Information missing included: proof of identification; references; qualifications; registration with the appropriate professional body.
- Staff personnel files did not all contain evidence of staff having undergone all mandatory training including: Health and safety; basic life support; infection control; and fire safety, though staff we spoke to were able to explain their responsibilities.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had an up to date fire risk assessment but was not carrying out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, 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.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There were emergency medicines available in the treatment room, but we were not provided with evidence of annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available (CCG average 93%, national average 95%).

Data from 2014-15 showed:

- Performance for diabetes related indicators was mixed in comparison to the national average. For example, 75% of patients with diabetes, on the register, had a last blood sugar level recorded of 64 mmol/mol or less in the preceding 12 months compared to a CCG average of 74% and a national average of 78%. Eighty-five percent of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (CCG average 76%, national average 78%). However, only 51% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (CCG average 86%, national average 88%). The practice told us that when the previous practice nurse retired there had been a reduction in the work undertaken, as the new practice nurse was working fewer sessions.
- Performance for mental health related indicators was similar to the national average. 84% of patients with

schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (CCG average 88% national average 88%).

The practice had been unable to arrange regular attendance of all other medical professionals at multi-disciplinary team meetings for the review of its patients on the palliative care register. It was, though, using other opportunities to discuss these patients with other health professionals. For example, it discussed these patients at integrated care meetings with social workers and health visitors, and the GPs contacted the Macmillan nurses directly to discuss patients.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, following an update of guidance from MHRA (Medicines & Healthcare products Regulatory Agency) to review patients taking Simvastatin 40 mg and Amlodipine as evidence showed that this combination was, where possible, to be avoided (Simvastatin is a medicine used to lower cholesterol levels, Amlodipine is used to lower blood pressure). The practice undertook an audit of its patients and found that twelve patients were taking these medicines. The practice reviewed the results and invited the patients for reviews. The practice conducted a follow-up audit six months later and found that there were no patients still taking that combination of medicines.

### 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. Details of induction procedures for new employees were not stored on staff personnel files, however, staff we spoke to were able to explain the induction procedure. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- 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 confirmed that they had attended for training updates, and by discussion at meetings.
- 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 practice was not able to provide evidence that all staff had received an appraisal within the last 12 months, though staff we spoke to confirmed that they had had an appraisal within the last 12 months, with the exception of one person who was in the process of leaving the practice and whose appraisal had been delayed due to another member of staff also leaving the practice. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs.
- Although records were not adequately kept, staff we spoke to confirmed that they received training that included: safeguarding, fire safety awareness, basic life support and information governance, staff had access to 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, medical records and investigation and test results. However, there were no care plans for patients with diabetes, learning difficulties, or on the palliative care register.
- 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 where patients were routinely reviewed.

### Consent to care and treatment

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

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

### 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, depression and asthma. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice were 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 81% 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 ensuring 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.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were above the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 25% to 94% (CCG average 11% to 60%) and five year olds from 83% to 93% (CCG average 65% to 86%).

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 helpful to patients and treated them with dignity and respect.

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

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). 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 felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and to the national average of 82%.
- 86% 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 national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (1.3% of the practice list). There was information available on the practice website as well as leaflets 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 practice offered an evening clinic on a Tuesday evening until 8.30pm for patients who could not attend during normal opening hours. It also offered additional appointments after 6.30pm on Mondays and Thursdays on an ad hoc basis according to patient need.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available, but there was no hearing loop for the benefit of patients with impaired hearing.
- The practice invited all eligible patients for their annual flu injection on one day. There are no fixed appointments so that patients could attend when convenient for them. The practice then held catch-up clinics for those patients unable to attend on the day.

### Access to the service

Appointments were available

Monday 9.00am to 1.30pm and 4.00pm to 6.00pm

Tuesday 9.00am to 11.40am and 4.00pm to 8.20pm

Wednesday 9.30am to 1.45pm and 2.30pm to 5.30pm

Thursday 9.15am to 1.00pm and 2.00pm to 5.00pm

Friday 9.00am to 11.40am and 4.00pm to 6.00pm

Extended hours appointments were available

Tuesday 6.30pm to 8.30pm

The practice offered extra appointments after 6.30pm on Mondays and Thursdays on an ad hoc basis depending on patient need.

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 patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to 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.

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.

This was achieved by telephoning 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 an effective 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 we saw a poster displayed in the reception area and leaflets were available explaining how to make a complaint.

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

We looked at 15 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends

and action was taken to as a result to improve the quality of care. For example, a patient complained about being asked questions by a receptionist. The practice reviewed what had happened, apologised to the patient and explained why the reception staff needed to ask questions.

# 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 deliver high quality care and promote good outcomes for patients.

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

### Governance arrangements

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

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However:
  - Poor record keeping meant that we were not able to confirm that all staff had undergone all mandatory training in line with guidelines and guidance or had gone through an induction process.
  - Vaccines were stored in a domestic fridge rather than a specialised vaccines fridge.
  - There was below average performance for some QOF domains, for example, 51% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months compared to a CCG average of 86% and a national average of 88%.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There had been one completed two cycle audit used to monitor quality and to make improvements.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners 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 an 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.
- 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had asked for a notice board in reception to publicise its activities. The practice agreed and made a noticeboard available to the PPG.

# Are services well-led?

Requires improvement



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

- The practice had 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. Staff had suggested that a patient

check-in machine in reception be installed to reduce queues at the reception desk. The practice was in the process of arranging to install a patient check-in machine. 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to ensure the proper and safe management of medicines.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services 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 was not adequately implementing its own policies or national guidelines, including:</p> <p>Not all necessary pre-employment checks had been undertaken for all staff as set out in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

Not all clinical staff underwent a DBS check.

Out of date vaccines were stored in the vaccines fridge.

Vaccines were stored in a domestic fridge instead of a specialised vaccines fridge.

Performance within some QOF domains was below average.

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

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

We found the registered provider did not operate effective systems to ensure staff received training appropriate to their role:

The provider had failed to ensure that staff had completed mandatory training in line with national guidance and guidelines.

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

### **How the regulation was not being met:**

The provider had failed to maintain the records specified in schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to evidence that suitable pre-employment checks had been carried out in respect of all staff.

This was in breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.