

# The Family Practice

## Quality Report

St Johns Health Centre  
Hermitage Road  
Woking  
Surrey  
GU21 8TD

Tel: 01483 227060

Website: [www.thefamilypractice-stjohns.co.uk](http://www.thefamilypractice-stjohns.co.uk)

Date of inspection visit: 08 September 2016

Date of publication: 29/12/2016

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Family Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Family Practice on 08 September 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, for at least the last three months prior to our inspection vaccines had not been stored in accordance with manufacturer's instructions which meant patients have been given potentially ineffective vaccines. There were also concerns regarding recruitment checks, training, infection control, risk assessments, medicines management, storage of clinical waste and the storage of patient records.
- Although patients were positive about their interactions with staff on the day of inspection we observed some staff who did not treat patients with respect or compassion.
- Appointment systems were not working well so patients reported that they did not receive timely care

when they needed it, however urgent appointments were available on the day they were requested.

Patients told us they sometimes queued for up to an hour and a half to book an appointment.

- The practice did not have sufficient monitoring in place to ensure that practice policies and protocols were being used appropriately.
- The practice had developed in house templates for use with the clinical system that clinicians completed to clearly and consistently record safeguarding information and consent.
- Clinical audits demonstrated quality improvement.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The culture and leadership of the practice were not enabling staff to provide high quality care.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

The areas where the provider must make improvements are:

# Summary of findings

- Review the leadership and culture to support provision of high quality patient care and enable staff to deliver that.
- Ensure that training appropriate to job role is completed by all clinical and non-clinical staff and GPs, including safeguarding children and vulnerable adults.
- Ensure that all appropriate risk assessments are completed including a risk assessment on how the practice deals with medical emergencies and a Legionella risk assessment and that actions identified from risk assessments are completed and recorded. This includes ensuring recruitment arrangements include all necessary employment checks for all staff
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice. This includes ensuring that written Person Specific Directions (PSD) are in place for the health care assistants, all vaccines and medicines are stored in accordance with the manufacturer's instructions, clinical and medicine waste is disposed of safely and patient records are stored securely.

The areas where the provider should make improvement are:

- Improve processes for making appointments.
- Review the inclusion of all staff in clinical and non-clinical decisions.
- Review where emergency equipment including emergency medicines is stored and whether it is in an appropriate location that is easily accessible to all staff.

- Review the risks of using friends and family to translate and as advocates at times of obtaining consent and providing treatment.
- Review the signage of the toilet identified as suitable for disabled patients.
- Review how patient privacy is maintained at all times.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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 inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe.
- Vaccines and other medicines which required refrigeration were not being stored safely in line with national guidelines.
- There was not Person Specific Directions (PSD) in place for the health care assistant (HCA) in order to administer specific medicines which need to be authorised by a GP.
- Recruitment checks were not complete for all staff.
- There was no defibrillator on site or risk assessment in place to demonstrate that they were equipped to deal with emergencies without one.
- We saw evidence that all clinical staff had completed adult safeguarding training but the practice did not provide evidence that one GP and one nurse had completed child safeguarding training to a level appropriate to their role. We did not see evidence that all non-clinical staff had completed adult and child safeguarding.
- On the day of inspection, when asked, the practice did not provide evidence of liquid nitrogen or Legionella risk assessments (bacterium which can contaminate water systems in buildings). Since the inspection the practice have provided evidence that a liquid nitrogen risk assessment has now been completed and that water testing for Legionella was completed in April 2016.
- We saw evidence of recent infection control audits but when asked the practice did not provide evidence of action plans to address issues raised by the audits.
- We saw that clinical waste, including sharps, was not always stored appropriately.

Inadequate



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. However we found this did not always include clinical input for appropriate staff and not all staff had completed training appropriate to their job role, including safeguarding.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others nationally.
- 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 most staff treated patients with kindness and respect. Although we observed that patient confidential information could be overheard from reception in some of the waiting areas.
- We saw that patient records were not stored securely and were in a corridor which could be easily accessed by patients.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice hosted a weekly children's health clinic run by health visitors.
- Feedback from patients reported that access to their preferred GP and continuity of care was not always available quickly, although urgent appointments were available the same day. Patients also told us that they queued for up to an hour and a half to book an appointment for that day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Requires improvement**



# Summary of findings

- 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.

## Are services well-led?

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

- The practice had a vision but not all staff were aware of this.
- There was a documented leadership structure but at times staff weren't sure who to approach with issues and felt they weren't always supported sufficiently.
- The practice had a number of policies and procedures to govern activity but we saw evidence that these were not always followed and some staff we spoke with were unaware of them. Also some were overdue a review and not all staff we spoke with were able to access them.
- All staff had received inductions and staff had received regular performance reviews.
- The practice did not demonstrate robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Significant issues that threaten the delivery of safe and effective care are not identified or adequately managed, for example vaccines not being stored appropriately.

**Inadequate**



# 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 inadequate for providing a safe and for well-led service, requires improvement for providing a caring and responsive service and good for providing an effective service. The issues identified as inadequate 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.

Inadequate



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance for diabetic indicators was comparable with national averages. For example; 91% of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (national average 76%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



### Families, children and young people

The provider was rated as inadequate for providing a safe and for well-led service, requires improvement for providing a caring and

Inadequate



# Summary of findings

responsive service and good for providing an effective service. The issues identified as inadequate 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. However, the practice did not demonstrate all staff had received safeguarding training at the suitable level for their role.
- 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.
- The practice's uptake for the cervical screening programme was 85%, which was comparable with the clinical commissioning group (CCG) average of 80% and the national average of 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.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Inadequate**



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

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

**Inadequate**





# Summary of findings

- 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. However not all staff knew how to contact relevant agencies in normal working hours and out of hours or had received safeguarding training appropriate to their role.
- Patients told us that they were concerned that the patients standing in a queue for up to an hour and a half to book an appointment in the morning included frail and vulnerable patients so the practice have provided a few seats for these patients.

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

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

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 94% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Inadequate



# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 259 survey forms that were distributed 121 were returned. This represented 1% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and 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 one comment cards which was positive about the standard of care received.

We spoke with two patients during the inspection who said they had difficulties getting appointments but were satisfied with the care they received.

# The Family 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 advisor, a practice manager specialist adviser and a CQC assistant inspector.

## Background to The Family Practice

The Family Practice is based in a purpose built property, St Johns Health Centre, in Woking which is shared with other health care services. The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS North West Surrey Clinical Commissioning Group.

At the time of our inspection there were approximately 12,200 patients on the practice list. The practice has a slightly higher than average number of patients over 40 years when compared to the national average, and there is a slightly lower than average number of patients aged birth to 30 years old. The practice also has a lower than average number of patients with long standing health conditions. Deprivation amongst children and older people is low when compared to the population nationally.

The practice has three GP partners and five salaried GP (two male and six female GPs). They are supported by five practice nurses, two healthcare assistants, a practice manager, an administration and assistant administration manager and a team of clerical and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. The phone lines are not open between 8am and 8.30am or from 1pm to 2pm and during these times patients can call the normal surgery phone number where they will receive details of how to contact the duty doctor. Extended hours appointments are offered 7.30am to 8am Tuesday to Friday mornings and every Saturday morning from 8am to 11am. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

St Johns Health Centre

Hermitage Road

Woking

Surrey

GU21 8TD

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2016. During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, 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, following an incident where a GP's dictations were found to be missing a log was put in place to monitor these.

### 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:

- Some of the necessary 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 practice had developed in house templates for use with the clinical system that clinicians completed to clearly and consistently record safeguarding information and consent. The GPs attended safeguarding meetings when possible and always provided reports where necessary

for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three with the exception of one GP who did not provide evidence of completing this training. Nurses were trained to child safeguarding level two with the exception of one nurse who the practice told us had not completed this training. Most non clinical staff had received training on safeguarding children and vulnerable adults. We observed that not all staff could access the safeguarding policies and safeguarding contact numbers were not easily accessible as they were only available in the safeguarding policy which was stored on the computer system and not all staff or GPs we spoke with could locate.

- A notice in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy, however we saw that the practice did not have a system in place to monitor that appropriate standards of cleanliness and hygiene were maintained. 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 and staff had received up to date training. Infection control audits were undertaken regularly and we saw some evidence that action was taken to address any improvements identified as a result. However the practice did not provide evidence of an action plan resulting from the audits to ensure that actions were completed in a timely manner. We also found that clinical waste was not always being stored securely; for example we observed sharps safes that were not appropriately labelled, two sharp safes that had been in use much longer than best practice guidelines and approximately six used sharps safes that were stored on the floor in a treatment room. We also found that the large clinical waste bin in the car park was not locked.

## Are services safe?

These issues presented a risk of injury if the contents were spilled or accessed. Since the inspection the practice has told us that this was new bin that had been supplied with a faulty lock.

- There were arrangements for managing medicines, including emergency medicines and vaccines, but some of these were not implemented well enough to keep patients safe. We found that vaccines and other medicines requiring refrigeration were not being stored appropriately. Processes and other medicines requiring refrigeration were not being stored appropriately. On the day of the inspection we saw three refrigerators that the practice used to store medicines and vaccines and we saw evidence that all three of these fridges had temperatures which were outside the recommended range on multiple occasions in the three months prior to inspection. The practice did not demonstrate any action had been taken when the temperature of the vaccine refrigerator was recorded as being outside of the recommended limit. Some of the staff who recorded the temperatures told us they were not aware of the temperature range the fridge should be at. The practice was therefore unable to demonstrate that the vaccines and medicines stored in either refrigerator were safe to use, or that the effectiveness of vaccines had not been compromised. We asked the practice to inform Public Health England and to ensure the vaccines and medicines were not used until advice was sought. The practice responded quickly to the concerns and an investigation is underway. Since the day of the inspection the practice have informed us that they have four fridges but we only looked at three on the day.
- Effective processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We observed that not all PGDs had been completed correctly as they had not been signed by all nurses who administered those medicines. Health Care Assistants were trained to administer vaccines and

medicines, however the practice did not have a system in place for a patient specific prescription or direction from a prescriber to be signed prior to each patient being administered the medicine.

- We reviewed four personnel files and found recruitment checks had been undertaken prior to employment with the exception of two clinical members of staff had been employed recently without references being checked. Other checks had been completed, for example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We also observed that patient records were not stored securely and were in a corridor which could be accessed by patients.

### Monitoring risks to patients

Risks to patients were not fully assessed or well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had recently carried out a fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. When asked on the day of inspection the practice provided evidence of some risk assessments to monitor safety of the premises such as control of substances hazardous to health. However they did not provide evidence of a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) or transport, storage and use of liquid nitrogen. The practice provided evidence after the inspection that water testing for legionella was completed in April 2016. The practice has provided evidence that since the inspection a risk assessment for liquid nitrogen has been completed.
- 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

## Are services safe?

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

- There was an instant messaging system on all the computers and a panic button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises and they told us they had not completed a risk

assessment to determine whether they could deal with medical emergencies without a defibrillator. Oxygen with adult and children's masks was available on site. A first aid kit and accident book were available.

- Emergency medicines were stored in a secure area of the practice but were not easily accessible to staff and not all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example; 91% of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (national average 76%).
- Performance for mental health related indicators was comparable to the national average. For example; 94% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months (national average of 88%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring that a medicine used to treat rheumatoid arthritis and certain types of cancer was not prescribed without appropriate monitoring.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. When asked on the day of inspection the practice were unable to provide evidence that all recently recruited staff had completed this induction programme.
- The practice could demonstrate how they ensured some role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Staff we spoke with told us that there was no clinical input into appraisals for the nursing team.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However not all staff had completed all training appropriate to their role including safeguarding.

# Are services effective?

## (for example, treatment is effective)

- Some staff we spoke with, including some clinical staff, did not feel that there was an inclusive culture within the practice in relation to their role.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

- The practice had developed in house templates to clearly record consent where appropriate within the clinical system.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 80% 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 systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 88% (CCG average 75% to 88%) and five year olds from 84% to 91% (CCG average 76% to 91%).

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 generally courteous and helpful to patients and treated them with dignity and respect. Although on the day of inspection in the waiting area we overheard staff speaking to patients in an abrupt manner.

- 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 to discuss their needs.
- We observed that in the waiting room conversations in the reception area including patient information could be overheard.

The patient Care Quality Commission comment card we received was positive about the service experienced.

We spoke with two members of the patient participation group (PPG). They also told us they experienced difficulty getting appointments but were satisfied with the care provided by the practice and said their privacy was respected.

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:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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 card we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that although translation services were available for patients who did not have English as a first language they encouraged patients to bring a friend or family member with them to translate. There was a potential risk to patients when family members and friends are used to translate, this is due to the possibility that the translator does not understand or translate accurately what the clinician is saying, that they may modify what they tell the patient or the clinician, or that the patient may not fully describe the symptoms in order to avoid embarrassment.
- Information leaflets were available in easy read format.

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 338 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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. For example, child health clinics were held weekly by the health visitors in the practice.

- The practice offered extended hours appointments from 7.30am to 8am Tuesday to Friday mornings and 8am to 11am on Saturday mornings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Translation services available although staff we spoke with told us that they encouraged patients to bring friends or family members with them to translate rather than using the independent translation services.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered 7.30am to 8am Tuesday to Friday mornings and every Saturday morning from 8am to 11am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 66% 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 experienced difficulties booking appointments but were able to get appointments on the day when they needed them. On the day of our inspection we observed that there were a number of patients queuing to book appointments before the surgery opened.

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.

When a home visit was requested it was added to the GP advice screen within the clinical system where a GP would review it. 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 on request to help patients understand the complaints system.

We looked at 18 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint etc. Lessons were learnt from individual concerns and complaints and also from analysis of trends and we saw limited action was taken as a result to improve the quality of care. For example, following a complaint about receptionists asking patients for the reason they would like to book an appointment pens and paper have been provided at the front desk so that if they would prefer to patients can write down the reason.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas – staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was not an effective system in place for identifying, capturing and managing issues and risks. Significant issues that threatened the delivery of safe and effective care were not identified or adequately managed. For example; vaccines were not stored in accordance with manufacturer's instructions.

### 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 was a clear staffing structure and that staff were aware of their own roles. However not all staff were aware of their responsibilities and some staff we spoke with told us they were not clear about the policies and procedures to deal with patients from another local practice, to whom this practice was acting as a buddy.
- Practice specific policies were implemented and were available to all staff. However we observed that some policies had not been reviewed for over two years and some staff we spoke with told us that they couldn't access the policies. We also saw that not all practice protocols were being followed, for example the fridge temperature monitoring protocol, and patient specific directions were not being used.
- An understanding of the clinical performance of the practice was maintained, however there was insufficient monitoring of training and procedures.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.

- There were some arrangements for identifying, recording and managing risks; however not all risks were appropriately assessed and for those that were there were not clear action plans in place to implement mitigating actions.
- The practice took limited action when concerns were raised. For example, the PPG were concerned about frail and vulnerable patients standing in a queue for up to an hour and a half to book an appointment in the morning so the practice have provided a few seats for these patients.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. The leadership of the practice was not allowing these values to be implemented.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place but not all staff felt supported by management to do their best job.

- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues at team meetings but did not all feel confident that they could or would be listened to. We saw that the practice took limited action to address concerns raised.
- Staff we spoke with told us that the practice had two social events a year.
- Some staff we spoke with told us that they did not feel respected, valued or supported by the partners in the practice.

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

# Are services well-led?

Inadequate 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff generally through staff meetings and appraisals. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.



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

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

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered provider did not demonstrate that person-centred care was accessible to all patients. This included that some patients found it difficult to access appointments and translation services were not used.

This was in breach of regulation 9(1) 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  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The registered provider did not do all that was reasonably practicable to ensure the privacy of service users, and that patients were treated with respect and dignity. This included that patient records were not stored securely and that conversations at the reception desk could be heard in some waiting areas.

This was in breach of regulation 10(1) 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  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found the practice could not demonstrate that a system was in place to ensure that all appropriate policies were up to date or that all staff and GPs could access them.



This section is primarily information for the provider

## Requirement notices

We found that the practice was not storing patient records securely.

This was in breach of regulation 17(1) 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  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

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

We found the practice did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person employed for the carrying on of the regulated activities, because references had not been obtained, as specified in Schedule 3.

This was in breach of regulation 19 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Enforcement actions

### 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Maternity and midwifery services	The practice had not stored vaccines and medicines in accordance with manufacturer's instructions and the Department of Health guidelines.
Surgical procedures	The provider had not ensured that there was adequate infection control. For example, the provider had not ensured actions from audits were monitored and there was a lack of completed and reviewed cleaning logs. The practice did not provide evidence that a legionella risk assessment had been completed and therefore was not doing all that was reasonably practicable to mitigate risks.
Treatment of disease, disorder or injury	The provider had not ensured the proper and safe management and disposal of clinical waste.
	We found that the practice was not storing patient records securely.
	We found the practice could not demonstrate that written Patient Specific Directions (PSD) were in place for the health care assistants in line with national requirements.
	The practice had failed to risk assess how the practice would deal with medical emergencies and whether a defibrillator was required within the practice.
	We found that liquid nitrogen was used on site and the practice did not provide evidence of a current risk assessment for this.
	The practice could not provide evidence that all GPs and staff had received training appropriate to their job role, including for child and adult safeguarding.

This section is primarily information for the provider

## Enforcement actions

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.