

Maddock Way 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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Maddock Way Surgery on 5 July 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough or sufficiently documented.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and patient group directions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- All of the patients that we spoke to said they were treated with compassion, dignity and respect. However, the practice scored below national and local averages in the national GP patient survey.
- Information about services was available, but there was little information provided to patients about how to make a complaint.
- The practice had a number of policies and procedures to govern activity.
- Meetings at the practice were sparsely recorded and minutes did not detail what was discussed and by whom.

The areas where the provider must make improvements are:

- Ensure that the floor in the water damaged consulting room is repaired as soon as possible.
- Ensure that all staff have received mandatory training.
- Ensure that authorisations for repeat prescriptions are overseen by a clinician.

Summary of findings

- Ensure that Patient Group Directions are in place for all areas of care and are signed by all appropriate staff.
- Ensure that the complaints process is advertised to patients and that details of all complaints are recorded.
- Review the national GP patient survey and consider actions to take to improve patient satisfaction where results were below national averages.
- Make suitable arrangements for translation and interpretation which respects the patient's dignity and confidentiality.

In addition the provider should:

- Consider more formally documenting meetings to enable review and audit
- Consider adding details of all staff to the practice's business continuity plan and keeping a copy of it available in case of an emergency.
- Consider putting a website in place to inform patients of services available.
- Consider including details of discussions from multi-disciplinary team meetings in patient notes.

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.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example the practice did not have robust patient group directions (PGDs), and the system for authorising repeat prescriptions did not show that a practitioner had reviewed the patient. .

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice did not have records to confirm that staff had completed mandatory training.
- The practice did not have sufficient minutes of meetings to show how care was discussed with other healthcare providers.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff at the practice told us that family members were used as interpreters in most cases where patients did not speak English.

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was limited, and we were told that the practice's policy was to deal with problems face to face. However, these discussions were not documented so the practice could not show how learning from complaints had been shared with staff.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity, but some of these were not in line with national standards.
- 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 practice is rated as requires improvement for the care of older people.

The provider was rated as requires improvement for safety, responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- The practice had undertaken 37 holistic health assessments in the previous year for the benefit of more vulnerable older people.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for safety, responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. The practice had scored 92% for diabetes related indicators in the last Quality and Outcomes Framework, similar to the national average of 89%. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less (a measure of well controlled diabetes) in the preceding 12 months (a measure of well controlled diabetes) was 79%, compared to a national average of 77%.
- 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 practice is rated as requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for safety, responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 Accident & Emergency 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.
- The practice's uptake for the cervical screening programme was 72%, which was lower than the 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, health visitors and school nurses. However, these discussions were not fully documented.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

The provider was rated as requires improvement for safety, responsive and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were examples of both good and poor 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.

Requires improvement



Summary of findings

- The practice offered some services online (such as booking appointments and requesting prescriptions), but there was no practice website whereby these patients could be provided with a full range of health promotion and screening information.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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 practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- Performance for mental health related indicators was similar to the national average. The practice had scored 100% for mental health related indicators in the last Quality Outcomes Framework (QOF), which was better than the national average

Requires improvement



Summary of findings

of 93%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%, similar 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. However, these discussions were not fully documented.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results for 2014/5 showed the practice was performing in line with local and national averages. Three hundred and sixty one survey forms were distributed and 86 were returned. This represented 2.8% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 77% 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%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 70% 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 ask for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. However, on this visit the practice had not received the feedback cards from the CQC and as a consequence no cards were completed. We spoke to 10 patients on the day of the inspection. All of the patients that we spoke to said that they were treated with respect and dignity, and they all said that they were happy with the service being provided.

Maddock Way Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

Background to Maddock Way Surgery

The Maddock Way Surgery is based in the London Borough of Southwark. The practice is run by two partners, one of whom is the lead GP and the other the practice manager. The practice is based in a purpose built building (which is part of a larger building) located on a single floor. The address of the practice is 10 Maddock Way, Cooks Road, London, SE17 3NH.

The practice has approximately 3,500 registered patients. The surgery is based in an area with a deprivation score of 2 out of 10 (10 being the least deprived). The practice age demographic is similar to much of the borough of Southwark in that there are a higher than average number of patients between the ages of 20 and 50 and a lower than average number of patients over the age of 60.

The practice employs one further GP. In total there are two male GPs working to an equivalent of 1.75 whole time equivalent GPs. There is one practice nurse at the practice who works 25 hours per week. There are three reception/administrative staff at the practice.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the Care Quality

Commission (CQC) for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery, and diagnostic and screening procedures at one location.

The practice is open Monday to Friday 8:00am to 6:30pm. There are extended hours 6:30pm to 8:30pm on Tuesdays. There are appointments available from 9am-11am and 4:30pm until 5:30pm daily, plus 6:30pm until 8:15pm on Tuesdays. An on call doctor is available throughout the time that the practice is open. Out of hours care is provided by SELDOC.

The practice had been inspected by the CQC in 2014 at a time when inspections were not rated.

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 5 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice nurse, practice manager and administrative 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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, and were told about any actions to improve processes to prevent the same thing happening again.
- We were not able to determine whether or not the practice carried out a thorough analysis of significant events as notes relating to investigations and meetings were brief and did not contain relevant details.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place in some areas to keep patients safe and safeguarded from abuse. However, in some areas systems were not sufficient:

- 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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, with the nurse also trained to level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene in most areas. We observed the premises to be clean and tidy. The practice manager 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. On the day of the site visit we were told that the practice had suffered a leak which had damaged the floor in one of the consulting rooms. The floor felt soft under foot and there was a faint smell emanating from it. The practice manager said that they had reported the leak to the owner of the building but that it had not been repaired yet.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe in most areas (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. However, we noted from records reviewed that some prescriptions appeared to have been approved by administrative staff. On interviewing both clinical and non-clinical staff it appeared that the doctors were authorising prescriptions but the documentation provided no evidence that a GP had made the decision. The practice carried out medicines audits, with the support of the local Clinical Commissioning Group 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. However, only two were provided and they were signed only by the doctor. (PGDs provide a legal framework that allows

Are services safe?

some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a doctor).

- We reviewed four personnel files and found some appropriate recruitment checks had been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, three of the files did not contain proof of identification. Staff told us of training that they had completed but certificates had only been retained for Basic Life Support and Child Protection training.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a 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 carried 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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. However, the plan did not contain all emergency numbers and a copy of it was not kept off site.

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 96.5% of the total number of points available. The practice had an exception reporting rate of 4.8% which was below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to the national average. The practice had scored 92% for diabetes related indicators in the last QOF, similar to the national average of 89%. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less (a measure of well controlled diabetes) in the preceding 12 months (a measure of well controlled diabetes) was 79%, compared to a national average of 77%.
- Performance for mental health related indicators was similar to the national average. The practice had scored 100% for mental health related indicators in the last QOF, which was better than the national average of 93%.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91%, similar to the national average of 88%

- Performance for chronic obstructive pulmonary disease (COPD) related indicators of 98% was similar to the national average of 96%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. Following a methotrexate audit the practice had developed a system to ensure that patients were reviewed more often and monitored more effectively. The second audit had shown an improvement in the monitoring of patients taking methotrexate.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding and confidentiality.
- The practice could not fully demonstrate how they ensured compulsory or role-specific training had been completed by staff. For example, there was no evidence of infection control, information governance or fire training in any staff files. Several staff reported they thought they might have completed training but they did not know when this had been.
- 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. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis and we were told that care plans were routinely reviewed and updated for patients with complex needs. However, the practice did not keep full minutes of these meetings detailing who attended and what specifically had been discussed.

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.

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 or smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 72%, which was lower than the Clinical Commissioning Group (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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 90% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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 spoke with 10 patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected

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

- 79% 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%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%
- 79% 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%.
- 82% 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%.
- 88% 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. We also saw that care plans were personalised.

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

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and the national average of 86%.
- 78% 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%.
- 74% 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 translation services were available for patients who did not have English as a first language. However, these services were not well advertised in the practice, and we were told by practice staff that family members were more generally used as interpreters.
- Information leaflets were available in easy read format. However, the practice did not have a website so relevant information was not available online.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice manager reported that the practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Staff at the practice provided details of meetings that the practice attended with other practices to ensure that a good level of care was provided.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with multiple complex issues.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday 8:00am to 6:30pm. There were extended hours 6:30pm to 8:30pm on Tuesdays. There were appointments available from 9am-11am and 4:30pm until 5:30pm daily, plus 6:30pm until 8:15pm on Tuesdays. A duty doctor was available whenever the practice was open. The next available routine appointment on the day of the inspection was in two working days' time.

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

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 91% 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 managed by a duty doctor who also saw patients in the practice where same day appointments were required. 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 did not have an effective system in place for handling complaints and concerns.

- Staff told us that they aimed to manage complaints informally, and there was no documentation of discussions with patients or whether any learning had been shared with staff.
- There was a designated responsible person who handled all complaints in the practice.
- There was very limited information about how to complain. The practice did not have a website and there was no information in the practice leaflet about how to complain. There was a small notice in the reception area explaining how to complain, but this was written in small type and was difficult to read.

The practice reported that they had no complaints in the last two years. However, given the lack of formal documentation of complaints and limited information available to patients, it was not possible to determine whether or not this was representative of the service provided.

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 mission statement which was displayed in the waiting areas and 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.

Governance arrangements

The practice had elements of 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 and responsibilities.
- The practice did not have a robust system to determine whether or not staff had completed mandatory training.
- Practice specific policies were implemented and were available to all staff. However, some policies, such as that for repeat prescribing and the handling of complaints, were not in line with national standards.
- An understanding of the performance of the practice was maintained.
- The practice had audit systems in place, particularly those instigated by the Clinical Commissioning Group. However, the documentation of meetings was limited and it made it difficult to determine what discussions had taken place and between whom.
- The practice did not have a system for documenting complaints.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff

told us the partners were approachable and always took the time to listen to all members of staff. However, in several areas the practice was providing care in such a way that it was not in line with best practice.

The provider did not demonstrate a thorough understanding of 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). Staff had not been trained to determine how issues of this kind should be managed, although the partners told us that they encouraged a culture of openness and honesty.

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.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The practice's repeat prescribing process did not provide an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

The practice did not have adequate patient group directions in place for the nurse to provide safe and effective care.

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

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

The registered person did not have an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

This was in breach of regulation 16(2) 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

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The practice could not demonstrate that all staff had received mandatory training.

The practice did not have thorough governance systems in place. Documentation of some systems, policies and decisions was unclear.

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