Dr Shiba Hameed/Heathfield Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shiba Hameed/HeathfieldSurgery on 25 October 2016. Overall the practice is rated as requires improvement.

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

- Risks to patients were not always assessed and well managed; the practice had no defibrillator or medical oxygen to respond to medical emergencies and that many staff had not undertaken mandatory training including safeguarding, basic life support, infection control, information governance and fire safety training. Also there were gaps in monitoring of refrigerator temperatures in which vaccines were stored and not all staff who acted as chaperones were trained for the role or had received a Disclosure and Barring Service (DBS check).
- There was an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However there was no robust system in place to keep all clinical staff up to date.
- The practice had a low uptake of cervical screening.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider must make improvements:

Summary of findings

- Ensure all staff have child protection training, annual basic life support training, safeguarding vulnerable adults training, mental capacity act training, fire safety training, infection control training and information governance training relevant to their role; ensure that temperatures are regularly monitored for refrigerators that store vaccines; ensure that the chaperone processes are in line with guidelines and that staff have been trained and undertake a risk assessment to ascertain if DBS checks are required for all staff who undertake this role.
- Ensure that the Quality and Outcomes Framework results are improved especially for patients with diabetes.
- Ensure that a system to seek and act on feedback from service users is reinstated, including re-establishing a Patient Participation Group (PPG).

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure that the practice has a defibrillator and medical oxygen available to respond to medical emergencies or to have completed a risk assessment identifying how they would deal with medical emergencies.
- Review practice procedures to ensure that fire and health and safety of the premises risk assessments are undertaken and all the recommendations from the fire, premises and legionella risk assessments are actioned.
- Review systems in place to ensure all patients are monitored and reviewed as required dependent upon their medical condition. For example annual health reviews for all patients with a learning disability.
- Review practice procedures to improve uptake of cervical screening.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Review practice procedures to ensure that GP survey results are reviewed to address low scoring areas to improve patient satisfaction.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Risks to patients were not always assessed and well managed; the practice had no defibrillator or medical oxygen to respond to medical emergencies and that many staff had not undertaken mandatory training including safeguarding, basic life support, infection control, information governance and fire safety training.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however some of the non-clinical staff had no up to date child protection training.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance; however there was no robust system in place to keep all clinical staff up to date.
- Clinical audits demonstrated quality improvement; however the practice had undertaken only one completed cycle clinical audit in the last two years where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of regular appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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Are services caring?

Requires improvement

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

- Data from the national GP Patient Survey showed patients rated the practice at or below average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients; however some staff we spoke to were not clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were no robust systems for identifying and managing risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The Patient Participation Group was not active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice GP provided care for two local care, nursing and residential homes supporting the needs of four residents.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and well-led and good for responsive. 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.
- The national Quality and Outcomes Framework (QOF) data showed that 58% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 86% which was in line with the CCG average of 86% and national average of 88%.
- The national QOF data showed that 76% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice provided spirometry and electrocardiography to improve monitoring of patients with long term conditions and managed complex leg ulcer dressings which reduced the need for referrals to hospital.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and well-led and good for responsive. 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 urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 64%, which was significantly below the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

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

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

People whose circumstances may make them vulnerable

Requires improvement

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; only 4% (1 patient) out of 28 patients with learning disability had received a health check in the last year. The practice GP provided care for a local learning disability care home, supporting the needs of six residents.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- The number of patients with dementia who had received annual reviews was 86% which in line with the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 91% of 65 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was in line with the CCG average 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice GP provided care for a local mental health care home, supporting the needs of 23 residents.

Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with or below local and national averages. Three hundred and fifty six survey forms were distributed and 89 were returned. This represented approximately 3% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 68% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 49% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 8 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with three patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Shiba Hameed/Heathfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

Background to Dr Shiba Hameed/Heathfield Surgery

Dr Shiba Hameed/Heathfield Surgery provides primary medical services in South Croydon to approximately 2700 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the fourth most deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is lower than the CCG and in line with the national average and the practice population of working age people is higher than the CCG and national averages; the practice population of older people is lower than the local average and national averages. Of patients registered with the practice for whom the ethnicity data was recorded 28% are British or mixed British, 17% are other White and 10% are Caribbean, West Indian or Guyanese.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to two doctors' consultation rooms and one nurse consultation room on the ground floor.

The clinical team at the surgery is made up of one part-time female GP partner and one part-time male long-term locum GP, one part-time male long-term locum nurse practitioner and one part-time female practice nurse. The non-clinical practice team consists of another GP partner (non-practising), practice manager and five administrative and reception staff members. The practice provides a total of eight GP sessions per week and the nurse practitioner provides three sessions per week.

The practice has experienced a number of management changes over the last few years and is currently supported by the local medical committee and NHS England.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 8:30am to 1:00pm and from 4:00pm to 6:30pm Monday to Friday.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Croydon CCG.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice is recently registered with NHS England as a partnership; however the practice is registered with the Care Quality Commission as an individual and is in the

process of changing this to a partnership. The practice is providing maternity and midwifery services and family planning services; the practice is planning to register for these regulated activities as part of the change in registration application.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 25 October 2016.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the practice manager, two GPs and the practice nurse and we spoke with three 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.

Requires improvement

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 practice carried out a thorough analysis of the significant events and maintained a log on the computer system.
- The practice had no formal system in place to implement and monitor medicines alerts; however on the day of inspection the practice put a system in place for receiving and acting on medicines and safety alerts and we saw evidence of implementation of five recent medicines alerts.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient presented challenging behaviour with a GP during a consultation. Staff were alerted and police were informed immediately; however the patient left the surgery before the arrival of police. Following this incident a meeting was held to discuss the event and the practice contacted primary care support services (PCSS); following the advice from PCSS the patient was removed from the practice list.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities; however not all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2; however four out of six non-clinical staff had not undertaken Child Protection level 1 training, the practice had arranged training for these staff on 28/11/2016.
- Notices in the clinical rooms advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role or had received a Disclosure and Barring Service check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place; however many clinical and non-clinical staff had not received up to date training; the day following the inspection the practice had arranged e-learning for staff on infection control and had sent us evidence to confirm this. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However we saw there were gaps in monitoring of refrigerator temperatures that stored vaccines; following the inspection the practice informed us that they have nominated staff to record and monitor refrigerator temperatures. Processes were in place for handling repeat prescriptions which included the review of high risk medicines; the practice had a clear system for the monitoring of patients on high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

(PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed five personnel files and found that all recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However the practice did not perform DBS checks for non-clinical staff. The practice used long term locum GPs and had performed all the required pre-employment checks.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some processes in place for monitoring and managing risks to patient and staff safety. However the practice had not undertaken a fire risk assessment, a health and safety risk assessment and most of the staff had no fire safety training; the day following the inspection the practice had arranged e-learning for staff on fire safety awareness and had sent us evidence to confirm this.
- They carried out regular fire drills and had identified fire marshals. The day following the inspection the practice had arranged for a fire and health and safety risk assessment of the premises on 28 October 2016 and sent us evidence to support this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice had not actioned some of the recommendations from the legionella risk assessment.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Many clinical and non-clinical staff had not received annual basic life support training; the day following the inspection the practice had arranged for this training for the remaining staff in December and had sent us evidence to confirm this. There were emergency medicines available in the treatment room.
- The practice had no defibrillator or medical oxygen available on the premises and the practice had not completed a risk assessment identifying how they would deal with medical emergencies. A first aid kit and accident book was available. The day following the inspection the practice had purchased a defibrillator and medical oxygen and sent us evidence to support this.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage; however it was not detailed and did not include a premises risk assessment. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs; however the practice had no robust system in place to keep all clinical staff up to date; they had no robust system in place to disseminate NICE guidelines and these were not regularly discussed in meetings.
- 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 89.4% of the total number of points available, which was below the Clinical Commissioning Group (CCG) average of 94% and national average of 94.7%, with an exception reporting rate of 8.7%. The 2015/16 results published after the inspection indicated that the practice had only achieved 85.0% of the total points available which was below the CCG and national average of 92.5% (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 2014/15 showed:

- Performance for diabetes related indicators was in line with or below the Clinical Commissioning Group (CCG) and national average. For example, 58% (13.5% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 86% (6.8% exception reporting) which was in line with the CCG average of 86% and national average of 88%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100% (0% exception reporting), which was in line with the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 91% (11.5% exception reporting) of patients had a comprehensive agreed care plan documented compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 86% (0% exception reporting) which was comparable to the CCG average of 85% and national average of 84%.
- The national QOF data showed that 76% (0.6% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 95% (7.3% exception reporting) compared with the CCG average of 92% and national average of 90%.
- The practice had higher than average daily quantity of hypnotics prescribed (0.45) per specific therapeutic group age-sex related prescribing unit and was an outlier when compared to the CCG average of 0.18 and national average of 0.26.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if any patients are prescribed clopidogrel (medicine that reduce the risk of getting blood clots) and omeprazole (medicine that decreases the amount of acid produced in the stomach) together which is not recommended according to best practice guidelines. In the first cycle the practice identified that eight patients of which seven were on this combination. In the second cycle after changes had been implemented including discussion in a clinical meeting and recalling these patients for

Requires improvement

Are services effective?

(for example, treatment is effective)

medicines review, the practice identified only one patient on this combination; this patient's medicines were reviewed and changed. This was a significant improvement compared to the first cycle.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

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. However most staff had not undertaken training in topics such as safeguarding, infection prevention and control, information governance, fire safety and basic life support. Following the inspection the practice informed us that they will include all the above training in their induction programme.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence except one clinical member of staff. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GP.
- Not all staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; following the inspection the practice sent us evidence to indicate that staff had been registered for online information governance training and safeguarding children training for 29/11/2016.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had 56 patients who had an unplanned hospital admission; the practice did not ensure these patients had care plans.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis; however care plans were not routinely reviewed and updated.

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.
- We found that two clinical staff had no mental capacity act training; the practice sent us evidence of this training for one clinical staff the day following the inspection. The practice informed us that all clinical staff would complete the training by the end of November 2016.

Supporting patients to live healthier lives

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 64%, which was significantly below the Clinical Commissioning Group (CCG) average of 82% 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. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 62% compared with 63% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 32% compared with 49% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccines given were in line with or below the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 78% to 94% compared to the CCG rates of 85% to 93%, and five year olds from 51% to 82% compared to CCG rates of 74% to 92%. The practice was aware of these results and had implemented a robust system to provide telephone reminders to increase uptake. Flu immunisation target rates for diabetes patients were 68% which was significantly below the CCG average and national average.

Requires improvement

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.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. On the day of inspection we saw evidence that a routine GP appointment was available the next working day.

We spoke with three patients. They also 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 the practice were in line with or below the local and national averages. For example:

- 73% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 80% said the GP gave them enough time (CCG average 84%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 75% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 66% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 69% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified 0.1% (2 patients) of the practice list as carers. 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 called 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.

Good

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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Patients could electronically check in on the touchscreens available in the reception area. The waiting area had screens which displayed and announced the name of the patient and the room number when the patients were called in for their appointment.
- The practice had system where patient calls were answered away from the reception; this allowed reception staff to spend more time to answer patient queries in the surgery.
- For patients who required extra support to attend appointments staff went to their home to bring them to the surgery and dropped them after the appointment. They also delivered prescriptions for these patients.
- The practice provided spirometry and electrocardiography to improve monitoring of patients with long term conditions and managed complex leg ulcer dressings which reduced the need for referrals to hospital.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:30am to1:00pm every day and from 4:00pm to 6:30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice operated a telephone triage system where the duty doctor called the patients and offered telephone advice or emergency same day appointments as required.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with or below the local and national averages in many aspects.

- 59% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).
- 86% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 looked at one verbal complaint received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. Some of the staff we spoke to were not clear about the vision and values of the practice.

Governance arrangements

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- The practice had monthly staff meetings where they discussed general issues, staff issues, training, policies and procedures.
- There were limited systems for identifying and managing risk, for example the practice did not have a defibrillator and had not completed a risk assessment to identify and mitigate the risks of not having one.

Leadership and culture

They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- 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.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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; however the Patient Participation Group (PPG) was not active. The last PPG meeting the practice had was in March 2014. The practice informed us that they have recruited new PPG members and have arranged for a PPG meeting on 17 November 2016.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was limited evidence of continuous improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The registered person did not ensure the care and treatment of service users met their needs. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages for a number of clinical indicators related to long term conditions including diabetes. This was in breach of Regulation 9(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not ensured that temperatures are regularly monitored for refrigerators that store vaccines. The provider had not ensured that the chaperone processes are in line with guidelines and that staff have been trained and undertake a risk assessment to ascertain if DBS checks are required for all staff who undertake this role. This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not ensured to seek and act on feedback from service users. This was in breach of regulation 17(1) and 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider could not demonstrate that staff were trained on safeguarding children, infection control, fire safety, mental capacity act and information governance relevant to their role. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.