

Eldon Road 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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

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 Eldon Road Surgery on 7 January 2016. The practice is rated good for delivering caring services. However, it is rated as inadequate for the delivery of safe effective and well led services and requires improvement for the delivery of responsive services. This leads to an overall rating of inadequate which affects the rating for all population groups.

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.
- Safeguarding systems and procedures were in place and staff were well trained in safeguarding procedures.
- Audit had been carried out and we saw this was driving improvement in the care of patients diagnosed with diabetes.

- Patients said they were treated with compassion, dignity and respect and we saw staff delivering a compassionate and supportive service.
- Urgent appointments were available on the day they were requested.
- The practice had proactively sought feedback from patients and acted upon feedback. A patient participation group had been formed and was developing its role.
- The practice was inclusive and staff meetings involved all disciplines at all times.

However,

- Health and safety risks to patients were either assessed inconsistently, or not assessed at all. The processes for addressing issues identified from risk assessments were weak.
- Data showed patient outcomes were low compared to the locality and nationally. Some care of patients with long term conditions had either not been undertaken or had not been recorded in patient's records.
- Information about services was available but not everybody would be able to understand or access it.

Summary of findings

For example, there were no information leaflets available in Nepalese despite there being a large number of Nepalese patients registered with the practice.

- The practice had a number of policies and procedures to govern activity. But governance systems were not effective in taking action when weaknesses in systems or risk had been identified.
- Reasonable adjustments had not been made to the practice premises to support the needs of patients with a disability.

There are areas where the provider must make improvements and these are:

- Review the fire safety risks and take appropriate and reasonable action to improve the safety of patients prior to the fire service enforcement notice being served.
- Take immediate action to address the concerns identified in the enforcement notice to be issued by the fire and rescue authority.
- Complete a full range of appropriate risk assessments. Including an assessment of the risks of evacuation of a patient from clinical room in event of a medical emergency.
- Undertake an environmental assessment on the suitability of the premises to accommodate patients with a disability.
- Implement checks on emergency equipment. This includes the recording of these checks.
- Ensure the requirement for emergency medicines is risk assessed and action taken in response to the findings.
- Increase the take up of cervical screening.
- Ensure all medical equipment is subject to annual maintenance and calibration.
- Ensure the practice appraisal system is operated consistently.

- Improve care and treatment for patients with long term medical conditions. Ensure the improvements are sustainable. Accurately record treatments and tests for this group of patients.
- Improve performance in the public health targets. Data showed the practice was a below average performer in four out of six domains.
- Ensure the diagnosis of cancer is recorded in patient records and the care and treatment for these patients is also undertaken and recorded.

In addition the provider should:

- Provide practice information in appropriate languages and formats.
- Provide a practice website that enables patients to access practice services on line and offers up to date information about practice services and performance.
- Improve the recording of learning arising from significant events.

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

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems to identify, assess and manage risk were weak and operated inconsistently. Basic risk assessments had been completed but these did not adequately address access to the practice for patients with a disability.
- A fire risk assessment had not been completed in accordance with legislation. Patients were at risk in the event of a fire because adequate assessment of fire safety had not been undertaken.
- The suitability of the premises for delivery of health care had not been appropriately assessed. An assessment to determine whether safe evacuation of a patient in a medical emergency had not been completed.
- Emergency medicines had not been adequately risk assessed.
- Checks on the temperature of the medicine fridge were not recorded on a daily basis.
- There were no records of checking the emergency equipment and the oxygen cylinder was empty.

However,

- Staff were clear about reporting incidents, near misses and concerns. The practice carried out investigations when there were safety incidents. There was a process for communicating lessons learnt from incidents to all staff in the practice. The practice had clearly defined systems, processes and practices in place to keep patients safeguarded from abuse.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made.

- Data showed patient outcomes were low compared to the locality and nationally. Particularly in the areas of caring for patients with depression and diabetes. For example none of the targets for recording assessment of depression had been achieved in 2014/15 and only 47% of the diabetes targets compared to the CCG average of 80%. However an improvement plan was in place and audit had driven improvement in care for patients with this long term condition.

Inadequate



Summary of findings

- Data showed the practice had lower than average achievement in caring for patients with 14 out of 19 long term conditions. Monitoring the outcomes of treatment for patients with long term conditions was not undertaken effectively.
- Take up of screening programmes and health promotion activities was inconsistent. For example take up of cervical screening was 11% below the national average. The practice did not have a clear action plan to improve this.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Staff appraisal was operated inconsistently.
- The practice had not achieved any of the targets for caring for patients with depression.

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 several aspects of care. But feedback from local survey's including the friends and family test and from patients completing CQC comment cards was wholly positive about the staff delivering caring and compassionate services.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. But was only available in English and did not recognise the ethnic diversity of the practice population.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Caring for patients who had suffered bereavement involved supporting the whole family and tailoring levels of support to the individual's needs.

Are services responsive to people's needs?

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

Requires improvement



- The practice was equipped to treat patients and meet their needs. However, access to the practice required review for patients with a disability or patients with young children.

Summary of findings

- Information about how to complain was available and easy to understand for patients who were able to read English. The information was not available in other languages but, the practice recognised a diverse ethnic mix among the registered patients. Learning from complaints was shared with staff.

However,

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, chiropody was provided at the practice for patients diagnosed with diabetes.
- 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.

Are services well-led?

- The delivery of high-quality care was not assured by the leadership and governance arrangements in place. The governance arrangements and their purpose were not always clear. For example, safety and suitability of the premises had not been addressed by undertaking relevant risk assessments.
- The GPs identified areas of clinical performance which could be improved but plans to address these were either not clear or had not been developed. For example, there was no clear strategy for how to increase uptake of cervical screening and the number of annual health checks for patients with a learning disability.
- Significant issues that threatened the delivery of safe and effective care were not identified or adequately managed. The GPs and management at the practice had not identified the weaknesses in their approach to providing suitable premises for delivery of healthcare
- Appraisals were operated inconsistently because some staff did not receive an appraisal to identify their development needs.
- Practice policies and procedures for governance were in place but were not operated consistently.

However,

- The practice had a mission statement to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice held regular staff meetings which were attended by all grades and disciplines of staff.

Inadequate



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of 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 practice proactively sought feedback from staff and patients, which it acted on. Although they had only recently formed a patient participation group.

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 inadequate for delivery of safe, effective and well led services. The issues identified as inadequate overall affected all patients including this population group.

However,

- Over 2% of the practice at risk population had care plans that had been agreed with them.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were mixed. For example 100% of patients with lung disease had received the appropriate annual review of their condition.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was above CCG and national averages.
- Longer appointments and home visits were available for older patients when needed, and this was acknowledged in feedback from patients.

Inadequate



People with long term conditions

The practice is rated as inadequate for delivery of safe, effective and well led services. The issues identified as inadequate overall affected all patients including this population group.

- Nursing staff supported the GPs in chronic disease management but their skills and qualifications were not always employed to the full.
- The practice achieved only 47% of the targets for treatment of patients with diabetes compared to 80% CCG average and 89% national average. However, audit had driven improvement and we saw that meeting diabetes care targets had improved in 2015.
- The practice achieved 73% of the targets for treatment of patients diagnosed with asthma compared to a CCG average of 94% and national average of 98%.
- The practice achieved only 35% of the targets for treatment of patients diagnosed with heart failure compared to a CCG average of 92% and national average of 98%.
- Longer appointments and home visits were available when needed and all patients had a named GP. The practice had reorganised to enable administration staff to focus on one disease area and take responsibility for recalling patients for their annual reviews.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for delivery of safe, effective and well led services. The issues identified as inadequate overall affected all patients including this population group.

- Appointments were available outside of school hours. However, the premises were not completely suitable because pushchairs and prams had to be carried up steep steps to the practice entrance door.
- The cervical screening rate for the practice was 71% compared to the national average of 82%.
- Immunisation rates for the standard childhood immunisations were mixed. For example, for children aged 12 months the practice average take up was 97% compared to the CCG average of 92% but for those aged five was between 66% to 97% compared to the CCG range of 83% to 92%.

However,

- 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 patients who had a high number of A&E attendances.
- The midwife attended the practice for ante-natal clinics.
- Patients told us that children and young patients were treated in an age-appropriate way and we saw evidence to confirm this.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for delivery of safe, effective and well led services. The issues identified as inadequate overall affected all patients including this population group.

- The age profile of patients at the practice was mainly those of working age, students and the recently retired. The practice offered an extended hours service for these patients on a Wednesday each week.
- Patients could order repeat prescriptions and book appointments via the practice computer system. However, website information about online services and practice services in general was not available.
- Health promotion advice was available in a range of leaflets but this material was only available in English despite the diverse ethnic profile of the practice.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as inadequate for delivery of safe, effective and well led services. The issues identified as inadequate overall affected all patients including this population group.

However,

- There was a policy to allow people with no fixed address to register or be seen at the practice.
- The practice held a register of patients living in vulnerable circumstances including carers and patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability. However, only six out of nine patients registered had received an annual health check.
- The practice regularly worked with multi-disciplinary teams 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.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for delivery of safe, effective and well led services and this affects all population groups.

- Only 44% of patients diagnosed with a severe mental health problem had an agreed care plan compared to the national average of 88%.
- None of the targets for screening patients diagnosed with depression had been achieved. Recording diagnosis of depression was limited.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 covered a survey period of July to September 2014 and January to March 2015. The results for the practice were mixed but we saw that of the 445 survey distributed only 92 were returned. This represented 4% of the practice's patient list and only a 21% return rate.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

However,

- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a national average of 78%.

This recommendation rate was not reflected in the results of patients taking part in the friends and family test in

2015 (this asked patients if they would recommend the practice to others). There had been 113 completed tests and 90% of the patients said they were likely or extremely likely to recommend the practice.

We asked patients to fill in CQC comment cards in the two weeks prior to inspection. There were 24 completed cards and all contained very positive comments about the care and treatment received. Many patients commented on the continuity of care they received from the GPs and how kind and caring the practice staff were at all times.

The practice had conducted a patient satisfaction survey in 2015 and 15 patients had taken part. When responding to questions about being given time to discuss health concerns and the care and concern the GPs showed 13 of the 15 patients were complimentary of the support they received. The remaining two answered that the questions did not apply to them.

We spoke with seven patients and a member of the patient participation group (PPG) during the inspection. All eight were very complimentary about the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Review the fire safety risks and take appropriate and reasonable action to improve the safety of patients prior to the fire service enforcement notice being served.
- Take immediate action to address the concerns identified in the enforcement notice to be issued by the fire and rescue authority.
- Complete a full range of appropriate risk assessments. Including an assessment of the risks of evacuation of a patient from clinical room in event of a medical emergency.
- Undertake a Disability and Discrimination Act environmental assessment.
- Implement checks on emergency equipment. This includes the recording of these checks.
- Ensure the requirement for emergency medicines is risk assessed and action taken in response to the findings.
- Increase the take up of cervical screening.
- Ensure all medical equipment is subject to annual maintenance and calibration.
- Ensure the practice appraisal system is operated consistently.

Summary of findings

- Improve care and treatment for patients with long term medical conditions. Ensure the improvements are sustainable. Accurately record treatments and tests for this group of patients.
- Improve performance in the public health targets. The practice was a below average performer in four out of six domains.
- Ensure the diagnosis of cancer is recorded in patient records and the care and treatment for these patients is also undertaken and recorded.

Action the service **SHOULD** take to improve

- Provide practice information in appropriate languages and formats.
- Provide a practice website that enables patients to access practice services on line and offers up to date information about practice services and performance.
- Improve the recording of learning arising from significant events.

Eldon Road 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 the GP specialist adviser for South Region and an Expert by Experience.

Background to Eldon Road Surgery

Eldon Road Surgery is located close to the centre of Reading. It occupies a large building which was not designed for the delivery of medical services. The practice opened in 2001 when one GP took over the premises from a sports clinic. Since opening the practice has grown from around 400 patients to serving a registered population of approximately 2,300. There is limited parking available to patients and due to the nature of the premises access for patients with a disability is limited. Most patients live close to the practice and either use public transport or walk to the practice. Public transport services in the area are good due to the town centre location. Approximately 35% of the practice population are from ethnic minority groups and income deprivation is recognised as an issue.

There are three GPs working at the practice. Two male GPs and a female GP who works one morning each week. They are equivalent to 1.1 whole time GP. The practice employs two practice nurses who make up just over half of a full time nurse. The practice nurses are available on four days of the week. The GPs and practice nurses are supported by a part time practice manager and a team of five administration and reception staff. The local midwife attends the practice once a week and there is a visiting chiropody service once a month.

The practice is open between 8am and 6.30pm on Monday, Tuesday and Thursday. It closes at 6pm on Friday when one of the GPs covers the practice by telephone until the out of hours service commences at 6.30pm. Extended hours surgeries are offered on a Wednesday morning from 8am and Wednesday evening when the practice is open until 7.30pm. Appointments are between 9am and 12.15pm each morning and from 3pm to 5.45pm each day.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. The out of hours service is accessed by calling 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

All services are provided from: Eldon Road Surgery, 10 Eldon Road, Reading, Berkshire, RG1 4DH.

The practice is registered for the carrying on of three regulated activities. Namely, Diagnostic and screening procedures, Treatment of disease, disorder or injury and Maternity and midwifery services. The practice also carried on the regulated activities of Surgical Procedures and Family Planning but is not registered to do so.

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 on 7 January 2016 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

Detailed findings

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

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).

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 7 January 2016. During our visit we spoke with a range of staff including two GPs, both practice nurses, the practice manager and three members of the administration and reception team. We spoke with eight patients who used the service, including a member of the patient participation group. We observed how patients were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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, ensuring district nurses and end of life care nurses were informed as soon as a patient was identified as requiring end of life care. However, the information recorded to identify the learning from events was limited.

When there were 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated a clear understanding of their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level three for children and the nurses to safeguarding level two. Staff had received training relevant to their role in safeguarding vulnerable adults.
- 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 check (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). However, we noted that updated DBS checks had been applied for because the existing clearances were over five years old.

- We observed the premises to be clean and tidy. However, the consulting rooms and treatment room were in need of redecoration. The cleaning schedule for all areas of the practice was limited. All rooms received a thorough clean only once a week. This included the treatment rooms. One of the GPs 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. We reviewed the last control of infection audit which had been completed by the CCG control of infection lead nurse with members of the practice team. We noted some of the actions identified had been completed. For example, hand sanitizers had been installed and installation of hard flooring in consulting rooms was underway. However, consulting and treatment rooms only had clinical waste bins which meant that non-clinical waste was being mixed with clinical waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice mostly kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice took part in medicines audits, with the support of the local CCG pharmacy teams, to bring prescribing in line with best practice guidelines for safe prescribing. We noted that the practice was an outlier for prescribing anti-inflammatory medicines in line with national guidance. The GPs were able to demonstrate that they had an improvement plan for this area of prescribing and that progress was being made to bring prescribing of these medicines in line with guidance. There was a system in place to ensure prescription pads and prescription slips for use in computers 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

Are services safe?

medicines in line with legislation. We found four of these directions were out of date but the practice obtained the current versions and adopted them during the inspection.

- The records of checking the temperatures of the medicine fridge were inconsistent. We noted that there were gaps in taking and recording the fridge temperatures which meant there was a risk that medicines may not have been kept at the appropriate temperatures. For example the records from November and December 2015 showed three weeks when the temperatures had only been checked on three days in each week. However, the records demonstrated that on the days when checks were undertaken the fridge was operating within the appropriate temperature range. There was a secondary means of checking the fridge temperatures. We checked seven medicines held in the medicines fridge and all were within their expiry dates.
- We reviewed five personnel files and found appropriate 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.
- There was a system 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.

Monitoring risks to patients

Some risks to patients were assessed. Management of environmental safety was inconsistent.

- The practice had not undertaken a fire risk assessment as outlined in the providers own policy. There was a fire evacuation procedure in place and regular fire drills were undertaken. The practice could not demonstrate that fire retardant doors were fitted or that a fire alarm system was in place. Subsequent to the inspection we asked the local Fire and Rescue service to undertake a urgent visit to the practice. Following the visits they reported that they would be issuing the practice with an enforcement notice requiring improvement to fire safety systems.
- Basic risk assessments for each room at the practice had been undertaken. We noted that these addressed straightforward matters such as removal of trip hazards. However, these risk assessments did not cover

emergency access to patients. For example, the ability to remove a collapsed patient from the first floor and basement by the ambulance service had not been assessed.

- A comprehensive disabled access assessment had not been undertaken and there were significant accessibility concerns for patients with disabilities and those with young children in pushchairs. The practice was only accessible via the main front door. This was accessed via a steep set of stairs which were not highlighted to identify them to patients with a visual impairment. There were handrails on either side of the steps but these did not extend to the bottom step or to the front door. Before the steps were reached patients had to negotiate a high step from the pavement to the practice threshold. Again this step was not highlighted. The front entrance door was automated but this was not working on the day of inspection. Internally the staircases were narrow and steep making them difficult to negotiate for patients who had difficulty managing stairs. One of the consulting rooms was on the first floor.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. Staff knew who to report safety incidents to and were aware of the practice policy. All electrical equipment was checked to ensure the equipment was safe to use. Most clinical equipment was checked to ensure it was working properly. However, we found that blood pressure monitors had not been checked in the last year. The practice had some 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. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example, the practice had identified the need to provide more practice nurse hours. A new practice nurse had commenced duty on the day of our inspection.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in both the consultation rooms and in the treatment room which alerted staff to any emergency.
- All staff received basic life support training.
- There were some emergency medicines available in the treatment room. However, these were not extensive. There was no risk assessment to ensure all emergency medicines that may be needed were held. The emergency medicines that were held
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We were told that both the defibrillator and emergency oxygen were regularly checked. However, these checks

were not recorded. When we checked the emergency oxygen cylinder we found the gauge read empty. Consequently emergency oxygen would not have been available in the event of an emergency. We discussed this with the GPs. We were informed on the day after inspection that a replacement oxygen cylinder had been ordered and would be delivered within one working day. At the same time one of the GPs told us they had instituted a system to check emergency medicines, emergency oxygen and the defibrillator on a daily basis and record the checks in a log.

- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had been reviewed in 2015.

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 use of standardised recording templates and practice meetings.

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 66% of the total number of points available, with 5% exception reporting compared to the CCG average of 7% and national average of 9%. (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 an outlier for QOF targets for depression and diabetes. Data from 2014/15 showed the practice had below average performance in 14 of 19 clinical measures and in four of the six public health measures monitored. Specifically for example:

- Performance for diabetes related indicators was worse than the CCG and national average. Practice performance ranged from 59% to 76% compared to the national range of 77% to 94%.
- The percentage of patients with hypertension achieving the target blood pressure was worse than the national average. The practice achieved 74% compared to the national average of 84%.
- Performance for mental health related indicators was worse than the national average. For example none of

the targets for monitoring and recording the assessment of patients diagnosed with depression had been achieved and the diagnosis rate was 6 per 1000 compared to the national rate of 77 per 1000.

- The practice achieved 73% of the targets for treatment of patients diagnosed with asthma compared to a CCG average of 94% and national average of 98%.
- The practice achieved 35% of the targets for treatment of patients diagnosed with heart failure compared to a CCG average of 92% and national average of 98%.
- The practice had not achieved any of the targets for prevention of coronary heart disease compared to the CCG average of 80% and national average of 88%.
- Data showed the practice had not completed six monthly reviews for patients diagnosed with cancer. The review had either not been completed or not recorded. On average these reviews had been completed for 96% of patients elsewhere in the CCG and 95% had been completed nationally.

We were told that the GPs and nurses completed many of the care and treatment interventions that counted towards QOF. However, these were not always entered in the appropriate section of the patient record or allocated the identifying code to ensure they were recorded.

Clinical audits demonstrated quality improvement.

- There had been a completed clinical audit in the last year. This focussed on the full range of care for patients with diabetes. A completed audit confirms where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result included increasing the number of patients with diabetes who achieve target cholesterol levels.

Information about patients' outcomes was used to make improvements such as; diagnosing hypertension by use of 24 hour monitoring. However, the practice remained below average for managing patients once diagnosed with high blood pressure.

Are services effective?

(for example, treatment is effective)

Patients were not always receiving effective care and there was insufficient assurance in place to demonstrate otherwise.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw that the induction programme required both the member of staff and manager to confirm that competence in role specific tasks had been achieved.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance at update courses.
- 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. However, the appraisal system was operated inconsistently. Administration and reception staff had received appraisals but the practice manager and nurse had not. When the need for support was identified it was offered via coaching and mentoring. There was support for revalidating GPs and the GPs were up to date with their revalidation.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 shared computer folders.

- 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.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were then signposted to the relevant service. For example, by referral to the local eat for health programme.
- A chiropodist visited the practice to ensure the foot care needs of patients with diabetes were met.
- Smoking cessation advice was available at the practice. However, data showed the practice performance in identifying patients that smoked and offering cessation advice to those in at risk groups was significantly below the local and national averages. The practice achieved 48% of the overall smoking targets compared to 91% average in the CCG and 95% nationally..

Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 71% which was similar to the CCG average of 70% but significantly below 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 GPs recognised that uptake of the screening programme was low but did not provide us with firm plans on how this was to be improved.
- Bowel cancer screening rates for those aged between 60 and 69 were higher than local and national averages at 60% compared to the CCG 50% and national 58%. Similarly breast cancer screening rates were 75% compared to the CCG average of 69% and national average of 73%.
- Childhood immunisation rates for the vaccinations given were mixed when compared to CCG and national

averages. For example, childhood immunisation rates for the vaccinations given to 12 month olds was consistently 97% compared to the CCG range of 91% to 93%. However for the immunisations for five year olds the practice range was 66% and 97% compared to the CCG range of 83% to 92%.

- Flu vaccination rates for patients aged over 65 were 77% compared to the national average of 73% and for the at risk groups 55% compared to 53% national average.

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 extremely 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 find a private room to discuss their needs.

All of the 24 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. Many patients who completed the cards made comments about the high level of kindness they experienced from all staff. The seven patients we spoke with all told us they found the GPs and staff respected their privacy and offered them a caring service.

We spoke with a member of the recently formed patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar or marginally below the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

However,

- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.
- 79% said the last nurse they saw gave them enough time compared to the CCG average of 92% and national average of 92%.

The practice was aware of their national survey results and the timetable for GP appointments had been adjusted to provide additional appointments. Recruitment of an additional nurse to offer more time for nursing appointments had commenced in August 2015 but the nurse appointed was unable to take up post until January 2016.

The practice had undertaken a practice survey in 2015. Only 15 patients completed the survey. However, 13 of the 15 (87%) reported that the GPs gave them sufficient time and treated them with care and concern. The two patients who did not rate this aspect of care positively recorded that the question did not apply to their experience. The practice also encouraged patients to take part in the friends and family test throughout 2015. This survey asks patients if they would recommend the practice to others moving into the area. The results for 12 months showed 90% of patients would recommend the practice but only 1% said they would not recommend the practice. The remaining 9% were non-committal choosing neither likely nor unlikely to recommend.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 24 comment cards we received was also very positive and aligned with these views.

Are services caring?

Results from the national GP patient survey showed patients were not as positive when they responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.
- 77% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice had recognised that the practice nurse did not have sufficient time for their consultations and a second nurse had been appointed to work an additional day each week. It was too early to evaluate the effect this would have on patient feedback about the involvement in care decisions.

The comment card feedback and the eight patients we spoke with, including a PPG member, was in conflict with the national survey results. The practice survey of 15 patients showed 14 of the 15 were positive when answering “How much the doctor involved you in decisions and your care”.

Staff told us that translation services were available for patients who did not have English as a first language. This was available via the local borough council. The practice recognised the language needs of their Nepalese patients and we noted two staff were able to speak this language. However, all of the information leaflets we saw were in English and the practice had not recognised the need to provide written materials in languages other than English.

Patient and carer support to cope emotionally with care and treatment

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

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. We were told this was due to both the ethnic mix and the younger age profile of the registered patients. 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 conducted a family bereavement visit. Following this initial visit the GPs made appointments for bereaved patients to be seen for a consultation at a flexible time and location to meet the family’s needs. Advice on how to find a support service was available for those who would benefit from this additional support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the enhanced service for patients living with dementia was offered.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Patients with a disability who found it difficult to access the practice premises received home visits.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Some private travel vaccinations were not available to patients at the practice and they were referred to other clinics for these vaccinations.
- There was no practice website for patients to access information about the service, medical conditions or advice of accessing care and treatment. The practice team advised a website was in development and would be ready later in 2016.
- A hearing loop was not available for patients who used hearing aids.

Access to the service

The practice was open between 8am and 6.30pm Monday to Thursday and until 6pm on a Friday. A GP was available by phone on Friday between 6pm and 6.30pm when the out of hours service took over. Appointments were from 9am to 12.15pm every morning and 3pm to 5.45pm daily. Extended surgery hours were offered between 8am and 8.45am and 6.30pm to 7.20pm on Wednesday's. In addition pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for patients that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 87% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The 24 comment cards we received contained positive comments about ease of accessing appointments and 13 out of 15 patients who took part in the 2015 practice survey reported no problems in getting an appointment. In response to the national survey results we reviewed the practice appointment system in detail. We found a wide range of appointments available. There were urgent appointments available on the day of inspection and routine appointments were available from two days following the inspection onwards.

The practice was situated in a listed building with restricted access for patients. We noted that the practice did not offer ramped access for patients with mobility problems. The hand rails to the main entrance steps did not extend to the bottom step and up to the entrance. The front of the steps were not highlighted to assist patients with a visual impairment and there was a high step from the pavement. One of the consulting rooms was on the first floor and was difficult to access for patients who had difficulties using the stairs. On the day of inspection, we noted the automated entry door was not working and frail patients found it very difficult to open the heavy door.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A notice in reception explained the system and information on how to complain was in the practice leaflet. However, the information was only available in English.

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

We looked at the one complaint received in the last 12 months and found this had been dealt with openly and honestly and that a full investigation into the complaint had been undertaken. A full response to the complaint containing an apology had been given in a timely manner.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, this was not demonstrated in practice because the practice achievement of targets for care of patients with long term conditions was significantly below local and national averages. Some staff did not fully understand how their role contributed to achieving the strategy.

- The practice had a mission statement which was displayed in the waiting area and staff knew and understood the aims of the practice.
- The practice had a developing strategy which recognised the challenges small GP practice faced. It was working with another local practice to explore opportunities of closer collaboration and sharing of staff resources.
- It did not have systems and processes in place to deliver the mission statement values.

Governance arrangements

The delivery of high-quality care was not assured by the leadership and governance arrangements in place. The governance arrangements and their purpose were not always clear. The structures and procedures in place were:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- The GPs understood the performance of the practice and recognised where improvement was required. However, there was a limited monitoring of performance. The planning to meet the challenges identified was inconsistent. For example, there were action plans to address improvement to the poor diabetes performance identified in QOF and for prescribing. There was no clear strategy or plan to improve care for patients with other long term conditions. Similarly there was not an action plan to improve services to patients with a learning disability or increase uptake of cervical screening.

- The arrangements for identifying, recording and managing non-clinical risks and implementing mitigating actions was weak and required significant improvement.
- Incorporated a programme of continuous clinical and internal audit. This was used to monitor quality and to make improvements.

Leadership and culture

The GPs were visible in the practice. Staff we spoke with told us the GPs were approachable and always took the time to listen to all members of staff.

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

When there were safety incidents:

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

Significant issues that threaten the delivery of safe and effective care were not identified or adequately managed. The GPs and management at the practice had not identified the weaknesses in their approach to providing suitable premises for delivery of healthcare. Nor had they recognised their weakness in identifying and reducing environmental risk to patients. For example, the fire risk assessment required by legislation had not been undertaken and issues relating to access for patients with a disability had not been appropriately assessed. The practice did not demonstrate a culture of risk management in the area of general health and safety.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw minutes of meetings that confirmed this.
- 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 in doing so and felt supported if they did. We noted the practice used CCG protected learning time at least twice a year to review the development needs of the practice.
- Staff said they felt respected, valued and supported, particularly by the two male GPs in the practice. There

Are services well-led?

Inadequate 

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

was always one of these GPs present throughout the working week. All staff were involved in discussions about how to run and develop the practice, and the GPs 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 patient surveys and the friends and family test. A patient participation group (PPG) had been formed in October 2015 and was formulating the way they would work with the practice. We could not evaluate how this group would influence the way the practice delivered services. However, we saw that the practice had taken action on patient feedback. For example, the telephone system had been upgraded to include more incoming lines in 2013. The 2015 national patient survey showed

87% of respondents said they could get through to the practice easily compared to 75% average for the CCG. Additional nursing hours had been recruited to in response to patient feedback about nurses not having sufficient time to

- The practice had gathered feedback from staff through appraisals for administration staff, practice meetings and by using protected study time to share views on practice development. However, two staff from the team of eight had not received an appraisal in the last two years. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a member of staff was concerned that the practice did not have a website and the opportunity to give patients information about services and offer on line access was being missed. The GPs gave the member of staff time to work on a project of website development and they told us a practice website would be launched in 2016. Staff confirmed that they felt involved and engaged to improve how the practice was run.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (1) & (2), (a), (b) & (c)</p> <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>(c) maintain securely 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;</p> <ul style="list-style-type: none">• Appropriate and adequate risk assessments had not been undertaken in regard to the safety of the premises.• The practice had not completed a thorough assessment of the accessibility of the premises and services for patients with a disability.• Risk management systems were operated inconsistently.

Enforcement actions

- Governance systems designed to maintain quality were not operated appropriately or consistently.
- Records of treatment undertaken for patients with long term medical conditions were not maintained in a way that identified the treatments had been completed.
- The practice could not demonstrate that checks of emergency equipment including oxygen and defibrillator had been undertaken.
- A risk assessment of the medicines required to deal with emergencies had not been completed.
- Checks of the medicines fridge had not been recorded consistently. The practice could not be sure that medicines had been stored at the appropriate temperature at all times.
- There was inconsistent performance management. Two of the eight staff employed had not received appraisals.
- Cleaning schedules for the practice had not been reviewed to ensure they were appropriate for delivery of health care.
- There was inconsistent assurance that equipment was fit for purpose and safe to use. Some medical equipment had not been maintained by service and calibration.