

# Knowle Green Medical

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	12
Background to Knowle Green Medical	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Knowle Green Medical on 20 July 2016. Overall the practice is rated as requires improvement.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks, risk assessments, infection control, security of prescription paper and training.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However not all staff had completed all training relevant to their role, for example safeguarding, infection control and chaperone training.
- Information about services and how to complain was available and easy to understand, but did not contain onward signposting information should the patient not be satisfied with the practices response. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that appropriate training is completed including safeguarding, infection control, fire safety and chaperone training.
- Ensure that policies and procedures are reviewed and up to date, including the child safeguarding policy and business continuity plan.
- Ensure the proper management of clinical waste including that sharps waste is stored in a safe and secure area.
- Ensure that prescription paper is stored securely.
- Ensure that comprehensive risks assessments are completed including fire risk and liquid nitrogen and that a robust system is put in place to implement mitigating actions.

- Ensure that all staff know the locations of emergency equipment and medicines.
- Ensure that information for patients about how to complain includes signposting information should the patient not be satisfied with the practices response and that learning from all complaints is shared appropriately.

The areas where the provider should make improvement are:

- Review confidentiality arrangements with other services who share communal areas.
- Review exception reporting within the practice.
- Develop methods to increase the uptake of cervical screening and childhood immunisations.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events
- When things went wrong patients received truthful information and an apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example safeguarding training had not been completed by all GPs, recruitment checks had not all been completed in accordance with practice policy, risk assessments were not all comprehensive, actions from infection control audits were not always completed and prescription paper was not stored securely.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

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

**Good**



# Summary of findings

- 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?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was taking part in a county council initiative to identify vulnerable patients who would then receive a healthy home check.
- 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.
- One of the practice nurses had set up in house memory assessment for patients with onward referral to the memory clinic if appropriate.
- Patients could get information about how to complain in a format they could understand. However, there was not sufficient evidence that learning from all complaints had been shared widely enough to support improvement.

## Are services well-led?

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

**Requires improvement**



- The practice had a vision 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 had a number of policies and procedures to govern activity, but some of these were overdue a review
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for providing safe, effective and well-led services. 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.
- One of the practice nurses had set up in house memory assessment for patients with onward referral to the memory clinic if appropriate.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 74% of patients with diabetes, on the register, last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months which was comparable with the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe, effective and well-led services. 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 A&E attendances. Immunisation rates for the standard childhood immunisations were mixed. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 85% (CCG 75% to 88%) and five year olds from 74% to 81% (CCG 76% to 91%).
- 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.
- 76% of eligible female patients medical notes recorded they had a cervical screening test within the last five years which was comparable with the CCG average of 80% and slightly below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for providing safe, effective and well-led services. 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 proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments until 7pm two evenings a week and Saturday mornings.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However not all staff had completed safeguarding training to the level appropriate for their role.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



## Summary of findings

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

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 319 survey forms were distributed and 113 were returned. This represented 1.5% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients said that the staff and GPs were helpful and kind and that they felt listened to, they also said that they could get convenient appointments.

Results from the NHS friends and family test showed that 88% of patients would recommend this practice to their friends and family.

## Areas for improvement

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

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that appropriate training is completed including safeguarding, infection control, fire safety and chaperone training.
- Ensure that policies and procedures are reviewed and up to date, including the child safeguarding policy and business continuity plan.
- Ensure the proper management of clinical waste including that sharps waste is stored in a safe and secure area.
- Ensure that prescription paper is stored securely.
- Ensure that comprehensive risks assessments are completed including fire risk and liquid nitrogen and that a robust system is put in place to implement mitigating actions.

- Ensure that all staff know the locations of emergency equipment and medicines.
- Ensure that information for patients about how to complain includes signposting information should the patient not be satisfied with the practice's response and that learning from all complaints is shared appropriately.

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

- Review confidentiality arrangements with other services who share communal areas.
- Review exception reporting within the practice.
- Develop methods to increase the uptake of cervical screening and childhood immunisations.

# Knowle Green Medical

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and the team included a GP specialist adviser.

## Background to Knowle Green Medical

Knowle Green Medical is based in a large single storey purpose built health centre. The property is leased from NHS Property Services Ltd and Knowle Green Medical is not the major tenant. There are a variety of other services located in the building including two other GP practices and community services including podiatry and health visitors. The practice holds a contract to provide general medical services and at the time of our inspection there were approximately 7,500 patients on the practice list. The practice has a slightly higher than average number of patients aged 25 to 50 years, there is a slightly lower than average number of patients aged five to 20 years and 50 to 84 years old. The practice also has a higher than average number of patients with long standing health conditions. The practice is located in an area that is considered to be in the second least deprived centile nationally.

The practice has three GP partners (one male, two female) and one salaried GP (female). They are supported by three practice nurses, a practice manager and a team of clerical and reception staff.

The practice is open between 8am and 6pm Monday to Friday. Extended hours appointments are offered 6.30pm to 7pm Wednesday and Thursday evenings and Saturday morning from 8.30am to 11am. When the practice is closed between 6pm and 6.30pm there is a telephone answering

service which directs calls to the duty doctor provided by the practice, between 6.30pm and 8am patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

Knowle Green Medical

Staines Health Centre

Staines

Middlesex

TW18 1XD

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

## Detailed findings

- Spoke with a range of staff including GPs, the practice manager, practice nurses, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that in most cases lessons were shared and action was taken to improve safety in the practice. For example, it was noticed that some medicines were being prescribed with instructions that were not sufficiently clear. This was discussed and a new procedure put in place to ensure that all medicines were prescribed with clear instructions on how to take them.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff, however we noted that the child safeguarding policy contained out of date information. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all had received training on safeguarding children and vulnerable adults relevant to their role. Two GPs were

not trained to child protection or child safeguarding level three and one GP had not received training on safeguarding vulnerable adults. The practice nurses were trained to child safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Not all staff who acted as chaperones had been trained for the role and they did not fully understand the role, we noted that the training did not reflect the most recent best practice guidelines.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy however we did notice that not all equipment was cleaned thoroughly after use. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However not all actions had been completed and there were still concerns in the most recent infection control audit, for example waste storage and decluttering cupboards. We found that sharps safes were not being stored securely in the practice.
- Most of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However we found that blank prescription forms were not securely stored and there were no robust systems in place to monitor their use. We also saw some medical equipment specifically for named patients which were

# Are services safe?

several years old, once the practice became aware of these they arranged immediate disposal. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice manager's office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The fire risk assessment was up to date but not all of the information in it was correct; for example the fire risk assessment stated that there was no emergency lighting when there was emergency lighting fitted. We also observed two small fire extinguishers in a cupboard in one clinical room which were past their expiry date by several years presenting a safety risk; all other fire extinguishers had been tested appropriately and were in date. We noted that the risk assessment for handling and using liquid nitrogen was not comprehensive as it did not assess the transport of the liquid nitrogen by staff members from the hospital to the practice.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice did not have a legionella risk assessment but this did not put patients or staff at risk as the

landlord had carried out a risk assessment and completed the identified actions. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also panic buttons in the consulting rooms, treatment rooms and reception which alerted the entire health centre to an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the health centre premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice but not all GPs knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for key staff. We noted that some of the information in the plan was out of date; the practice started to take action to update this on the day of inspection.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available. The practice exception reporting rate was 13% which was slightly higher than the CCG 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 not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example 74% of patients with diabetes, on the register, last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months which was comparable with the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example; 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%. The practice exception reporting rate was 2% which was lower than the CCG average of 5% and national average 8%. 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was higher than the national average of 88%. However we noted that the exception reporting rate was higher than the CCG and national average (practice 20%, CCG 9%, national 13%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last year where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included using updated best practice guidance to reduce the number of patients who were inappropriately prescribed a medicine used to treat type 2 diabetes.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality.
- 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. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However not all GPs had completed safeguarding training, infection control or fire safety and not all GPs were aware of in house emergency procedures such as the location of emergency equipment.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80% and lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 85% (CCG 75% to 88%) and five year olds from 74% to 81% (CCG 76% to 91%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were 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.
- It was possible for staff from other co-located services to overhear patient information discussed in the reception area.

All of the 12 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.

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

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

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in multiple languages and in easy read format.

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

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 97 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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 practice was taking part in a county council initiative to identify and monitor vulnerable patients who may benefit from the council healthy home check.

- The practice offered extended hours appointments on a Wednesday and Thursday evening until 7pm and every Saturday morning from 8.30am to 11am for patients who could not attend during normal opening hours.
- There were practice nurse appointments available until 7pm Wednesday evenings.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were between 8.30am and 5.30pm daily. Extended hours appointments were offered at the following times from 6.30pm to 7pm on Wednesday and Thursday evenings and from 8.30am to 11am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests for home visits were passed to the patients' usual doctor or duty doctor, who would decide whether a visit was necessary and if so how urgently. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. However this information did not contain any signposting information should the patient not be satisfied with the practice's response.

We looked at 11 complaints received in the last 12 months and found that they were dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints however they were not always shared widely enough to improve the quality of care. For example, following a complaint where the patient's family felt treatment had been delayed following a hospital appointment, the protocol for booking follow up appointments was reviewed and a new system put in place.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff; however some policies contained out of date information, including the child safeguarding policy.
- An understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks although not all risk assessments were comprehensive and there were not robust arrangements in place to implement mitigating actions.
- There were not robust systems in place to ensure that staff had completed appropriate training.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people truthful information and a verbal and written apology. However the practice did not always provide signposting information should the patient not be satisfied with the practice response and not all learning from complaints was shared widely enough to support improvement.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was mainly a virtual group with a small number of members who met several times a year, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice changed the ratio of same day bookable, pre bookable and urgent appointments based on patient feedback.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

# Are services well-led?

Requires improvement 

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

discuss any concerns or issues with colleagues and management For example, one of the practice nurses suggested running in house memory assessments to support patients, their families and carers with onward referral to the memory clinic where appropriate. The partners have supported this initiative and we saw evidence of positive feedback from patients. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example one of the practice nurses had completed a mentoring course with the CCG practice nurses forum and has mentored nurse trainees in the practice.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice could not demonstrate that it was adequately assessing the risk of spreading infection or provide evidence that it was acting on the risks that were identified: storing clinical waste including sharps safely and securely, infection control training at an appropriate level for job role or all equipment cleaned after use.</p> <p>We found that the practice was not storing blank prescription forms securely.</p> <p>We found that the practice was unable to provide evidence that training was sufficient for all GPs and staff, for example safeguarding children and adults, infection control, fire safety and chaperoning. We also found the practice could not demonstrate all GPs knew where equipment and medicines used to deal with medical emergencies was located within the practice.</p> <p>We found that the practice was not completing comprehensive risk assessments including fire and liquid nitrogen.</p> <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>



This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

We found that the practice could not demonstrate that it was following its own policies regarding recruitment checks or that recruitment checks were completed in accordance with Schedule 3.

We found the practice could not demonstrate that a robust system is in place to ensure all complaints were investigated fully and learning disseminated to appropriate staff or that patients were provided reasonable support in all cases as signposting information was not always provided to patients.

We found the practice could not demonstrate that policies used were up to date or that there was a robust system in place to ensure policies and procedures were reviewed and up to date.

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