Hammond 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hammond Road Surgery and its branch practice, Berkerley Avenue Surgery on 31 May 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, there was no formal procedure in place for the dissemination of safety alerts.
- Risks to patients were not adequately assessed and managed appropriately. Areas of concern included recruitment, staff training, health and safety monitoring and contingency planning.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were gaps in mandatory training and staff appraisals were not consistently implemented.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. Patients were mainly dissatisfied with nurse consultations and access to appointments.
- Although some information on the complaints procedure was available on the practice website, there was no detailed information about how to complain at the main or branch surgeries and there was no complaints policy.
- The practice had adequate facilities and was 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 complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Implement a system for the dissemination of safety alerts.
- Review the mandatory training requirements for staff, implement a policy and ensure all staff receive the required training at appropriate intervals.
- Ensure recruitment arrangements include all necessary employment checks for all staff and develop role specific induction programmes.
- Improve health and safety monitoring at the main and branch surgeries to include risk assessments for fire, Legionella, the Control of Substances Hazardous to Health, the general environment and carry out regular fire drills at both sites. Introduce a cleaning schedule to monitor cleaning standards and appoint a lead for infection control.
- Make available children's masks to be used with the oxygen cylinder.
- Ensure appraisals are consistently implemented for all staff.
- Implement a complaints policy and provide information on the complaints procedure.

In addition the provider should:

- Take further action to improve Quality and Outcomes Framework performance particularly the management of diabetes.
- Take action to improve patient satisfaction with nurse consultations and access to appointments.
- Provide practice information in appropriate languages and formats.
- Develop a formal strategy to deliver the practice vision.
- Update the business continuity plan and locum pack.
- Consider formalising all meetings and ensure a record is kept of discussions and decisions to form an audit trail.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events. However, there was no system in place for the dissemination of safety alerts to ensure they were acted on in all instances.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not adequately assessed and managed appropriately. Areas of concern included recruitment, staff training, health and safety monitoring and contingency planning.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed that although patient outcomes had improved they were low compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audit demonstrated quality improvement.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were gaps in mandatory training and staff appraisals were not consistently implemented.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, patients showed dissatisfaction with most aspects of consultations with the nurses.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information for patients about the services was limited. For example, there was little information available on the clinics provided, bereavement services or information in different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- National GP patient survey results showed the practice was below average for most indicators relating to access.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was not available at the main and branch surgeries and there was no complaints policy.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, there was no formal strategy or supporting business plans to monitor progress.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity although key policies were missing such as the complaints policy.
- The provider 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 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

Requires improvement

The practice is rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns that led to these ratings apply to all the population groups.

However, we did see some areas of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the unplanned admissions enhanced service to reduce hospital admissions for at risk older people.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns that led to these ratings apply to all the population groups.

- Quality and Outcomes Framework (QOF) performance for diabetes related indicators in 2014/15 was 43% which was 43% below the CCG average and 47% below the national average. Data provided by the practice showed it had improved to 63% in 2015/16 however further improvement was necessary.
- 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.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns that led to these ratings apply to all the population groups.

However, we did see some areas of good practice:

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to others for all standard childhood immunisations.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns that led to these ratings apply to all the population groups.

However, we did see some areas 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 offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns that led to these ratings apply to all the population groups.

However, we did see some areas of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice participated in the local Out of Hospital homeless service.
- 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.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for safe, effective, caring, responsive and well-led. The concerns that led to these ratings apply to all the population groups.

However, we did see some areas of good practice:

- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 88% and the national average of 84%.
- 95% 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 which was comparable to the CCG average of 91% and 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and twelve survey forms were distributed and 97 were returned. This was a 24% return rate and represented 2% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, 33 of which were all positive about the standard of care received. Two comment cards highlighted that waiting times for appointments were long.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Latest results from the NHS Friends and Family Test showed out of 23 responses 83% of patients would recommend this practice.

Hammond 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 a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Hammond Road Surgery

Hammond Road Surgery is situated at 95 Hammond Road, Southall, Ealing, UB2 4EH. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 5200 people living in the local area. The practice is part of the NHS Ealing Clinical Commissioning Group (CCG). There is also a branch practice at 48 Berkeley Avenue, Cranford, Hounslow, TW4 6LA.

The practice population has a much higher than average number of patients between 25 and 39 years of age. The predominant ethinicity is Asian mostly from the Sikh Punjabi ethnic group. The practice has one of the highest prevalence in the CCG for diabetes with 522 patients on the register. The practice area is rated in the fourth more deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity & midwifery services and surgical procedures.

The practice team consists of three GP partners (two male and one female), two regular locum GPs, two practice nurses, a health care assistant, a practice manager and a team of reception / administration staff. The GPs provide approximately 24 sessions per week and the nurses provide ten sessions per week.

The main practice is open between 8:00hrs and 18:30hrs Monday to Friday with the exception of Thursday where the practice closes at 13:00hrs. The branch practice is open between 8:30hrs and 18:30hrs Monday to Friday with the exception of Thursday when it closed at 13:00hrs. Extended hours appointments are offered 18:30hrs to 20:00hrs on Monday from the main practice and 18:30hrs to 19:30hrs on Friday from the branch practice. For out-of-hours (OOH) care including weekends and Thursday afternoons patients are instructed to contact the NHS 111 service where they are directed to local OOH services.

Services provided include; clinics for diabetes and asthma, womens services & family planning, antenatal and postnatal care, baby clinic, child and travel immunisations, cytology, care planning, out of hospital mental health services, joint injections and INR monitoring HUB for the CCG and homeless services. The practice teaches medical students from all years for three medical schools.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 May 2016.

During our visit we:

- Spoke with a range of staff (insert job roles of 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

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

Staff provided us with an example of a recent incident which involved the wrong patient being called into the consultation room and was consulted incorrectly due to similar names. We saw that the incident was reported and investigated. Staff told us that the learning was to always ask patients for their date of birth to avoid similar incidents happening again. Learning was shared in a staff meeting.

Although individual GPs were able to provide examples of where they had acted on safety alerts, there was no procedure in place for disseminating safety alerts from management to staff in the practice. Therefore the provider could not be assured that all relevant safety alerts were in all cases dealt with appropriately.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. GP and nurses were trained to child protection to level 3 and non-clinical staff to level 1. However, the practice could not provide evidence of safeguarding training for a regular locum doctor.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones knew where to stand while carrying out their duties, however they had not received formal training for the role. Disclosure and Barring Service (DBS) checks were in place for the relevant staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, the provider was unable to show us a cleaning schedule for the practice. There was no infection control clinical lead and non-clinical staff had not 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.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found most 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. However, the provider could not provide evidence of a Disclosure and Barring Service check for the health care assistant. We also found that references for most staff

were not in the staff files. The provider told us that most staff had been employees for many years and that was the reason why references were not available. The provider had recently employed a new administration staff member and references had been sought for them prior to employment.

Monitoring risks to patients

Risks to patients were not assessed and managed appropriately.

- The procedures in place for monitoring and managing risks to patient and staff safety required improvement. For example, the provider did not have fire risk assessments in place for the main surgery or the branch surgery and regular fire drills had not being rehearsed. The practice had a legionella risk assessment for the main surgery however there was not one in place for the branch surgery (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice did not have any other risk assessments in place for the premises including no risk assessments for the Control of Substances Hazardous to Health (COSHH).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 arrangements in place to respond to emergencies and major incidents although they required improvement.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training and there were emergency medicines available in the treatment room. However, the practice could not provide evidence of basic life support training for a regular locum doctor.
- The practice had a defibrillator available on the premises and oxygen with adult masks, however there were no children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan had not been reviewed since 2009.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- 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.

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 88% of the total number of points available with an exception reporting of 5% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The results were 7% below both the CCG and the national average.

Data from 2014/15 showed:

- Performance for mental health related indicators was 92% which was 3% below the CCG average and 1% below the national average.
- Performance for hypertension related indicators was 100% which was 3% above the CCG average and 2% above the national average.
- Performance for asthma related indicators was 100% which was 2% above the CCG average and 3% above the national average.

  The practice were outliers for diabetes management;

- Performance for diabetes related indicators was 43% which was 43% below the CCG average and 47% below the national average.

The practice had one of the highest prevalence of diabetes in the CCG with 522 patients on the register. The partners told us that the practices poor performance with diabetes was due to a high population turnover, low socioeconomic status locally and cultural factors (attitudes to exercise, weight and diet). They told us that action had been taken to improve performance which included one of the partners providing a weekly clinic for poorly controlled diabetics. The partners provided us with unpublished QOF data from 2015/16 that showed they had improved overall diabetes performance to 63% and overall QOF performance to 89% of the total points available. The partners acknowledged that although performance had improved further improvement was necessary.

The practice was an outlier for the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disorder with only 25 patients on the register. The provider explained the very low prevalence locally was due to high concentration of Sikhs who do not smoke for religious reasons.

There was evidence of quality improvement including clinical audit.

- There had been a variety of clinical audits carried out in the last two years. These included audits of long-term conditions such as asthma, diabetes and Chronic Obstructive Pulmonary Disorder, audits for cancer, joint injections and anticoagulation therapy. One of these was a completed audit where the improvements made were implemented and monitored. The audit was a cervical screening audit carried out to monitor and reduce the number of inadequate smears. The initial audit identified an inadequate smear rate of 7.22%. The action point from the audit was to improve nurse skills through training. A re-audit the following year showed the number of inadequate smears had decreased by 6.15% as a result of the action taken.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment although improvement was required with staff induction and training.

- The practice had an induction checklist for all newly appointed staff, however induction did not include mandatory training and the provider did not have a training policy which specified what training was required for staff and its frequency. Information for locums was available however the locum pack had not been updated since 2007.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff received mandatory training however we found gaps in the training records for most staff. For example, from the five staff files we reviewed only one staff member had received fire training, two had received infection control training and none of the staff had received training in information governance or the Mental Capacity Act 2005. Although annual appraisal was carried out for most staff there was no evidence of appraisal for the two practice nurses.
- 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 attending update courses.

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. Staff told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. However, there were no meeting minutes to confirm this.

Consent to care and treatment

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

- The GP partner and nurse we interviewed 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 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. For example:

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

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 94% and five year olds from 79% to 94%.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Thirty three of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two comment cards highlighted that waiting times for appointments were too long.

We spoke with one member of the patient participation group (PPG). They also 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. However, the practice scored below local and national averages for its satisfaction scores on consultations with the GPs. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 89% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 94% and the national average of 97%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

In addition, the practice were outliers for satisfaction scores on consultations with nurses. For example:

- 68% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 67% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 85% and the national average of 92%.
- 72% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 84% and the national average of 91%.

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 the practice scored below local and national averages in relation to questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

Requires improvement

Are services caring?

- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.

In addition, the practice were outliers for the following indicators;

- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.
- 69% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average 83% and the national average of 90%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (0.9% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The provider told us that the identification of carers was challenging due to cultural factors.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them flowers. 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. However, there were no information leaflets available signposting patients to bereavement support services.

Requires improvement

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 provider had engaged with the CCG to provide INR monitoring, joint injections and out of hospital homeless services for practices within the CCG.

- The practice offered a extended hours on a Monday evening from the main practice until 20:00hrs and on a Friday evening from the branch surgery until 19:30hrs 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 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 and they were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A weekly diabetic clinic was run for patients with poorly controlled diabetes.
- There were no barriers to access including those patients with no fixed abode.

Access to the service

The main practice was open between 8:00hrs and 18:30hrs Monday to Friday with the exception of Thursday where the practice closed at 13:00hrs. The branch practice was open between 8:30hrs and 18:30hrs Monday to Friday with the exception of Thursday where it closed at 13:00hrs. Extended hours appointments were offered 18:30hrs to 20:00hrs on Monday from the main practice and 18:30hrs to 19:30hrs on Friday from the branch practice. Appointments could be made throughout the opening hours with the exception of lunchtime which ran 13:00hrs to 14:00hrs. Telephones were answered throughout the opening hours including through lunch. 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 generally below local and national averages. For example;

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 75%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 47% of patients described their overall experience of making an appointment as good compared to the CCG average of 66% and the national average of 73%.
- 46% of patients said the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the CCG average of 70% and the national average of 77%.

Following feedback from the patient participation group, the provider had introduced measures to address patient dissatisfaction with access. This included extra appointment slots during the winter months and installed a telephone queuing system.

People told us on the day of the inspection that they were able to get appointments when they needed them and the majority of the completed Care Quality Commission comment cards highlighted no issues with access.

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.

Listening and learning from concerns and complaints

The practice system in place for handling complaints and concerns required improvement. There was a designated responsible person who handled all complaints in the practice. However, the practice did not have a complaints policy and there was a lack of information available to help patients understand the complaints system. There was no complaints procedure displayed and no complaints leaflet available for patients to reference at the practice. The practice website did outline the complaints procedure.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice had received two complaints in the last 12 months. We reviewed the complaints and found they had been dealt with appropriately and in a timely way. For example, a patient complained that they could not get an appointment because they not clear about how the system worked. The practice provided the patient with a written response explaining how the appointment system worked. The patient was satisfied with the response.

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. However, the provider had no formal strategy or supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

There was some evidence of governance but it was not sufficiently effective in all areas of the service provided:

- 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. Although some key policies were missing such as the complaints policy.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However, we found weaknesses in the systems in place to monitor health and safety, staff training, recruitment and contingency arrangements.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- 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 met regularly and submitted proposals for improvements to the practice management team. For example, as a result of PPG feedback the provider had made changes to the telephone system, appointment system and clinics to improve access. However, the practices poor performance from the national GP patient survey had not been analysed or acted on.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous 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;

Are services well-led?

Requires improvement

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

- One GP partner was the CCG federation lead for homelessness and championed the service in the CCG. He was also the federation lead for anticoagulation and advised local practices on anticoagulation clinical and training issues.
- The senior partner in collaboration with a consultant diabetologist had pioneered the use of a new diabetes medication in primary care as a fourth line drug to help manage poorly controlled diabetics.
- The practice taught medical students from all years for three medical schools.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks posed by fire, legionella, hazardous substances, infection control and the general environment and the risks posed by not ensuring staff were appropriately trained. There was no procedure in place for the dissemination of safety alerts to ensure they were acted on in all instances. Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to ensure all staff were appropriately recruited as there was no Disclosure and Barring Services (DBS) check in place for the health care assistant.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person could not demonstrate that good governance was in place because there were missing policies, systems and processes in all cases were not robust, records of multidisciplinary team meeting minutes to audit decisions were absent and feedback from the national GP patient survey had not been acted on. Regulation 17 (1)(2)
	The registered person did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16(2)