Upper Norwood Group Practice

Quality Report

130 Church Road
Upper Norwood, London SE19 2NT
Tel: 02087716050
Website:
http://www.uppernorwoodgrouppractice.co.uk/

Date of inspection visit: 28 July 2016
Date of publication: 13/09/2016

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Upper Norwood Group Practice on 28 July 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.
- Risks to patients were not always assessed and well managed including those related to health and safety, fire safety, chaperoning and staff recruitment.
- 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 was no effective system in place to ensure mandatory training including safeguarding, fire safety and basic life support are undertaken.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and most staff felt supported by management. The practice had not proactively sought feedback from staff and patients and the Patient Participation Group (PPG) was not active.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

- Ensure that a comprehensive fire risk assessment and health and safety risk assessment of the premises is undertaken and that electrical installation checks are undertaken every five years as required and that all the recommendations from the legionella risk assessment are actioned and that the chaperone processes are in

Summary of findings

line with guidelines and undertake a risk assessment to ascertain if Disclosure and Barring Service (DBS) checks are required for all staff who undertake this role.
- Ensure that adequate recruitment checks are undertaken prior to employing locums and permanent staff, clinical staff have DBS checks before they undertake their role, all clinical and non-clinical staff receive child protection training relevant to their role and that all staff receive annual basic life support training.
- Ensure that regular appraisals are carried out for all members of staff.
- Ensure that a system to seek and act on feedback from service users is developed, including establishing a Patient Participation Group (PPG).

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

- Review the practice procedures to ensure all staff have fire safety training and that staff training records are kept up-to date; ensure all portable electrical appliances are tested annually.
- Ensure that blank prescriptions are securely stored and there is a system for monitoring their use.
- Review the complaints process to ensure it includes all the required actions being taken.
- Review the practice procedures to ensure that the practice policies and procedures are reviewed and regularly updated.
- Review practice procedures to ensure all clinicians use problem oriented notes to record patient consultations.
- Consider documenting discussion from meetings.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Risks to patients were not always assessed and well managed including those relating to health and safety and fire safety.
- The practice did not have adequate systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.

Are services effective?

Requires improvement

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment; however some of the staff had not completed mandatory training including child protection, basic life support and fire safety.
- There was evidence of appraisals and personal development plans for clinical staff; however non-clinical staff have not had regular appraisals.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP Patient Survey showed patients rated the practice at or above average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However some of the patients we spoke to reported issues in getting appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the service also improved monitoring of patients with long term conditions.
- The practice had access to an Ophthalmologist who provided monthly clinics at the surgery which were used both by the patients registered with the surgery and by the local population.
- The practice provided minor surgical procedures including coil fitting, cryocautery and joint injections which reduced the need for referrals to hospital.

Are services well-led?

Requires improvement

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

- The practice had a vision and strategy; however some of the staff were not clear about the vision and their responsibilities in relation to this.
- There was a leadership structure in place; however staff would welcome more support from management. The practice had a number of policies and procedures to govern activity; however there was no evidence to indicate when these policies were updated.

Summary of findings

- There was a governance framework which supported the delivery of the strategy and good quality care; however the practice had limited arrangements to identify and manage risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had no active Patient Participation Group (PPG) and we were informed that the practice was in the process of trialling a virtual PPG.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led, and good for responsive and caring. 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.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led, and good for responsive and caring. 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.
- The national Quality and Outcomes Framework (QOF) data showed that 84% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 85% which was in line with the CCG average of 86% and below the national average of 88%.
- The national QOF data showed that 74% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice provided a phlebotomy service, electrocardiography and spirometry to improve monitoring of patients with long term conditions.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective and well-led, and good for responsive and caring. 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.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 100% (28 patients) of patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- The number of patients with dementia who had received annual reviews was 80% which was below the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 90% of 141 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 85% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

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.

Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Three hundred and thirty survey forms were distributed and 118 were returned. This represented approximately 1% of the practice's patient list.

- 95% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 90% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 46 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 11 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Upper Norwood Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Upper Norwood Group Practice

Upper Norwood Group Practice provides primary medical services in Upper Norwood to approximately 12000 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the fifth most deprived decile in England.

The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children is in-line with the CCG and national average and the practice population of working age people is higher than the CCG and national average; the practice population of older people is lower than the local and national average. Of patients registered with the practice for whom the ethnicity data was recorded 31% are white British, 13% are other white and 10% are black African.

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

The clinical team at the surgery is made up of two full-time male GPs, two part-time male GPs who are partners, one part-time female salaried GP and one part-time female practice nurse. The non-clinical practice team consists of practice manager and 14 administrative and reception staff members. The practice provides a total of 45 GP sessions per week.

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

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:30am to 11:00am and 4:00pm to 6:00pm every day. Extended hours surgeries are offered on Saturdays from 9:00am to 11:00am.

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

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2016.

During our visit we:

- Spoke with a range of staff including four reception and administrative staff, the practice manager, three GPs, the practice nurse and we spoke with 11 patients who used the service including two former members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a member of the practice staff had noticed that the vaccine fridge temperature had dropped outside the acceptable range. The practice followed their protocol and contacted vaccine information helplines and discarded the compromised vaccines and purchased a new vaccine fridge. This incident was discussed and shared with all staff members.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare; however the contact numbers were not up to date. 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; however four GPs and eight non-clinical staff had not undergone child protection training to the appropriate level. During the inspection we saw evidence that a training session was booked for all staff in September 2016. GPs should be trained to Child Protection level 3, nurses should be trained to Child Protection level 2 and non-clinical staff should be trained to Child Protection level 1.
- Notices in the waiting area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role; however some of them had not received a Disclosure and Barring Service check (DBS check) and the practice had not carried out a risk assessment to ascertain if this was required. (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. 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 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines; however prescription pads were not stored in a locked cupboard and the use of prescriptions were not monitored. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed five personnel files and found some of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Some of the

clinical staff in the practice had no Disclosure and Barring Service checks (DBS Check) and there were gaps in qualification and registration checks. The practice used regular locum GPs and performed some of the required pre-employment checks; however some checks including indemnity insurance and national performers' lists were not carried out. The practice had a comprehensive locum induction handbook.

Monitoring risks to patients

Risks to patients were mostly assessed and well-managed.

- While there were procedures in place for monitoring and managing risks to patient and staff safety these were not always suitable or adequate. The practice had performed its own fire risk assessment however it was not comprehensive and not adequate for the type of building in which the practice operated; the practice did not carry out regular fire drills. Fire alarms are not checked weekly as required. Only one member of staff had received fire safety training. Portable electrical equipment testing was just out-of-date and not all eligible equipment had been tested. All clinical equipment was checked periodically to ensure it was working properly; however clinical equipment testing was also just out-of-date. Following the inspection the practice confirmed that it had booked these tests and sent us evidence of these bookings the day following the inspection. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella; however some of the recommendations following the legionella risk assessment had not been undertaken; however we saw evidence that the practice has started implementing some of the recommendations from the risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had not performed a health and safety risk assessment of the premises. There was no record of an electrical installation check which is required to be undertaken every five years.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- One clinical staff (out of six members) and two non-clinical staff (out of 14 members) had not received annual basic life support training; there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

The practice had a business continuity plan in place for major incidents such as power failure or building damage and included premises and clinical risk assessments. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- 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 peoples' 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 98.4% of the total number of points available, with 10.7% clinical exception reporting. During the visit we reviewed a sample of records of patients who had been reported as an exception and found that it was appropriately reported. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 84% (20.6% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 85% which was in line with the CCG average of 86% and below the national average of 88%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (0% exception reporting), which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100% (12.5% exception reporting), which was in line with the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 90% (5.3% exception reporting) of patients had received an annual review compared with the CCG average of 85% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 80% (7.4% exception reporting) which was below the CCG average of 85% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 96% (4.0% exception reporting) compared with the CCG average of 92% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain the percentage of patients registered with the practice treated for primary hypertension in whom the last blood pressure reading was 150/90 mmHg or less the last 12 months which is considered as an acceptable standard. The practice identified 1131 patients with primary hypertension of which 78% (882 patients) of patients had a blood pressure reading of 150/90 mmHg or less in the last 12 months. The practice had plans to undertake this audit on a regular basis to ascertain any improvement.
- Another clinical audit was undertaken to ascertain if patients with type II diabetes were managed appropriately according to best practice guidelines. In the first cycle the practice identified 68patients who were invited for a medication review and it was found that 28% of these patients were on appropriate treatment. In the second cycle, after changes had been implemented including actively calling patients for

Requires improvement

Are services effective?

(for example, treatment is effective)

regular medication reviews 59% of patients were found be on appropriate treatment. Following the audit the practice was planning to send a letter to patients who were not contactable by phone asking them to attend a medication review.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff; however it was not detailed. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support; only one member of staff had undergone fire safety training, some of the clinical and non-clinical staff had not received annual basic life support training and safeguarding training relevant to their role.
- 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs; however non-clinical staff have not had regular appraisals; during the inspection we saw evidence that the appraisal process for non-clinical staff had started. Staff had access to training to meet their learning needs and to cover the scope of their work; however there is a lack of strategy and training records were not adequately maintained. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however only one member of staff had fire safety training, some of the clinical and non-clinical staff had not received annual basic life support training and safeguarding training relevant to their role. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had access to protected learning time every 3 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The GPs in the practice do in-house referrals for a second opinion as they have experience in various specialties including dermatology, gynaecology and allergy.
- We found some patient notes where clinicians had not used problem oriented notes to record patient consultations which could make it difficult for other clinicians to ascertain specific health problems as the notes were not recorded in a structured manner.

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

Consent to care and treatment

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- We found that the consent obtained for minor surgical procedures were satisfactory.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 90% to 95% and five year olds from 72% to 97%. Flu immunisation rates for diabetes patients were 87% which was below the CCG and national averages.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 46 patient Care Quality Commission comment cards we received were mostly 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.

We spoke with 11 patients including two members of the practice's former Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the results were comparable to the CCG and National averages. For example:

- 88% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 92% said the GP gave them enough time (CCG average 84%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 80% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.5% (417 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the service also improved monitoring of patients with long term conditions.
- The practice had access to an Ophthalmologist who provided monthly clinics at the surgery which were used both by the patients registered with the surgery and by the local population.
- The practice offered a text messaging service which reminded patients about their appointments.
- The practice had an independent pharmacy on site which enabled the patients to collect an urgent prescription immediately after seeing a GP.
- The practice provided minor surgical procedures including coil fitting, cryocautery and joint injections which reduced the need for referrals to hospital.

Access to the service

The practice was open between 08:00 and 6:30pm Monday to Friday. Appointments were available from 8:00am to11:00am and 4:00pm to 6:00pm daily. Extended hours surgeries were offered on Saturdays from 9:00am to 12:00pm. In addition to pre-bookable appointments that could be booked up to a week 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 were in line with the local and national averages in some aspects.

- 75% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 75%; national average of 76%).
- 95% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at 6 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. The practice manager met with all patients who made a complaint; however they did not send a final response letter after the meeting including relevant information. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about a receptionist being rude. The practice investigated this incident, apologised to the patient and discussed this incident with receptionists. Following this incident the practice had arranged for customer service training for the reception staff.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision and strategy; however some of the staff were not clear about their responsibilities in relation to the vision or strategy.

Governance arrangements

The practice had a governance framework; however it did not adequately support the delivery of the strategy and good quality care which impacted on the services being provided.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities; however staff in general felt that they could get more support from the management. Some of the administrative and reception staff felt that there was not enough staff; the practice was aware of this and we were informed that they were in the process of recruiting a new administrative/ reception staff member.
- Practice specific policies were implemented and were available to all staff; however there was no evidence to indicate when these policies were updated as there were no review dates. They had a shared folder in their computer system containing all the practice policies.
- The practice had limited arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was an understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had a monthly partners meeting with the GP partners and the practice manager where they discussed significant events, management issues and strategy.
- The practice also had a staff meeting involving all practice staff on an ad-hoc basis where general staff updates and issues were discussed.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable. There was a leadership structure in place; however staff felt they could get more support from the management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and they felt respected and valued.

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

When there were unexpected or unintended safety incidents:

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

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

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

- The practice had no active Patient Participation Group (PPG); the practice informed us that they were trialling a virtual PPG.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Family planning services 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 provider had not ensured that a health and safety risk assessment of the premises was undertaken. The provider had not ensured adequate fire safety measures were in place and that fire drills were undertaken on a regular basis. The provider had not ensured the recommendations from legionella risk assessment were undertaken. The provider had not ensured that chaperone processes are in line with guidelines and undertake a risk assessment to ascertain if Disclosure and Barring Service (DBS) checks are required for all staff who undertake this role. This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The provider had not ensured that all the necessary recruitment checks were undertaken prior to employing locum and permanent staff including Disclosure and Barring Service (DBS) checks for clinical staff.

The provider could not demonstrate that all clinical and non-clinical staff were trained to the appropriate level in child protection and basic life support.

The provider had not ensured there was an effective process to ensure yearly appraisals were performed for all practice staff.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.