Rishton and Great Harwood Surgery

Quality Report

Rishton and Great Harwood Surgery
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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?	Inadequate
Are services effective?	Good
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 Rishton and Great Harwood Surgery on 23rd September 2015. Overall the practice is rated as Inadequate.

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

- Risks to patients were not assessed or managed appropriately. No risk assessments for areas such as fire safety, lone working or medical emergencies had been carried out.
- Staff were unaware the building was equipped with a fire alarm system. Checks had not been carried out to ensure the alarm was working properly. There were insufficient systems in place to ensure people's safety in the event of a fire.
- No oxygen was available on site, meaning the practice was not fully equipped to respond to a range of medical emergencies which may occur.
- Appropriate recruitment checks on staff were not consistently undertaken prior to their employment, for example references were not sought or interviews documented.
- Staff received training, however access to training was not systematically managed. This led to gaps in training particularly around safeguarding and infection prevention and control. Staff had not received any infection control training and the GPs had not received the appropriate level of training around safeguarding children.
- Staff were not fully aware of significant events that had recently been analysed, which suggested that learning from them was not shared or maximised.
- Data showed patient outcomes were average when compared nationally. We saw that the practice engaged in clinical audit in an effort to improve the services delivered.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. The GP would offer further appointments beyond the end of his allotted surgery times in order to avoid turning patients away without seeing them.
- There were a number of policies and procedures to govern activity, but these were not always comprehensive or relevant to services offered by the practice.
- The practice had an active Patient Participation Group and proactively sought feedback from patients.

The areas where the provider must make improvements are:

- Implement a more effective, systematic approach to identifying and managing risks within the practice.
- Ensure there is a robust system to effectively manage incoming mail in the absence of the GP partners.
- Ensure that the service provided is monitored and audited to ensure the safety, health and wellbeing of patients and staff.
- Ensure fire safety procedures, for example nominating fire wardens and ensuring fire exits are accessible, are implemented.
- Ensure that there is appropriate equipment to respond to a medical emergency and provide written guidance for staff on how to respond to such emergencies.
- Ensure infection prevention and control audits are completed regularly and action plans developed as appropriate.
- Implement a more systematic approach to recording and evidencing staff training. Staff must receive appropriate training in areas such as safeguarding and infection control.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure the policies and procedures that are available to staff are up to date and accurate.

In addition the provider should:

- Utilise alerts on the electronic record system so that at risk or vulnerable patients are flagged up to clinicians in order to maximise their opportunity to receive the appropriate care.
- Ensure a systematic approach is applied to monitoring and logging emergency drug and vaccine stocks held and their expiry dates.
- Develop a business strategy to formalise the vision and direction for the practice in the short to medium term.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. There was no systematic approach to managing and mitigating risk to staff or patients. Risk assessments had not been completed. There was an Automated External Defibrillator (AED) on site but checks to ensure it was operational were infrequent. There was no oxygen available on site for use in a medical emergency. Staff did not have a written protocol available to follow in dealing with any medical emergency that may arise despite there being frequent periods of time where no clinical staff were in the premises but patients still had access. Emergency drugs and vaccines we checked were in date. However, there was no formalised system in place for checking and logging stock levels to ensure sufficient medication was held and that it was in date and safe to use. At the time of inspection the GP had not received the appropriate level of training around safeguarding and staff had not received training around infection prevention and control. Reception staff had been trained to act as chaperones, but risk assessments and or Disclosure and Barring Service (DBS) checks had not been carried out for these staff to ensure it was safe for them to undertake this duty. The practice lacked a comprehensive recruitment policy and gaps were found in the recruitment process the practice undertook. References were not consistently sought for new members of staff and the interview process was not recorded.

There was no record that the fire alarm had been tested and on the day of inspection staff were locked in the building over lunch time without the ability to unlock the front door as a staff member had forgotten to bring a spare key. The fire service were alerted to this concern following the inspection. Staff were frequently left working alone and a lone working risk assessment and procedure for staff were not available.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from QOF showed patient outcomes were at or above average when compared nationally. The CCG told us that the practice's prescribing trends were in line with local expectations. Clinical audits were carried out and changes to practice implemented to improve patient outcomes. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. Patients we spoke to during the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population. Patients were able to access appointments when they needed them, with the GPs often extending their surgeries to ensure everyone was seen. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well led services. There was no systematic approach to identifying and monitoring risks. There was no clear strategy or vision to assist staff to deliver future care and treatment and staff told us they felt uncertain about the practice's future due to a lack of succession planning. The practice did have a range of policies and procedures but the procedure for reviewing and updating these was inadequate. Some contained out of date information, were incomplete or did not relate to the practice's current service delivery. The practice did seek patient feedback and had an active Patient Participation Group which met with practice staff regularly. Auditing and monitoring systems had not been implemented for checks on medicines, infection control and fire safety. There were also shortfalls in the recruitment and employment of staff.

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

This provider is rated as inadequate for providing safe services and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients over the age of 75 are given a care plan. At the time of inspection 84% of this population group had an up to date care plan in place. The practice has referred six patients over the age of 75 who are housebound to a community matron employed by the CCG. The community matron carried out home visits to undertake regular reviews of their health needs. The practice had vaccinated 78% of its patients over the age of 65 against flu.

People with long term conditions

Requires improvement

This provider is rated as inadequate for providing safe services and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The GP led on the services for all long term conditions, such as diabetes, chronic obstructive pulmonary disease (COPD) and chronic heart disease. The practice maintains registers for these patients and they are offered regular reviews. NICE guidelines were routinely referred to in order to ensure best practice was followed in the management of these conditions.

Families, children and young people

Requires improvement

This provider is rated as inadequate for providing safe services and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice's uptake for the cervical screening programme was 78.91%, which was comparable to the national average of 81.88%. Childhood immunisation rates for the vaccinations given to one year olds ranged from 78.6% to 100% and five year olds from 68.8% to 100% (compared to the CCG averages of 73.1% to 84% and 68.3% to 96.9% respectively). Child development clinics were run on a weekly basis. However, the practice did not make use of alerts on their electronic record system to flag up vulnerable children.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

This provider is rated as inadequate for providing safe services and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered extended opening on one night each week to allow those working through the day access to appointments. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Patient access meant that patients had the opportunity to book appointments and order prescriptions electronically online. Patients were able to use text messages to cancel or rearrange appointments and could opt in to receive text message reminders.

People whose circumstances may make them vulnerable

Requires improvement

This provider is rated as inadequate for providing safe services and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients with learning disabilities and staff were aware of the number of patients on it. The GPs were able to speak four different languages and interpreter services were used if required. Patients were signposted to relevant support agencies as required. However, the practice did not make use of alerts in its electronic patient record system to flag up vulnerable patients such as those with caring responsibilities.

People experiencing poor mental health (including people with dementia)

Requires improvement

This provider is rated as inadequate for providing safe services and requires improvement for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients experiencing difficulties with mental health. At the time of inspection there were 14 patients on this register and 80% of these patients had an up to date care plan in place. The percentage of the practice population in receipt of prescriptions for antipsychotic drugs was 1.3%. The practice had completed a two cycle audit which demonstrated an improvement in practice around dementia screening and diagnosis.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4th July 2015 showed the practice was performing in line with local and national averages. There were 104 responses and a response rate of 25.7%.

- 93.6% find it easy to get through to this surgery by phone compared with a CCG average of 71.1% and a national average of 74.4%.
- 89.9% find the receptionists at this surgery helpful compared with a CCG average of 84.6% and a national average of 86.9%.
- 87.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.2% and a national average of 85.4%.
- 100% say the last appointment they got was convenient compared with a CCG average of 91.3% and a national average of 91.8%.
- 89.3% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73.8%.
- 66.9% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64.7% and a national average of 65.2%.
- 56.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards. All of the cards we received were positive about the service experienced, although five did also make comments suggesting they were not fully satisfied with the manner of clinicians. Patients said they felt the practice offered a good service and on the whole 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.

During the inspection we also spoke to seven patients. All of the patients we spoke with told us they happy with the manner of the staff at the practice, saying that they felt they were treated with compassion, dignity and respect. Six of the seven told us the service they received was good or excellent.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Implement a more effective, systematic approach to identifying and managing risks within the practice.
- Ensure there is a robust system to effectively manage incoming mail in the absence of the GP partners.
- Ensure that the service provided is monitored and audited to ensure the safety, health and wellbeing of patients and staff.
- Ensure fire safety procedures, for example nominating fire wardens and ensuring fire exits are accessible, are implemented.
- Ensure that there is appropriate equipment to respond to a medical emergency and provide written guidance for staff on how to respond to such emergencies.
- Ensure infection prevention and control audits are completed regularly and action plans developed as appropriate.
- Implement a more systematic approach to recording and evidencing staff training. Staff must receive appropriate training in areas such as safeguarding and infection control.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure the policies and procedures that are available to staff are up to date and accurate.

Action the service SHOULD take to improve

In addition the provider should:

Summary of findings

- Utilise alerts on the electronic record system so that at risk or vulnerable patients are flagged up to clinicians in order to maximise their opportunity to receive the appropriate care.
- Ensure a systematic approach is applied to monitoring and logging emergency drug and vaccine stocks held and their expiry dates.
- Develop a business strategy to formalise the vision and direction for the practice in the short to medium term.

Rishton and Great Harwood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a specialist advisor who was a practice manager and an Expert by Experience (someone with experience of using GP services who had received training in the CQC's inspection methodology).

Background to Rishton and Great Harwood Surgery

Rishton and Great Harwood surgery offers services from both a main surgery in Rishton as well as a branch surgery in Great Harwood. Patients can access services at either premises. The inspection primarily took place at the main Rishton surgery, although one member of the team did visit the Great Harwood branch in order to speak to patients. The practice's registered patient population is 1301. The practice caters for a higher proportion of patients experiencing health related problems in daily life, 61.8%, compared to the national average of 48.8%. A higher than average proportion of the patient list is also known to have caring responsibilities; 33.8% compared to the national average of 18.2%.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is a partnership, with one male partner GP working full time and one female partner GP who works one afternoon per week. The practice does not employ any practice nurses, but patients instead can access appointments with nurses whose posts are funded by the Clinical Commissioning Group (CCG). These nurses run clinics based at Great Harwood health centre, which is the same building that houses the practice's branch surgery. The practice also employs staff consisting of two senior administrators and six receptionists. The practice is supported for half a day per week by the CCG's advanced locality pharmacist. Services are provided under a General Medical Services contract.

The practice is open between 8:00am and 18:00 Monday to Friday, apart from Wednesday when it remains open until 19:00 and Thursday when it closes for the afternoon at 12:30. Appointments are from 9:00am to 17:30 each day, although surgeries are split between the main and branch surgeries. Extended hours surgeries are offered until 19:00 on Wednesdays. When the practice is closed, patients are able to access out of hour's services offered locally by the provider East Lancashire Medical Services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Detailed findings

Please note 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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23rd September 2015. During our visit we spoke with a range of staff including one of the GP partners, one of the senior administrators, a receptionist as well as the advanced locality pharmacist (provided by the CCG to support the practice) and one of the CCG's nursing staff with whom practice patients can access appointments. We also spoke with patients who used the service. We observed how people were being cared for and we reviewed a range of information provided by the practice leading up to and during the inspection. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record

The practice had some systems in place to monitor patient safety, but these were not comprehensive. Staff were able to tell us how safety alerts were received by the practice and circulated to colleagues. There was a system in place to record that staff had had sight of these.

The staff we spoke to were aware of the procedure for reporting incidents and aware of their responsibilities to raise concerns.

Learning and improvement from safety incidents

The practice did not have a comprehensive system in place for reporting, recording and monitoring significant events. We asked the practice prior to inspecting to provide details of any significant event analyses that had been carried out in the previous 12 months. It was initially fed back by staff that no significant events had occurred during this time period. However, during the inspection we were informed that one significant event analysis had been carried out after a prescription had been printed for a deceased patient on 3rd July 2015. We saw that a template had been completed to describe the event and highlight changes to practice to avoid a similar event happening again. We saw minutes from a staff meeting documenting that this event was fed back to staff members. However, there was a discrepancy with the dates documented as the staff meeting minutes indicated the meeting was held on the 20th June 2015. Staff told us that they did not routinely receive feedback around the outcome of any significant event analysis carried out.

Staff told us that approximately one significant event was analysed each year, but that near misses were not routinely reflected on nor fed back to staff. The senior administrator we spoke to was aware of the outcome of complaints made against the practice and how they had been dealt with, but there was no evidence in the staff meeting minutes we viewed to suggest the outcome of complaints were disseminated to other staff members. Staff confirmed that the outcome of complaints made were not routinely fed back to other staff members.

Reliable safety systems and processes including safeguarding

We saw that the practice had comprehensive policies in place around safeguarding both children and adults. The policies contained appropriate contact details for the relevant agencies such as the local authority safeguarding team and staff demonstrated to us that they were aware of how to find these. The practice's training matrix indicated that staff had accessed appropriate training around safeguarding and reception staff were able to discuss this training with inspectors. The GP informed us that he had accessed safeguarding children level 2 training in 2013, but that he had not been trained up to the required level 3. The GP told us that vulnerable or at risk patients were not flagged up in their electronic records. The GP felt that due to the small patient list size he knew the patients well enough to not rely on patients being flagged up in such a way. However, the practice did use locum GPs and they may not know they were dealing with a patient who was at risk without the use of such a flagging system.

There was a chaperone policy available for staff, but did not specify where a chaperone should position themselves when undertaking chaperone duties. Information was clearly displayed in the waiting area to notify patients that they could request a chaperone be present in their appointment. Reception staff acted as chaperones and confirmed to us that they had received training to do so. However, Disclosure and Barring Service (DBS) checks had not been carried out for any members of staff asked to act as chaperones. No risk assessment had been carried out by the practice to ensure the possible risk to patients was mitigated in light of appropriate background checks not being completed.

Medicines management

The practice must improve the way they manage medicines. All the medicines we checked were within their expiry dates on the day of inspection. However, we saw no written records to demonstrate stock levels and expiry dates were monitored in a systematic way. Reception staff told us that they checked medicines informally approximately once per month but confirmed to us that no written records of these checks were kept. Emergency medicines were securely stored in the GP's consultation room. When we initially requested to review the emergency medicine stock they were inaccessible as the GP was off site with the key to the cabinet in which they were stored.

Blank prescription forms were tracked through the practice and kept securely at all times. This

was in accordance with national guidance. The practice contacted patients by telephone if prescriptions were not collected.

We saw that the vaccine fridge was at the appropriate temperature and that fridge temperatures were monitored and logged daily by reception staff. The practice had a cold chain policy and staff were aware that if the cold chain was broken (cold chain refers to the process used to maintain optimal conditions during the transport, storage, and handling of vaccines) this could render the vaccines unusable. Staff told us that if the cold chain was broken for a sustained amount of time they would dispose of the vaccines. However, the staff we spoke to were unaware of the need to consult with medicines management to establish whether any vaccines remain useable. If the cold chain is broken, some vaccines may still be safe to use, but their expiration date may need to be altered. The practice's cold chain policy did not reflect the need for this consultation. We noted that while the vaccine fridge was kept locked, the door was slightly misaligned meaning that with minimal force the door could still be opened. This misalignment had not compromised the door seal.

Cleanliness and infection control

There was a current infection prevention and control (IPC) policy in place, with the GP identified as the lead for IPC. The practice was observed to be clean and tidy. We saw that the last infection control audit that had been carried out was in May 2013. No action plan had been drawn up following this audit documenting any changes that needed to be implemented. None of the staff had received any training around IPC. A cleaner attended daily and a cleaning schedule was followed outlining the frequency with which different cleaning tasks needed to be completed. The cleaner signed a sheet three times per week to confirm attendance at the practice. Practice staff confirmed that this sheet was used primarily for payment purposes and that cleaning was not actively monitored by practice staff. The mops and buckets used for cleaning were appropriately colour coded to denote their use.

Legionella testing had not been carried out at the practice, and no risk assessment had been carried out to justify the lack of testing or protocol to do so (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal).

Equipment

Staff did not raise any issue about the availability of equipment. We saw that equipment in the practice was in satisfactory condition. Annual portable appliance testing (PAT) had been carried out appropriately and clinical equipment such as scales had been calibrated to ensure they were operating appropriately.

Staffing and recruitment

The practice's recruitment policy was incomplete. The policy document specified that it should contain step by step processes that the practice should follow around numerous stages of recruitment such as shortlisting, interviewing and taking references. However, the policy did not contain any procedures relating to these areas. The policy document was dated as having been reviewed in June 2015.

We reviewed four staff files. Three of these staff members had commenced employment with the practice in the preceding six months. We saw that appropriate forms of identification had been checked and contracts and job descriptions were on file. However none of the files contained a record of interview notes to conform that an interview had taken place and what questions had been asked of the candidates. References were not consistently sought as part of the recruitment process. In the files of the two most recently employed staff members, there was evidence that reference requests had been sent out to previous employers, but we also saw that a letter had been sent to the candidates prior to references being requested offering them the position. The letters offering the jobs did not stipulate the offer of employment was subject to satisfactory references. There was no record of references being obtained in the other two files we reviewed.

We saw that new staff members underwent an induction period of shadowing for two weeks. However, following this they would be required to undertake reception duties while often left alone and unsupervised on the premises. This posed a risk of inexperienced staff being left to handle potentially difficult issues without appropriate support.

The practice made use of locum GPs to cover while the GP partners were away on holiday as the partners had their holidays at the same time. The practice had a locum pack which contained useful information around contact numbers and referral procedures. Reception staff told us that while locum GPs covered for annual leave, they did not routinely read and action incoming mail. This potentially

put patients at risk from not receiving the correct treatment in a timely manner, for example as discharge letters from hospital may not be actioned until the partners returned. However the GP we spoke to told us that the locum GPs used by the practice did read and action incoming mail while covering holidays. We saw staff meeting minutes which documented that staff have raised concerns about locum GPs not being able to do many of the jobs required of them, although the minutes did not specify which tasks were being referred to.

Monitoring safety and responding to risk

The practice did not demonstrate an awareness of risk or that risks were being appropriately managed. No risk assessments had been completed to identify and manage risks to patients or staff.

There was no documentation confirming that fire evacuation drills took place, nor which staff members were identified as fire marshals. The practice did not require staff or visitors to sign in or out of the building, meaning there was no written record kept of who was on site at any given time. Signage in the hallway indicated the fire exit was the front door of the building. However, on the day of inspection the front door was locked over lunch time and no staff members remaining inside the premises had a key to unlock the door in order to exit the building this way. Staff were not aware that a fire alarm was installed in the premises. The alarm had not been checked to ensure it was working. There were two smoke alarms, one upstairs and one downstairs and these were tested annually. There were fire extinguishers on site and these had been checked appropriately. Following completion of the inspection we contacted the fire service to raise these concerns and allow them to conduct their own investigation around the practice's fire safety procedures.

Paper documentation relating to patients was stored securely and locked away. However, we were told by staff that confidential patient information was also stored electronically on a memory stick. This memory stick was not encrypted and no risk assessment had been completed to demonstrate that the risk of this information being lost or viewed by others was being managed.

There was a process in place for ensuring staffing levels were maintained; all staff annual leave requests had to be submitted and approved by the GP at least four weeks in advance so that appropriate staffing levels could be ensured. We were told by staff that the team contained a good skill mix allowing for flexibility to cover should there be any unexpected absence.

Arrangements to deal with emergencies and major incidents

There was no oxygen cylinder available on site, meaning that the practice could not demonstrate that it was appropriately equipped to deal with any medical emergencies such as acute exacerbation of asthma and other causes of hypoxaemia (lack of oxygen). While there was an Automated External Defibrillator (AED) available to deal with a cardiac arrest on site and this had been calibrated recently, these calibration checks were only carried out on an annual basis. There was no documentation available to confirm it was checked regularly to ensure the pads were in date and the battery had power.

The practice kept an appropriate stock of emergency drugs. However, when we asked to review them the reception staff member was unsure of their location. The practice's locum pack highlights that emergency drugs are available but that the locum will be made aware of their location when at the practice. Staffing levels meant that a receptionist would routinely be alone on site with a GP or locum.

There were no policies or procedures available for staff to follow in the event of any health care emergency which could occur in the practice. This is particularly important as there are times during each day where reception staff are alone on site with no clinical staff available. During these times patients are able to access the building to make appointments or order and collect prescriptions.

The practice did have a business continuity plan which detailed steps to follow should there be an event that causes a major disruption to service. Despite being marked as reviewed in September 2015, the plan made reference to the Primary Care Trust; an organisation which is no longer in existence. The plan contained contact numbers for staff members and for various utilities and clinical suppliers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) (this is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results for the year 2013/2014 were 96.7% of the total number of points available. This compared favourably with the national average QOF score of 94.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators were all better than the national averages. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80mmHg or less was 98.28% (compared to the national average of 78.53%).

The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 94.64% (compared to the national average of 81.6%).

The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 96.55% (compared to the national average of 88.35%).

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 93.26% compared to the national average of 83.11%.
- Performance for mental health related indicators was generally slightly above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% compared to the national average of 88.61%.
- However, the practice fell below the national average of 83.82% in their performance for offering patients diagnosed with dementia a face to face review in the preceding 12 months, scoring achieving a proportion of 50%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The completed audit examined the diagnosis rate of dementia compared to the number of screening assessments completed. The learning outcome from the first cycle suggested that insufficient screens had been carried out. The practice had subsequently undertaken an additional 64 assessments the following year which had resulted in three patients having new dementia diagnoses.

The CCG's advanced locality pharmacist informed us that the practice's prescribing trends were in line with local expectations.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that allowed them to shadow more experienced staff members. However, once the two week induction period was completed, staffing levels meant that for large periods of time new staff members would be unsupervised on a day to day basis. This posed a risk of inexperienced staff being left to handle potentially difficult issues without appropriate support.

Good

Are services effective?

(for example, treatment is effective)

- We saw that reception staff had received appraisals and that these appraisals had been used to identify learning needs. However, the appraisal paperwork we reviewed did not set specific goals as a result of these learning needs and they had not been acted on at the time of inspection. The senior administration staff had not been appraised at the time of inspection. Staff had access to some appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding and basic life support. We saw that fire safety training was booked for the end of the month. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that palliative care multi-disciplinary team meetings took place, although on an infrequent basis; the most recent minutes of such meetings that we were able to view took place on 14/10/14 and 30/6/15.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out 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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Some of the patients who may be in need of extra support were identified by the practice. Registers were kept of patients in the last 12 months of their lives, those with a long-term condition, those with learning difficulties and patients experiencing poor mental health. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78.91%, which was comparable to the national average of 81.88%.

Childhood immunisation rates for the vaccinations given at age 12 months and 5 years were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 78.6% to 100% and five year olds from 68.8% to 100% (compared to the CCG averages of 73.1% to 84% and 68.3% to 96.9% respectively). The practice's immunisation rates for vaccinations given at 24 months were slightly below the CCG averages, ranging from 50% to 66.7% (compared to 74.8% to 85.8% for the CCG). Flu vaccination rates for the over 65s were 76.15%, and at risk groups 65.65%. These were also above the national averages of 73.24% and 52.29% respectively.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 27 patient CQC comment cards we received were positive about the service experienced, although five did also make comments suggesting they were not fully satisfied with the manner of clinicians. Patients said they felt the practice offered a good service and on the whole staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were generally happy with how they were treated. However, the practice was slightly below CCG and national averages for its satisfaction scores on consultations with doctors. For example:

- 73.6% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 83% said the GP gave them enough time compared to the CCG average of 86.9% and national average of 86.8%.
- 87.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.5% and national average of 95.3%
- 77.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and national average of 85.1%.
- 89.9% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84.6% and national average of 86.9%.

The GP told us he planned to introduce a questionnaire for the practice's patients in order to help better manage patients' expectations and improve their views of consultations.

All seven of the patients we spoke with on the day of inspection told us they happy with the manner of the staff at the practice, saying that they felt they were treated with compassion, dignity and respect. Six of the seven patients told us the service they received was good or excellent.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 while appointments did tend to run slightly late, they always 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 we reviewed showed patients again responded to questions about their involvement in planning and making decisions about their care and treatment in a slightly less positive way than local and national averages. For example:

- 79.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86.3%.
- 69.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.9% and national average of 81.5%

Many staff at the practice were multilingual, with the GPs able to speak four different languages. Staff told us that translation services were available if needed for patients who did not have English as a first language.

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 was not used to alert GPs if a patient was also a carer. We were told by staff that due to the small patient list size, they knew patients well enough

Good

Are services caring?

that alerts on the system were not required. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with complex needs such as a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice information leaflet contained the GPs personal mobile telephone number to allow patients to call the GP directly for a telephone consultation.
- The practice made use of a text messaging system whereby patients could receive reminders about their appointments and send text messages via the service to inform the practice of the need to cancel or rearrange their appointment.
- The practice monitored the number of appointments where patients failed to attend. In April 2015 a system was implemented so that patients were sent text message reminders for their appointments and this had resulted in a drop in failed attendances.

Access to the service

The practice was open between 8:00am and 18:00 Monday to Friday, apart from Wednesday when it remained open until 19:00 and Thursday when it closed for the afternoon at 12:30. Appointments were from 9:00am to 17:30 each day, although surgeries were split between the main and branch surgeries. Extended hours surgeries were offered until 19:00 on Wednesdays. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them on the same day. On the day of inspection we found that the next available routine bookable appointment was at 18:45 that day. Urgent appointment slots were also still available on the day. Staff informed us that the GPs would not turn patients away and would often continue seeing patients beyond the end of their surgeries in order to ensure everyone was seen.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 81.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 75.7%.
- 93.6% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.1% and national average of 74.4%.
- 89.3% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73.8%.
- 66.9% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.7% and national average of 65.2%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system; a leaflet explaining the complaints procedure was available in the waiting area. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but none had felt the need to complain.

We looked at the one complaint received by the practice in the last 12 months and found that it was satisfactorily managed. It had been dealt with in a timely way, an apology had been offered in writing and the complainant had been signposted to NHS England and the Parliamentary Ombudsman should they be unhappy with the outcome of their complaint.

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 statement of purpose but this was not displayed in the waiting area or on the practice website. There was no business plan in place documenting how the practice intended to move forward. Staff had difficulty articulating the vision for the practice and were unaware of plans for the service in the following twelve months. They told us there had been little discussion with them around this. Staff were able to tell us that high value was placed on good patient access to the service. We were told by the GP that service improvement was a high priority for the next 12 months. It was planned that a questionnaire be filled in by patients prior to seeing the GP in order to gauge and help manage patient expectations as to the outcome of the appointment.

Staff told us that there was a degree of uncertainty caused by the lack of a succession plan; both GP partners were approaching retirement and staff were unaware how this would affect them and the patients.

Governance arrangements

The practice did have a range of policy and procedure documents, although no central register of these was kept to demonstrate how they were managed. We saw that they were dated as having been reviewed but that the system for reviewing and updating the documents was ineffective. They were accessible to staff on the practice's shared electronic drive and staff knew of their location. However, despite the documents having being recently reviewed and updated, many made reference to organisations that were out of date (for example the complaints policy and business continuity plan referring to the Primary Care Trust). Not all policies were relevant to the operation of the practice. For example, we saw a 'Nurse personal learning plan policy' which was dated as being reviewed and updated in June 2015. However, the practice had not employed any practice nurses since a local Clinical Commissioning Group (CCG) initiative around accessing nurses appointments was implemented at the beginning of April 2015; the practice did not employ any practice nurses either at the time the policy was reviewed or at the time of inspection. The recruitment policy did not set out the procedures to be undertaken when recruiting new staff, despite the introduction to the document stating that it should.

The practice did not have any formal arrangements for identifying, recording and managing risks, for example responding to emergency medical procedures.

There was a programme of clinical audit being undertaken by the GP, however we were only shown one where two cycles of audit had been completed in order to demonstrate that learning and change to clinical practice had been implemented effectively.

Auditing and monitoring systems had not been implemented for checks on medicines, infection control or fire safety. There were also shortfalls in recruitment processes used for the employment of new staff. References to corroborate previous employment history were not consistently sought and other pre-employment checks not completed, such as DBS checks for non clinical staff being asked to carry out chaperone duties. Records of interviews carried out were not kept.

Leadership, openness and transparency

There was a clear clinical leader supported by senior administrative workers. The lead GP took on management responsibilities, as there was no practice manager employed in the practice, in addition to full time clinical commitments. Assistance was provided by two senior administration staff, each of whom worked six hours per week.

We were told by staff that staff meetings took place on a monthly basis. However, we were only able to view the minutes of four meetings that had taken place in 2015, on 18th March, 20th June, 30th June and 12th September.

We saw that appropriate job descriptions were stored in staff files, and staff told us they were aware of their roles and responsibilities.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active Patient Participation Group (PPG) consisting of 11 patients. One of the senior administrators attended the PPG meetings on a regular basis, where opportunity for good information exchange took place. We saw minutes of meetings that took place on

Are services well-led?

Requires improvement

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

18th March 2015 and 30th June 1015. Staff told us that they were waiting for PPG group members' input into questions for the next patient survey that the practice intended to run in the coming months.

The practice was taking part in the Friends and Family Test. This is an NHS scheme to get patients' opinion of a service, by asking if they would recommend that service to friends or family members. The most recent results indicated that 68% of respondents would recommend the practice.

Staff told us they had the opportunity to raise any concerns they had during practice staff meetings.

Management lead through learning and improvement

Not all staff had been appraised. Those reception staff who had received appraisals did not have specific goals identified on appraisal paperwork.

Staff did access training, and the practice maintained a training log. However, we did not see that robust systems were in place to monitor and manage the training needs of staff. Staff told us that training was managed on an ad hoc basis. The training log was incomplete and training sessions recorded on it did not match up with training certificates stored in staff files. This resulted in key gaps in staff training such as appropriate safeguarding training for the GPs.

Staff told us that they felt the practice tended to shy away from highlighting and analysing significant events and near misses, meaning opportunities mat be missed to maximise learning and improving the quality of care being provided.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems and processes had not been established to identify, assess, monitor or manage risk to patients or staff. There was no systematic approach to recording and monitoring staff training The recruitment policy lacked detail and other policies contained out of date information or were no longer relevant to the practice Regulation 17(1)(2) a b (3) a b

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Appropriate employment checks were not consistently carried out prior to staff commencing work Regulation 19 (1) a, b ,c (3)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice's fire safety procedures and practices were inadequate The practice had no medical emergency guidance for staff and insufficient equipment to utilise in an emergency situation. Staff had received no training around infection prevention and control, and an IPC audit had not been completed for over two years Systems and processes had not been established to identify, assess, monitor or manage risk to patients or staff The practice did not have a robust system in place to effectively manage incoming mail in the absence of the GP partners. Regulation 12(1)(2)a, b, c ,d, g, h