

Crusader Surgery

Quality Report


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

Ratings

Overall rating for this service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Crusader Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crusader Surgery on 28 October and 02 November 2015.

Overall the practice is rated as inadequate. Specifically, we found the practice was good for caring and responsive services, requires improvement for effective services, and inadequate for safe and well-led services. The concerns which led to these rating apply to everyone using the practice, including all the population groups.

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

- Staff knew how to report incidents, near misses and concerns within the practice. The practice had carried out investigations when things went wrong, however lessons learned from investigations were not communicated to staff members and so safety was not improved.
- Patients were positive about their interactions with staff and said they were treated with compassion, respect, and dignity.

- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes they had to wait a long time for non-urgent appointments.
- The practice provided a workers commuter extended hour's clinic on Monday evenings that could be booked in advance.
- Specialist drug and alcohol clinics were provided at the practice to meet local area population demand.
- Patients told us that it was very difficult to get through to the practice on the phone to make an appointment.

The areas where the provider must make improvements are:

- Take action to review and update the infection prevention and control policy and procedures at the practice. Provide clinical oversight of staff training and support for Infection control.
- Take action to review the clinical and environmental cleaning procedures at the practice. (In particular the patient screens used to protect patient dignity).

Summary of findings

- Ensure patient medical records match the residential home records with the treatment patients received, when visited in residential care.
- Practice policies, and processes need to be urgently reviewed to ensure up to date guidance to ensure staff are supported to carry out their roles in a safe and effective manner that are reflective of the practice procedures.
- Ensure there are appropriate assessments and monitoring of patient and environmental risks.
- Set-up a safety alert receiving and reporting system to ensure these have been acted on and communicated to all staff members appropriately.
- All staff roles, and responsibilities to be reflected in their job descriptions.
- Staff must receive regular appraisals and have access to support for any additional training that may be required.

- DBS checks for all staff providing chaperoning or a risk assessment explaining why DBS is not needed.

The areas where the provider should make improvements are:

- Ensure recruitment documentation and staff records are organised and kept up to date.
- Improve access for patients to the surgery via the telephone system.
- Review safety incidents and complaints to monitor for trends or themes.
- Improve human resources support to provide practice leadership the capacity to deliver quality service improvements.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. The practice lacked recent safeguarding training, recruitment documentation, an infection control policy and procedures. Practice policies, procedures and processes had not been reviewed and were three years out of date. The clinical and environmental cleaning procedures at the practice had not been reviewed, cleaning recording was insufficient, and the checking process was not recorded. The practice could not evidence medicine and patient safety alerts had been received and acted on, or communicated to staff members appropriately.

Staff members reported incidents, near misses and concerns, and the practice had carried out investigations when things went wrong. However these investigations were not communicated to staff members thus safety lessons were not learned by all practice staff members to ensure improvements would be embedded throughout the practice.

Some patient records had not been kept up to date and kept aligned with the treatment patients had received, specifically those patients that had received a visit in residential care. We did not find concerns with other patient records.

Safety incidents and complaints had been recorded and investigated however they had not been regularly reviewed to monitor for trends or themes.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient monitoring was lower in comparison with other GP practices in the local area.

The practice evaluated care and treatment in accordance with evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinicians used guidelines from NICE and used this information to maintain patient care and treatment needs.

There was evidence of a completed clinical audit cycle with the information being used to improve patient outcomes.

Requires improvement



Summary of findings

Multidisciplinary working did not take place in a formal meeting format, and when conversations with other healthcare professionals took place they were not recorded and could not be evidenced.

Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice caring aspects of service provision higher than other surgeries in the locality for several areas of care. Patients said they were treated with compassion, dignity and respect when we spoke to them and on the comment cards we left by the care quality commission. Patients also told us during the inspection that they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible in the practice and on the website. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It considered the needs of its local population and attended meetings with the Clinical Commissioning Group (CCG) to ensure improvements to services in the local area.

The practice provided a specialist drug and alcohol service available to patients living in the local area.

Patients told us they could see a named GP and there was continuity of care, with urgent appointments available the same day. The practice was well equipped and had good accessible facilities to treat patients and meet their various needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as inadequate for being well-led. It had a statement of purpose, however did not have a clear vision and strategy for the future. Staff members we spoke with were not clear about their responsibilities in relation to the practice future.

There was no clear established leadership structure due to the lack of practice management for 18 months, although staff told us they felt supported by the GPs. The practice had a number of policies and procedures to govern activity, but these were over three years out of date and had not been reviewed.

The practice did not hold regular practice meetings although we were told issues were discussed at ad hoc informal meetings where notes or minutes were not taken to evidence these discussions. The

Inadequate



Summary of findings

GPs had sought feedback from patients as an element of their appraisals although staff members were not asked for feedback. The practice did not have a patient participation group (PPG) that they could request views and feedback. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Staff told us they had not received regular performance reviews or appraisals for two years, and did not have clear objectives or a job description that described the roles and responsibilities they carried out at the practice.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing caring, and responsive services, it is rated as requires improvement for effective services, and inadequate for safe and well-led services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were lower than with other GP surgeries national for commonly collected data for older people. For example:

- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent (01/04/2013 to 31/03/2014) was 66.67% and nationally 81.27%.

For older people at the practice home visits and urgent access appointments were provided. Longer appointments and home visits were also available when needed.

We saw evidence which showed that basic care and treatment requirements were carried out however no specific effort to improve the service for this population group. We found no evidence that care for older people was a priority. Services for older people were therefore reactive, and there was limited engagement with this patient group to improve their service provision.

Inadequate



People with long term conditions

The practice is rated as good for providing caring, and responsive services, it is rated as requires improvement for effective services, and inadequate for safe and well-led services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Nationally reported data showed that some outcomes for patients were lower in comparison than other GP surgeries in the local area for people with long term conditions. For example:

- The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months (01/04/2013 to 31/03/2014) was 69.58% and nationally 85.94%.

Inadequate



Summary of findings

Longer appointments and home visits were available when needed for those with enhanced needs. All these patients had a named GP, and a personalised care plan with an annual review to check that their health and care needs were being met.

Chronic disease management and patients at risk of hospital admission were identified in patient's records. For those people with the most complex needs, the named GP worked in an ad hoc informal manner to communicate with relevant health care professionals to deliver care.

Families, children and young people

The practice is rated as good for providing caring, and responsive services, it is rated as requires improvement for effective services, and inadequate for safe and well-led services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Appointments were available outside of school hours and the premises were suitable for children and babies. Patients told us that children and young people were treated in an age-appropriate way and the premises were suitable for this population group, these included baby changing facilities. Immunisation rates were comparable with other GP practices locally for the standard childhood immunisations.

The practice was unable to evidence they identified, and followed up patients in this group who were living in disadvantaged circumstances and who were at risk. We found no formal regular communication route with health visitors or social care, this was managed in an informal, conversation, when needed basis, and could not be evidenced by notes taken or minutes recorded.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as good for providing caring, and responsive services, it is rated as requires improvement for effective services, and inadequate for safe and well-led services. The concerns which led to these rating apply to everyone using the practice, including this population group.

Appointments were available outside the core practice opening times for this population group. The practice also offered a full range of health promotion and screening that reflected the needs of this group and they could order repeat prescriptions online.

Although the practice offered extended opening hours for appointments on Monday's patients could not book appointments online. Due to the telephone access issues this reduced this patient group direct access to the practice.

Inadequate



Summary of findings

We saw services had not been evaluated to cater for working age people (including those recently retired and students) and were limited for the needs of this group.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing caring, and responsive services, it is rated as requires improvement for effective services, and inadequate for safe and well-led services. The concerns which led to these rating apply to everyone using the practice, including this population group.

The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations with documentation available in the waiting room and during consultation. The practice was able to refer patients to a counselling service held at the practice. Nurses administered injectable medication for patients with mental illness but there were no arrangements in place to follow up those who did not attend.

Data from 2013 - 2014 showed that 18.92% of people experiencing poor mental health had received an annual physical health check. This is a very large variation from the national average of 83.82%.

We were told they carried out advance care planning for patients with dementia although the practice could not evidence this.

They did not work with a multi-disciplinary team in the case management of people experiencing poor mental health. The GPs worked in an informal basis with the relevant healthcare professionals when needed and the conversations were not noted or minutes recorded with regards to decisions made. The practice could not offer us evidence that they followed up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Some staff had received training on how to care for people with mental health needs although no dementia training was available.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 04 July 2015 showed the practice was performing below expected levels for the majority of results except the helpfulness of receptionists and the convenience of appointments in comparison with local and national averages. There were 310 survey forms distributed for Crusader Surgery and 114 forms were returned. This is a response rate of 36.8%.

- 58.2% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 72.7% and a national average of 74.4%.
- 90.9% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85.6% and a national average of 86.9%.
- 42.2% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 61.7% and a national average of 60.5%.
- 86.2% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.6% and a national average of 85.4%.
- 94.5% of respondents said the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.

- 67.3% of respondents described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73.8%.
- 28.1% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 59.3% and a national average of 65.2%.
- 30% of respondents felt they didn't normally have to wait too long to be seen compared with a CCG average of 56.7% 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 12 comment cards 11 cards were positive about the standard of care received, and one card focussed on the lack of time with the GP. All the other cards praised the service, the GPs the nurses and in particular the reception staff. They were content with the services provided and commented positively on specific areas of their care. We also spoke to a local residential home that the GPs visit to treat the patients, who told us they provided good care and advice. Those patients we spoke with during the inspection told us they had come to the surgery to wait and be seen in the open surgery due to the issues getting through to book an appointment over the telephone.

Areas for improvement

Action the service **MUST** take to improve

Our inspection team was led by a CQC Lead Inspector. The team included a second inspector, a GP specialist adviser, and a practice manager specialist adviser.

Action the service **SHOULD** take to improve

Crusader Surgery is situated in Clacton-on-Sea, Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group. The practice holds a Personal Medical Services contract with the NHS. There are approximately 5000 patients registered at the practice.

The provider is a partnership, comprising of two male partners who are also the GPs at the practice. Crusader

Surgery are a training practice currently they have one registrar doctor who holds their own clinics. The GPs are supported by three nurses, two healthcare assistants, a practice manager, a secretary, and nine administrative and reception members of staff. Support staff members at the practice work a range of different hours including full and part-time.

There is a walk in clinic every morning, from 9am until 10am the clinic is run on a first come first serve basis. Patients arriving before 10am are guaranteed to be seen by a doctor the same day; those attending this clinic do not have a choice of doctor. The practice takes telephone calls from 8am and the doors open at 8:30am. There are bookable appointments after 10am and the practice is

Summary of findings

closed between 1pm and 2pm. In the afternoon there are appointments between 3pm and 6pm and the practice closes at 6.30pm. There is a commuter/workers extended hour's surgery on Monday evenings between 6.30pm and 7.30pm which are pre-bookable appointments only.

The practice has opted out of providing 'out of hours' services which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Crusader Surgery was inspected 03 July 2013 under the previous inspection regime. The practice was found to be compliant with all standards inspected at that time.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury. They hold directed enhanced services (DES's); a DES is a service which requires an enhanced level of service provision above what is required under their core contracts. They hold DES's for; the childhood vaccination and immunisation scheme, extended hours, influenza and pneumococcal immunisations, learning disabilities, minor surgery, remote care monitoring, and rotavirus and shingles immunisations.

Crusader Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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Background to Crusader Surgery

Crusader Surgery is situated in Clacton-on-Sea, Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group. The practice holds a Personal Medical Services contract with the NHS. There are approximately 5000 patients registered at the practice.

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Why we carried out this inspection

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

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?

Detailed findings

- 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)

For example:

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 28 October and 02 November 2015. During our visit we spoke with a range of staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the medical records of patients. We reviewed comment cards where patients and members of the public had shared their views and experiences of the service being provided.

Are services safe?

Our findings

Safe track record and learning

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

Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example staff had not received recent safeguarding training, and recruitment documentation was disorganised and took the practice two days to identify evidence we requested. Practice policies, procedures and processes had not been reviewed since 2012 and some 2013; including the infection control policy thus did not follow current clinical guidance.

Staff knew how to report incidents, near misses and concerns, and although the practice had carried out investigations when things went wrong, these investigations were not communicated to staff members so safety lessons were not learned or improved.

The clinical and environmental cleaning procedures at the practice had not been reviewed and updated. Systems were not in place to ensure patient records were recorded, kept up to date, and were aligned with the treatment patients had received during visits to the residential homes. Safety incidents and complaints had not been reviewed to monitor trends and themes.

There were no medicine and patient safety alerts receiving and reporting systems. The practice could not evidence medicine and patient safety alerts had been received and acted on, or communicated to staff members appropriately.

Safe track record and learning

There was a system for reporting and recording significant events and although the practice had carried out investigations when things went wrong, they could not evidence these investigations were communicated to staff members, so safety lessons were not being learned or improved. Staff told us they would tell the practice manager or the GPs of any incidents. The complaints received were dealt with satisfactorily by the practice although they were also not communicated to staff members so safety lessons were not being learned or improved.

Overview of safety systems and processes

The practice arrangements to keep people safe, included:

- Arrangements to safeguard adults and children from abuse were in place and a GP was identified as the practice lead for safeguarding. The safeguarding lead had received training to level three. Not all staff members knew who the safeguarding lead was however they told us if they had concerns about a patient's welfare they would speak to the GPs.
- Some staff had received safeguarding adults and children training relevant for their role.
- A chaperone message was displayed in the waiting room on the television monitor explaining how they could be requested. Not all staff who acted as chaperones were trained for the role or had a disclosure and barring check (DBS). 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 showed us the application they had made to register all staff members for DBS checks.
- There were no formal procedures in place to monitor and manage risks to patient and staff safety.
- There was no evidence of a practice wide system to check and monitor laboratory results and discharge letters. Each GP partner had their own system which could mean confusion for staff and risk mistakes.
- There was current health and safety poster displayed in the waiting room.
- The practice had not had recent fire risk assessments, staff training had been two years ago and the last fire drill had been carried out over a year ago.
- Electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We observed the premises was clean and tidy
- There was an infection control policy that needed to be reviewed and updated. Appropriate infection control audits had not been undertaken as required within the practice policy.
- There were arrangements for managing medicines, including emergency drugs and vaccinations, in the

Are services safe?

practice to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and recorded to monitor their use.

- Recruitment checks were carried out, although the staff files we reviewed were not organised and it took the practice two days to find some evidence we requested.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which could be used to alert staff should an emergency arise. Staff had

received basic life support training and there were emergency medicines available in a well sign posted treatment room. The practice had a defibrillator available on the premises and oxygen with suitable masks for adults and children. There was also a first aid kit and accident book available. All staff knew the location of the emergency medicines which we checked and found were in date and suitable to use.

The practice had a business continuity plan to support staff regarding for major events such as power failure or building damage. The plan had not recently been updated since 2013; therefore the information was not current.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice clinicians had access on their computer desktops to guidelines from National Institute for Health and Care Excellence (NICE) and used them to inform, and develop care and treatment. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. This enabled staff to understand clinical risks and gave them a clear, accurate and current picture of patient safety.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The results for 2013/2014 showed that the practice had obtained 83.9% of the total number of points available. This is 9.6% below the England average.

The practice had an exception reporting rate of 7.7%. This was 0.2% below the England average. Exception reporting is the process whereby practices can exclude certain patients from their reporting so that they are not penalised for patient characteristics that are beyond their reasonable control.

This practice was below the average for the following national QOF (or other) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators were in some cases worse than the CCG and national average. The percentage of patients with diabetes, on the register, who had a record of an albumin: creatinine ratio test in the preceding 12 months was 69.58% compared to 85.94% national average. This was questioned by inspectors and current results from the practice system for 2014/2015 showed an improvement of 3% which was still 7.9% lower than the national average.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 18.92% compared to 83.82% national average. This outlier was investigated by inspectors and found to be no better in 2014-2015; the GPs said this would be an area for improvement going forward.

This practice was above the average for the following national QOF clinical targets. Data from 2013/2014 showed;

- Performance for mental health indicators was above the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94.64% above the national average of 86.4%.

Clinical audits were undertaken and we were shown two that had been undertaken in the last two years, one of these was a completed audit where no improvement had been monitored however a decision had been made to purchase a dermascope to enable more precise evaluation and to further monitor for improvement. A derma scope is a medical instrument that illuminates the skin making the skin's upper layers appear more transparent, to make deeper skin pigment patterns and structures more visible. The practice participated in applicable local medicines management audits, peer review and research.

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 covered such topics as safeguarding, fire safety, health and safety and confidentiality. This programme needed updating to take account of practice staff changes.
- Non-clinical staff had not received an appraisal for two years. Staff told us if they asked for training to cover the scope of their work they would try to provide it. Clinical staff members were provided with clinical supervision, facilitation and support for the revalidation of GPs.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. There was a system in place to ensure information regarding treatment outside the practice was scanned and attached to patient medical records. This included care and risk assessments, care plans, discharge records and test results. Information such as NHS patient information leaflets were also available. Information was shared with other services appropriately, for example when people were referred to other services.

Staff worked with health and social care providers to understand and gather the range and complexity of people's requirements to consider and plan ongoing care and treatment. This included people when moving between services, including when they were referred, or after they were discharged from hospital. The practice could not evidence their multi-disciplinary working because this was a conversation between the GP and the healthcare professional when needed which they did not record. This was not a robust process.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff involved understood the relevant consent and decision-making requirements of legislation and guidance. Where a patient's

capacity or mental capacity to consent to care for treatment was unclear, the GP or nurse made that assessment, where appropriate, and recorded the outcome of the assessment.

Health promotion and prevention

Patients who may need added support were identified by the practice. These included patients in the last 12 months of their lives, patient who were also carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol and drug cessation. Patients were directed to the relevant service. These patients identified on the practice medical records system to remind staff members they needed extra support.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 76.65%, which was slightly below to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 94.8% and five year olds from 87% to 94.4%. Flu vaccination rates for the over 65s were 66.26% compared to the national average of 73.24%, and at risk groups 42.08% compared to the national average of 52.29%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we saw staff members were polite and helpful to patients both over the telephone and at the reception desk when making appointments or answering enquiries. Screens were available in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors remained closed during consultations and conversations could not be overheard outside these rooms. Reception staff knew when people wanted to discuss sensitive issues or appeared distressed and they explained to us they would offer to take patients to a private room to discuss their issues.

Of the 12 patient CQC comment cards we received 11 were positive about the service experienced and one card although they like the new self-check in monitor did not like the TV monitor in the waiting room. Patients said the practice was excellent and praised the reception staff for being very helpful, caring and always treating them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with seven patients during the inspection they told us the care provided was excellent and personal they also felt their dignity and privacy was respected

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice satisfaction scores were lower in comparison with the CCG and England averages for its consultations with doctors and nurses. For example:

- 81.8% of respondents said the GP was good at listening to them compared to the CCG average of 88.7% and England average of 88.6%.
- 83.8% of respondents said the GP gave them enough time compared to the CCG average of 85.7% and England average of 86.8%.
- 94.2% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94.5% and England average of 95.3%

- 79.7% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.8% and England average of 85.1%.
- 90.6% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.8% and England average of 90.4%.
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The practice satisfaction scores were higher in comparison with the CCG and England averages for their receptionists.

- 90.9% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85.6% and England average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with said health issues were discussed with them and they felt included in the decision making concerning the care and treatment they received. We were also told they felt listened to and supported by staff. Several patients told us they were always given enough time during consultations and never hurried. Feedback we received on the comment cards was positive and aligned with these views.

Results from the July 2015 national GP patient survey we reviewed showed the patients response to questions about their involvement in planning and making decisions about their care and treatment and results were mixed in comparison with the CCG and England averages. For example:

- 90.5% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.7% and England average of 86.3%.
- 73.7% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.9% and England average of 81.5%

Staff told us they had not needed the translation services however they had a telephone number at reception if it was needed.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Leaflets and posters 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. There was a practice register of all people who were carers and 20.6% of the practice list had been identified as carers and were supported, for example, by

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was often followed by a consultation at a time to suit family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal core opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities, baby changing facilities and translation services available.

Access to the service

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and England averages although people we spoke to on the day told us they were able to get to see a GP when they needed. For example:

- 74.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.1% and England average of 75.7%.
- 58.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 72.7% and England average of 74.4%.
- 67.3% patients described their experience of making an appointment as good compared to the CCG average of 72% and England average of 73.8%.
- 28.1% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59.3% and England average of 65.2%.

There was a walk in clinic every week day morning Monday to Friday from 9am until 10am the clinic is run on a first come first serve basis. Patients arriving before 10am were guaranteed to be seen by a doctor; those attending this clinic do not have a choice of doctor. The practice takes

telephone calls from 8am and the doors open at 8:30am. There are bookable appointments after 10am and the practice is closed between 1pm and 2pm. In the afternoon there are appointments between 3pm and 6pm and the practice closes at 6.30pm. There is a commuter/workers extended hour's surgery on Monday evenings between 6.30pm and 7.30pm these are pre-bookable appointments.

The practice has opted out of providing 'out of hours' services which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

Listening and learning from concerns and complaints

The practice had a complaints process and we saw complaints were dealt with in a timely fashion. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England but had not been reviewed since 2013. There was a designated responsible person to handle complaints at the practice.

We saw there was a notice and information available to help patients understand how to complain. There was a complaints leaflet available at the practice and on the practice website that explained the process clearly and highlighted organisations able to support them if they did not want to complain directly to the practice. Some of the patients we spoke with knew the process to follow if they wanted to make a complaint. Those that did not know the process said they would ask at reception.

We were shown one complaint received in the last 12 months this had been handled in satisfactory manner. Action had been taken as a result to improve the accessibility to appointments.

Complaints were not reviewed on a regular basis or shared with staff members so that lessons could be learnt from concerns and complaints or theme and trends explored.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had not produced a clear vision or plan for the future. The practice had a statement of purpose although staff members were unaware of this or their responsibilities regarding it. Due to the lack of practice management capacity until very recently the GPs had not had the opportunity to make future plans or manage the administration at the practice.

Governance arrangements

The practice did not have a governance framework to support the delivery of good quality care. This meant structures, procedures, and processes had not been reviewed:

- The staffing structure was not a clear and staff member's job descriptions had not been updated to include all the responsibilities of each person's role.
- Staff records were not maintained organised or up to date.
- Practice specific policies were out of date and needed up dating to demonstrate current guidelines and legislation.
- The practice could not evidence they had a comprehensive understanding of the practice performance.
- Although some clinical and internal audit had taken place this did not show it was being used to monitor quality and to make improvements.
- There were no arrangements to identify record or manage practice risks and issues or to implement any mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, and capability to run the practice however due to the lack of practice management support they lacked the capacity to ensure high quality care.

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to any member of staff.

The practice did not hold practice team meetings and communication was on an ad hoc one to one basis when they had availability. Staff members told us they felt respected, valued and supported, particularly by the GP partners at the practice. They also told us they were encouraged to identify opportunities to improve the services provided by the practice.

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

The GPs encouraged feedback from their staff through discussion. Staff told us they were comfortable to give feedback and discuss concerns or issues with colleagues or management. The practice had not surveyed their patients or set up a patient participation group (PPG) to ask their views regarding the service they provide. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Innovation

We were told they had not had the opportunity to focus on continuous learning and improvement due to the lack of practice management capacity until very recently. They told us that this would hopefully change and give them the capacity to innovate for the future.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b)(c)&(d)</p> <p>Systems and processes had not been set up and established to assess monitor and improve the quality and safety of the practice services provided, including the quality of the experience of service users using the services.</p> <p>There were no assessments to monitor and mitigate risks relating to the health, safety, and welfare of service users and others who may be at risk within the practice.</p> <p>In respect of patients receiving home visits incomplete contemporaneous records including a comprehensive record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Staff records were not maintained in relation to staff members employed in the carrying on of the regulated activity.</p>