

Roman Way Medical Centre

Quality Report

58 Roman Way

London

N7 8XF

Tel: 020 7607 7502

Website: www.romanwaymendicalcentre.co.uk

Date of inspection visit: 24 March 2016

Date of publication: 05/08/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Roman Way Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Roman Way Medical Practice on 24 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However there was no effective recording system and patients did not always receive a written apology.
- Risks to patients were not assessed and well managed, including infection control processes, fire procedures and medicines management.
- The practice did not have an effective system to ensure that emergency equipment and medicines were fit for use.
- Staff employment files did not include the mandatory pre-employment checks.
- There was a lack of training in basic life support for non-clinical members of staff.
- Data showed patient outcomes were mixed compared to the locality and nationally.
- Audits had been carried out and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- The practice scored lower than the clinical Commissioning Group (CCG) and national average in the GP Patient survey. The practice had not produced an action plan to address the issues the survey identified.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but these were not routinely accessible to staff.
- The practice did not have an active patient participation group (PPG).

Summary of findings

The areas where the provider must make improvements are:

- Ensure that patient details are kept confidential at all times and not displayed within the reception area.
- Carry out an infection control audit, health and safety risk assessment and fire risk assessments to ensure risks are identified and acted upon.
- Ensure pre-employment checks are obtained and kept on file and that staff are provided with mandatory training including basic life support.
- Carry out electrical equipment testing.
- Ensure blank prescription pads are kept securely.
- Replace emergency oxygen and masks and ensure that there is a system for checking that they are in working order.
- Produce a formal system for reporting significant events and complaints to enable identification and learning.
- Ensure practice policies are accessible to all staff.

In addition the provider should:

- Consider formalising the contract for the provision of cleaning and produce schedules for the cleaning of the premises.
- Ensure PGD's are accessible for the practice nurse to review as necessary.
- Introduce a system to check whether emergency medicines are in date.
- Ensure that all carers are appropriately identified.
- Review patient feedback from the GP Patient Survey and PPG to ensure patient satisfaction.
- Revise the practice's business continuity plan.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice 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?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Patients were at risk of harm because systems and processes were not in place or were not implemented in a way to keep them safe. For example, vulnerable patient details were not kept secure, infection control and health and safety audits had not been undertaken within the last two years. There were no cleaning schedules.
- There was an inadequate system for checking emergency medicines. There was no system for checking the defibrillator and oxygen. Oxygen masks were not fit for purpose.

Staff files did not contain relevant information regarding pre-employment checks; there was no completed fire risk assessment or evidence of fire drills and emergency procedures. There was a lack of knowledge regarding basic life support and non-clinical members of staff had not received training.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The practice did not undertake a robust training needs analysis.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

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

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care. The practice had not identified an action plan to improve this.
- Patients 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.
- The practice had only identified a low number of patients that were carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice provided a service responsive to patient needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, there was no evidence that learning from complaints had been shared with staff.

Good



Are services well-led?

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. The policies were not easily accessible to staff.
- Regular practice meetings were held but no formal record was kept.
- The practice did not have an active patient participation group (PPG).

Requires improvement



Summary of findings

- All staff had received inductions but not all staff had received all the mandatory training required.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All older people have care plans which are regularly reviewed.
- The practice was accessible to those patients with reduced mobility.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 79% of patients on the diabetes register had a blood pressure reading in the preceding 12 months, compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of patients on the asthma register had received a review in the preceding 12 months compared to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. However not all of these details were kept confidential within the reception area.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing services to people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, requires improvement for well led and caring and good for providing an effective and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was lower than the national average. For example the practice recorded that 70% of patients with schizophrenia, bipolar disorder and other psychoses had a comprehensive, agreed care plan documented in their records. This was compared to the national average of 88%. The practice recorded that 57% of patients with dementia had received a face to face review compared to the national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eighteen survey forms were distributed and 100 were returned. This represented 8% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).

- 66% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. The cards stated that they were happy with the service provided and that they were treated respectfully by the staff.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure that patient details are kept confidential at all times and not displayed within the reception area.
- Carry out an infection control audit, health and safety risk assessment and fire risk assessments to ensure risks are identified and acted upon.
- Ensure pre-employment checks are obtained and kept on file and that staff are provided with mandatory training including basic life support.
- Carry out electrical equipment testing.
- Ensure blank prescription pads are kept securely.
- Replace emergency oxygen and masks and ensure that there is a system for checking that they are in working order.

- Produce a formal system for reporting significant events and complaints to enable identification and learning.
- Ensure practice policies are accessible to all staff.

Action the service **SHOULD** take to improve

- Consider formalising the contract for the provision of cleaning and produce schedules for the cleaning of the premises.
- Ensure PGD's are accessible for the practice nurse to review as necessary.
- Introduce a system to check whether emergency medicines are in date.
- Ensure that all carers are appropriately identified.
- Review patient feedback from the GP Patient Survey and PPG to ensure patient satisfaction.
- Revise the practice's business continuity plan.

Roman Way Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Roman Way Medical Centre

The Roman Way Medical Centre is located in the London Borough of Islington. The practice is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 practices. It currently holds a General Medical Service (GMS) contract to 4713 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 30% under the age of 18 and 19% over the age of 65. The Roman Way Medical Centre is situated within a purpose built building. Consulting rooms and administrative offices are situated on the ground level. There are currently two full time GP partners (one female and one male) Each GP carries out eight sessions per week. The practice had recently lost a full time partner and were recruiting for more GP cover. Practice staff also consists of a practice nurse (who works 37 hours a week) and administrative staff. The GP lead carries out the duties of the practice manager.

The practice is open between 8.45am and 6.30pm each week day except Thursday when the practice is open from 8.45 am to 1pm. Appointments are from 9am to 12pm every morning and 3pm to 6.30pm daily. Extended surgery hours

are offered on a Monday, Tuesday, Wednesday and Friday from 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments are also available for people that needed them. Patients are able to book appointments on line.

The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Why we carried out this inspection

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

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

The service has not been previously inspected.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 March 2016. During our visit we:

- Spoke with a range of staff (clinical and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an informal system in place for reporting and recording significant events. No formal record of significant events was kept by the practice and events were discussed informally within the staff team meetings with no written record kept of the discussion. However we were informed that there had been four significant events noted down by the GP in the last 12 months. Staff told us they would report any incidents to a GP. Details of the event was kept in a note book held by the GP. The notebook was shown to a member of the inspection team.

- The practice had not carried out an analysis of the significant events within the past year.

We were informed by the GP of a significant event where a patient was prescribed amoxicillin (an antibiotic) and collapsed in the waiting area due to an allergic reaction to the medicine. The practice were unaware of the allergy at the time. Members of the practice staff responded to the emergency. The patient was taken by ambulance to hospital. However there was no record of a practice discussion of the event which included learning. When we spoke with other staff, they were unable to give any examples of significant events discussed and the learning gained from them.

When there were unintended or unexpected safety incidents, patients received a verbal apology.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs had received child protection training and were trained to Safeguarding level 3. The practice nurse had received level two child protection training. However we found that there was a list of vulnerable housebound patients

on display on the side wall of the reception near the reception desk where patients could see the details, which included their name and full address. The list was at a distance where patients could read the details over the reception desk. When pointed out to the practice, no explanation was given and no action was taken to remove the notice while the inspection team was present.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. However there was no formal schedule and logging sheets to ensure the correct cleaning was being carried out. There was uncertainty amongst staff regarding whether the practice employed its own cleaner or whether a contract company was employed. The only record of cleaning was an informal communications book between practice staff and the cleaner where issues could be written. It was also noted in the book, which was completed daily where specific cleaning duties were to be carried out, for example an intensive clean of the sink in the sluice room. There was no evidence that any of these cleaning tasks had been completed. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place however only clinical staff had received infection control training. The practice had not undertaken any infection control audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice mostly kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, prescription pads were not securely stored and there were ineffective systems in place to monitor their use. We found prescription pads left in printers within consulting rooms and in the

Are services safe?

reception area when the practice was closed. The consulting room doors were unlocked and the reception area had not been secured. There was no system for logging prescription pads. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However these were held within the GP lead's consulting room and the nurse did not have access to them in order to follow the guidelines. When asked why they were not held in the nurse's room so that there was constant access, we were informed it was due to storage issues. The nurse did however look up general guidelines on the internet using a generic search engine and general website when required.

- We reviewed five personnel files. The files contained many wage slips and other financial information. We found no evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However we were provided with proof of staff Disclosure and Barring Service checks.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had carried out a Health and Safety risk assessment in 2013 but there was no evidence of actions carried out following the assessment. The practice had not completed a fire risk assessment and had no record of any fire drills and emergency procedures that had been carried out. Electrical equipment had not been checked to ensure the equipment was safe to use, however clinical equipment had been checked in March 2016 to ensure it was working properly. The practice carried out Legionella testing in 2013 (Legionella is a term for a particular bacterium which can contaminate water

systems in buildings). This resulted in a new water system being installed. The practice were informed by the company that installed the new system that testing was no longer needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room. However when asked, the nurse was unable to fully describe the action that needed to be taken if an incident occurred. We found that there were medicines missing from the emergency medicines kit. This included glucagon (used to keep blood glucose levels balanced) and diazepam (used to calm anxiety). The practice held a list of medicines held in the emergency kit but this did not include expiry dates or dates of when they were last checked. Staff knew the location of the emergency medicines. We asked about the missing medicines and were told by the nurse that they were unaware it was needed but would ensure it was obtained as soon as possible. We received no evidence post inspection that this had been done.
- The practice had a defibrillator available on the premises which was still within the box within a locked cupboard in the nurse's room. There was no system in place for checking that it was in working order. The practice had oxygen available within the nurses room however there was no system for checking this and we found that it was less than ¼ full. The adult and children's masks for use with the oxygen had perished and would be unable to be used in an emergency. A first aid kit and accident book were available. The nurse informed us that there was another oxygen cylinder available to use. However this had been removed prior to inspection. The nurse was unaware that the cylinder was low after the last use and was also unaware of the state of the masks.

Are services safe?

- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However the plan was out of date (2010) and in need of revision.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to the national average. For example 79% of patients on the diabetes register had a blood pressure reading in the preceding 12 months, compared to the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average of 83% with the practice achieving 89%.
- Performance for mental health related indicators was below the national average. For example the practice recorded that 70% of patients with schizophrenia, bipolar disorder and other psychoses had a comprehensive, agreed care plan documented in their records. This was compared to the national average of 88%. The practice recorded that 57% of patients with dementia had received a face to face review compared to the national average of 84%.

The practice stated that they were aware of the low figures and were working hard to improve however they were currently short staffed in respect of GP cover since the last partner left the practice and were working hard to cover the extra workload between the existing GPs.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit instigated by the CCG medicines management team was undertaken regarding the prescribing of antibiotics in January 2015. The audit showed from a sample of 578 consultations, 169 patients were prescribed antibiotics. The GP reviewed their practice to provide more education for patients about antibiotic resistance, and a change in practice towards using minimal prescribing as set out by local and national guidelines. The audit was repeated in January 2016. From a sample of 570 consultations, 109 patients were prescribed antibiotics showing an overall reduction in the prescribing of the medicines.

Effective staffing

Not all staff were able to demonstrate that they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as governance, health and safety and finance.
- The practice could not fully demonstrate how they ensured role-specific training and updating for relevant staff as they did not maintain a log recording when training took place. Individual staff administering vaccinations and taking samples for the cervical screening programme provided their own evidence of where they had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- All staff had had an appraisal within the last 12 months. This identified training needs and access was given to staff to undertake training. However some mandatory training such as basic life support had not been identified and followed through.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients requiring smoking cessation advice were referred to the nurse or pharmacist for assistance. The practice recorded seven patients (from 984 identified smoking patients) that stopped smoking in the last twelve months.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% (CCG average range of 94% to 98%) and five year olds from 91% to 100% (CCG average range of 91% to 97%).

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 76% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 82%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 75% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).

- 83% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

The practice was aware of these scores and stated that they were related to a GP that had since resigned from the practice, but there was no evidence that any action had been taken to address the issues identified.

Care planning and involvement in decisions about care and treatment

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

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

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)
- 69% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

The practice was aware of the scores from the survey but had not put anything in place to address the areas where the scores were low.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 (2%) of the

Are services caring?

practice list as carers. The practice did not have a system for identifying carers and ensuring that they were coded on the computer system. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday, Wednesday and Thursday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, multiple issues and those who needed an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone consultations were available for patients that were unable to attend the practice.
- At risk patients received a telephone number that by-passed the main reception telephone number to ensure priority access.

Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.45am and 6.30pm each week day except Thursday when the practice was open from 8.45 am to 1pm. Appointments were from 9am to 12pm every morning and 3pm to 6.30pm daily. Extended surgery hours were offered on a Monday, Tuesday, Wednesday and Friday from 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 85%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 52% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns however this did not include a system for learning from complaints.

- 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. This included a complaints leaflet and poster in the waiting area.

We looked at six complaints received in the last 12 months and found that they had been handled in line with the practice policy. The practice could not provide evidence of when lessons were learnt from concerns and complaints or action being taken to improve working practices or the quality of care.

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 vision and values of the practice were not well developed. When asked about the vision staff stated that they all try to do their best. There was no evidence of a written vision or mission statement on display in the waiting areas. There was no business plan evident which reflected and underpinned the vision and values of the practice.

Governance arrangements

The arrangements for governance and performance management did not operate effectively. There had been no recent review of the governance arrangements, strategy, plans or the information used to monitor performance.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The senior partner was the overall HR, finance, building, clinical and patient safety lead.
- Practice specific policies were in place. However these were not accessible to all staff and not all staff were aware of the practice policies or where they were held. The GP lead had access to the policies and staff had to request access to specific policies if they required sight of them.
- Clinical and internal audit were undertaken periodically and were used to monitor quality and to make improvements.
- Systems for identifying, recording and managing risks were not effective and not kept up to date with some basic checking systems missing.

Leadership and culture

The partners prioritised high quality and compassionate care. Not all the partners were clear about their roles and their accountability for quality. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal apology.
- They did not keep written records of verbal interactions.

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

- Staff told us the practice held regular monthly team meetings. We were informed that the meetings were of an informal nature and there was no structure to the meetings. Notes of these meetings were taken by the lead GP in a note book but these notes were not formalised into minutes and made available for staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. The practice had not had any staff away days.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

- The practice did not have an active PPG which met regularly. The practice spoke about the difficulty in starting a PPG in the locality and their attempts to start a group had failed on numerous occasions.
- The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, however staff could not give specific examples and no meeting minutes were available to confirm this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to assess risk by not carrying out infection control audits, health and safety risk assessments, fire risk assessments and electrical equipment tests.</p> <p>The practice had failed to ensure that the oxygen and accompanying masks were fit for use in an emergency.</p> <p>The practice had no formal system for reporting significant events and complaints.</p> <p>They had failed to keep all patient information confidential by displaying a list with personal details contained on it in the reception area.</p> <p>This was in breach of regulation 12(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not do all that was reasonably practicable ensure sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed. The practice had failed to provide mandatory basic life support training to non-clinical members of staff.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of services.

There was no active PPG to provide feedback.

They had failed to keep prescription pads secure when the practice is closed by keeping prescription pads in printers and not monitoring their use.

Policies and procedures were not readily available to support staff in the roles.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not do all that was reasonably practicable to ensure persons employed were of good character.

The practice had not carried out all the pre-employment checks that were required.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.