

Dr K Anantha-Reddy's Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr K Anantha-Reddy's Practice, also known as Yeading Court Surgery, on 17 February 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.
- Risks to patients were not assessed or well managed. For example, those relating to staff training, health and safety, the safe handling and storage of liquid nitrogen, and fire safety.
- Although infection control risks had been assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- There was evidence of appraisals and personal development plans for staff. However, some staff had not received training specific to their roles.
- Data showed patient outcomes were low compared to the locality and nationally.
- Audits had been carried out to demonstrate quality improvement.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. However, the national GP patient survey showed satisfaction scores for consultations with the GPs were below local and national averages.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

Summary of findings

- Ensure risk assessments related to fire safety, health and safety, and business continuity are reviewed, and action is taken to ensure patients are kept safe.
- Ensure staff receive training to enable them to undertake their role, including training in safeguarding children and vulnerable adults, infection prevention and control, and chaperoning.
- Ensure governance arrangements are in place to: address the areas for improvement identified in the infection control audits; review performance data and take action to improve patient outcomes; review patient feedback and ensure continuous improvement relating to how patients felt they were treated by the GPs.

In addition the provider should:

- Review the access arrangements for wheelchair users.
- Consider GP provision for gender specific GP requests.
- Ensure the practice actively identifies patients who are also carers.

- Advertise that translation services are available to patients on request.
- Maintain a record of decisions and actions arising from practice meetings.
- Review and update procedures and guidance.
- Ensure staff are aware of the vision and strategy for the practice and involve them in making improvements on how the practice is run.

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.

- There was a system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- We were told learning from incidents was discussed informally with staff and at practice meetings, however meetings were not held regularly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- However, patients were at risk of harm because systems and processes were not in place to keep them safe. For example, those relating to staff training, health and safety, the safe handling and storage of liquid nitrogen, and fire safety.
- Although infection control risks had been assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

Inadequate



Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- However, data showed patient outcomes were low compared to the locality and nationally. For example, information collected for the Quality and Outcomes Framework (QOF) showed the practice achieved 78.2% of the total number of points available, compared to the clinical commissioning group average of 94.6% and national average of 93.5%.
- There was evidence of appraisals and personal development plans for staff. However, some staff had not received training specific to their roles.

Requires improvement



Are services caring?

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

Requires improvement



Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national GP patient survey showed patients rated the practice similar to or higher than others for several aspects of care, including consultations with the nurses and accessing the service. However, satisfaction scores for consultations with the GPs were below local and national averages. The practice were aware of these scores and told us that the GPs were informed of these results so that they could improve their consultations with patients. However we did not see what action had been taken to improve the service or evidence that the practice were monitoring patient feedback as a result.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to access the service and make an appointment. Patients confirmed that they could usually see a doctor on the same day and were aware that this might not be with the GP of their choice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We were told learning was shared with staff during practice meetings although there were no records to confirm this.
- The practice was based on the ground floor of a single storey building, however access for wheelchair users required review.
- With the exception of female locums providing two sessions a week, there was no provision for patients to see a female GP.

Good



Are services well-led?

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

- The practice sought feedback from patients and had an active patient participation group (PPG). Action was taken as a result of patient feedback.
- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.

Requires improvement



Summary of findings

- There was a leadership structure and most staff felt supported by the GP partners but staff did not feel involved or engaged to improve how the practice was run.
- Clinical audits were carried out but there was no clear demonstration that quality was monitored to make improvements.
- Practice meetings were not held regularly and a record of decisions and actions arising from practice meetings was not kept.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust.

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

The practice is rated as requires improvement for the care of older people.

- The percentage of older patients registered at the practice was below national averages. Patients over the age of 75 represented 4.8% (national average 7.6%), and patients over the age of 85 represented 1.4% (national average 2.2%). The income deprivation level affecting older people was 27 compared to the national average of 22.5.
- The practice offered personalised care to meet the needs of the older people in its population. This included working with a care coordinator who assisted patients with their social care needs.
- The practice was responsive to the needs of older people and offered home visits (carried out by the GP partners only) and urgent appointments for those with enhanced needs.
- However, nationally reported data showed that outcomes for patients for conditions commonly found in older people were below local and national averages.

Requires improvement



People with long term conditions

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

The practice is rated as inadequate for the care of people with long-term conditions.

- The percentage of patients at the practice with a long standing health condition (55%) was similar to the national average (54%).
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Summary of findings

- Patients at risk of hospital admission were identified as a priority and discussed at multidisciplinary team meetings.
- Longer appointments and home visits were available when needed.
- However, nationally reported data showed that outcomes for patients with long term conditions was significantly below local and national averages. For example, overall performance for diabetes related indicators was below the CCG and national averages (practice 46.5%; CCG 86.2%; national 89.2%). The practice were unable to provide an explanation as to why performance was low in certain clinical domains. There was no clear demonstration of monitoring performance or the improvements made to patient outcomes.
- We were told there was a recall system to ensure these patients had a structured annual review to check their health and care needs were being met, however uptake was low.

Families, children and young people

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

The practice is rated as requires improvement for the care of families, children and young people.

- Children aged zero to four represented 8.2% of the practice population (national average 6.0%); children aged five to 14 represented 14.3% (national average 11.4%); and those aged under 18 years represented 17.8% (national average 14.8%). The income deprivation level affecting children was 38 compared to the national average of 22.5.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, the practice nurse and practice manager met monthly with the health visitor to discuss those on the child protection register.
- Urgent access appointments were available for children who were unwell, with priority given to children under five.
- Immunisation rates for standard childhood immunisations were comparable to the CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The number of patients in paid work or full-time education was below the national average, 55.7% compared to 60.2%.
- 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 had a website which offered facilities to book appointments and order repeat prescriptions online.
- Late appointments were available on Tuesday evening from 18:30 to 20:30. These were prioritised for working patients who could not attend during normal opening hours.
- There was a range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74 and cervical screening.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care.
- People with no fixed abode were able to register with the practice and the GPs corresponded with homeless charities to assist these patients.
- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Requires improvement



Summary of findings

- It had told 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 inadequate for safety, requires improvement for effective, caring and well-led, and good for responsive. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- In 2014/15, overall performance for mental health related indicators was below the CCG and national averages (practice 73.1%; CCG 93.6%; national 92.8%).
- Performance for dementia related indicators was also below the CCG and national averages (practice 73.1%; CCG 95.2%; national 94.5%). Although the practice carried out advance care planning for patients with dementia, patients whose care had been reviewed in a face-to-face review in the last 12 months was below average (practice 68.8%, CCG 84.8%, national 84%).
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support 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 2015 showed the practice was performing in line with or above local and national averages for access to care and treatment. Satisfaction scores for consultations with the doctors was below local and national averages, whereas satisfaction scores for consultations with the nurses were in line with or above local and national averages. 400 survey forms were distributed and 100 were returned, representing 2.1% of the practice population.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 93% found the receptionists at this surgery helpful (CCG average 82%, national average 87%).
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 86% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 78% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 71% said the GP was good at listening to them (CCG average 83%, national average 89%)

- 71% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 93% said the last nurse they spoke to was good at listening to them (CCG average 87%, national average 91%).
- 88% said the nurse was good at treating them with care and concern (CCG average 85%, national average 91%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were mostly positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment. Three comment cards highlighted issues with waiting times to get an appointment.

We spoke with seven patients and received feedback from three members of the patient participation group. These 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 risk assessments related to fire safety, health and safety, and business continuity are reviewed, and action is taken to ensure patients are kept safe.
- Ensure staff receive training to enable them to undertake their role, including training in safeguarding children and vulnerable adults, infection prevention and control, and chaperoning.
- Ensure governance arrangements are in place to: address the areas for improvement identified in the infection control audits; review performance data and take action to improve patient outcomes; review patient feedback and ensure continuous improvement relating to how patients felt they were treated by the GPs.

Action the service **SHOULD** take to improve

- Review the access arrangements for wheelchair users.
- Consider GP provision for gender specific GP requests.
- Ensure the practice actively identifies patients who are also carers.
- Advertise that translation services are available to patients on request.
- Maintain a record of decisions and actions arising from practice meetings.
- Review and update procedures and guidance.

Summary of findings

- Ensure staff are aware of the vision and strategy for the practice and involve them in making improvements on how the practice is run.

Dr K Anantha-Reddy's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr K Anantha-Reddy's Practice

Dr K Anantha-Reddy's Practice, also known as Yeading Court Surgery, provides GP led primary care services through a General Medical Services (GMS) contract to around 4,800 patients living in the surrounding area of Hayes. GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of two GP partners (male); a regular GP locum (male); a practice nurse; a practice manager; a secretary; and a small team of reception/administrative staff. The regular GPs collectively provide 16.5 sessions per week, and female GP locums are used for two sessions per week. The nurse works 20 hours per week.

The practice is based on the ground floor of a single storey building with two consulting rooms, one treatment room, a manager's office, a reception office, and two patient waiting areas. The practice is accessible to wheelchair users via a side entrance to the building.

The doors to the practice are open from 08:30 to 13:00 and 14:00 to 18:30 Monday to Friday. Appointments are available during these times and can be booked up to three weeks in advance over the telephone, online or in person. Extended opening hours are available on Tuesday evening from 18:30 to 20:30 for pre-booked appointments only. The telephone lines are open from 08:30 to 18:30 every week day. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours (from 18:30 to 08:30) patients are directed to an out-of-hours GP, or the NHS 111 service.

The percentage of patients aged zero to four (8.2%), aged five to 14 (14.3%) and under 18 (17.8%) is above the national average (6.0%, 11.4% and 14.8% respectively). Patients aged 65+ represent 10.4% of the practice population, patients aged 75+ represent 4.8%, and patients aged 85+ represent 1.4% (national averages are 16.7%, 7.6% and 2.2% respectively).

The percentage of people with a long standing health condition (55%) is similar to the national average (54%), and people with health related problems in daily life (44.9%) is below the national average (48.8%). The average life expectancy for the practice is 77 years for males (CCG average 80, national 79) and 83 years for females (CCG average 84, national 83).

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

Detailed findings

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The provider had not been inspected before.

How we carried out this inspection

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 17 February 2016. During our visit we:

- Spoke with a range of staff including: the two GP partners; a practice nurse; practice manager; secretary; and four receptionists / administrators.
- Spoke with seven patients who used the service.
- Received feedback from three members of the patient participation group.
- Observed how people were being cared for and talked with carers and/or family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed 47 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 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)

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 a system in place for reporting and recording significant events.

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

We were told safety records and incidents were discussed informally with staff and at practice meetings however meetings were not held regularly and there were no minutes for us to confirm this. Lessons were shared to make sure action was taken to improve safety in the practice and staff were able to recall recent significant events and incidents. For example, a courier had signed to confirm collection of a patient's prescription however the courier was not aware that two prescription scripts required collecting. As a result of this incident the practice now ensured that couriers document what items are on the prescription being collected and staff are to countersign this.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again. We were told safety alerts were received by the GP partners and cascaded to relevant staff, however staff were unable to provide a recent example.

Overview of safety systems and processes

The systems, processes and practices in place did not keep people safe and safeguarded from abuse:

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Contacts and protocols were on display in consulting / treatment rooms and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs told us they attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and most had received training relevant to their role. For example, non-clinical staff and the nurse had received child protection training to level 2, however non-clinical staff had not received updated training since 2012. Although one GP partner had received child protection training level 3, the other partner had only received level 2 training. We also noted that non-clinical staff had not received training in safeguarding vulnerable adults, although they were aware of the practice's protocols on how to escalate concerns.

- Notices in the consulting rooms advised patients that chaperones were available if required. The nurse and non-clinical staff acted as chaperones. However the non-clinical staff we spoke with had not received training for the role and were unclear about the role, for example the importance of being able to observe the examination. All staff who acted as chaperones 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).
- The premises appeared to be clean, although the consulting / treatment rooms were cluttered. Cleaning schedules were kept and a communication book allowed staff to communicate with the cleaning company regarding issues identified. The practice nurse was the infection control lead and provided in-house training for other staff, however we did not see evidence that the lead had received up to date training. Annual infection control audits were undertaken in 2014 and 2015, however there was no evidence that action had been taken to address improvements identified. For example, the treatment room where minor surgery was carried out had a visible crack in the wall, there was evidence of damp which we were told had been addressed externally but the internal wall had not been refurbished, and the flooring did not have coved edging up the walls. The 2015 audit stated improvements had not been made since the 2014 audit as the practice were awaiting refurbishment, however there was no evidence to support any plans for upcoming maintenance work for the treatment room. Following our visit the practice had arranged for a surveyor to assess the building.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

Are services safe?

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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There was no recent evidence the practice monitored or managed risks to patient and staff safety. There was a health and safety policy available and a GP partner was the health and safety lead for the practice. We were shown a risk assessment relating to health and safety, but this had not been reviewed since August 2004.
- The practice received an external fire risk assessment review in March 2010 but there was no evidence of any further fire risk assessments carried out by the practice or by an external company. The 2010 assessment highlighted risks and recommendations for the practice. We noted the practice had taken action in response to some of these recommendations. For example, an additional fire extinguisher had been purchased for the reception office, and staff had received basic fire safety training. However, we did not see evidence that emergency lighting units had been installed. The practice did not have a fire alarm and we were told this was following the advice given during the external fire risk assessment. The practice had installed more smoke alarms but there was no evidence these were tested regularly. We were told in the event of the smoke alarms

being activated staff would use a whistle to alert patients and other staff to evacuate the building. The practice carried out a fire evacuation drill the day before our inspection.

- The practice used liquid nitrogen for minor surgery procedures and this was stored in a consultation room. However, we did not see any safety risk assessments or COSHH assessments in place to ensure the equipment was handled and stored safely.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had made arrangements for the water systems to be tested for legionella and had yet to receive the results to this test (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice did not have a permanent female GP and arrangements were in place to ensure a female GP locum provided two sessions per week in the interim.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the consultation and treatment rooms which alerted staff to any emergency.
- The GPs had received annual basic life support training and the practice nurse had received training in 2014 which was valid for three years. Non-clinical staff received training in 2014. The practice were aware of the need to update basic life support training on an annual basis and had booked for all staff to receive updated training in March 2016.
- Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) which is used in cardiac emergencies. They were checked every month by the practice nurse. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. They were checked every month by the practice nurse and all the medicines we checked were in date and fit for use.

Are services safe?

- The practice had a disaster recovery contact list which included emergency contact numbers for staff and there were arrangements in place for the practice to utilise another health providers premises should there be building damage. However, these details had not been reviewed since 2008 and there was no comprehensive plan which detailed interim measures for staff to follow during other major incidents such as power failure or loss of telecommunications.

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 78.2% of the total number of points available, with 6.8% 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). The practice's performance was below the clinical commissioning group (CCG) and national averages of 94.6% and 93.5% respectively. Data from 2014/15 showed;

- Performance for diabetes related indicators was below the CCG and national averages (practice 46.5%; CCG 86.2%; national 89.2%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 84.9%, CCG 90%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 54.7%, CCG 85.6%, national 88.3%).
- Performance for hypertension related indicators was similar to the CCG and national averages (practice 96.2%; CCG 97.4%; national 97.8%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 78.7%, CCG 82.4%, national 83.6%).
- Performance for mental health related indicators was below the CCG and national averages (practice 73.1%;

CCG 93.6%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 75%, CCG 90.5%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 81.3%, CCG 92.2%, national 89.5%).

- Performance for dementia related indicators was below the CCG and national averages (practice 73.1%; CCG 95.2%; national 94.5%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 68.8%, CCG 84.8%, national 84%); and patients with a new diagnosis of dementia who received the recommended blood tests (practice 50%, CCG 86.1%, national 81.5%).

Whilst the practice were aware of their QOF data, they were unable to provide an explanation as to why performance was low in certain clinical domains. They told us that limited nursing time may be a contributing factor. We were told recall lists were given to administrative staff to increase uptake for screening, and the GP and nurse offered a weekly diabetic clinic as well as opportunistic monitoring to improve outcomes for patients. However, there was no clear demonstration of monitoring performance or the improvements made to patient outcomes as a result.

Clinical audits were carried out.

- We were shown three audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. We reviewed an audit which looked at the appropriate prescribing of an antibiotic. The initial audit was carried out in January 2015 and a re-audit took place in November 2015. The initial audit identified 123 prescriptions for the antibiotic over a six month period. The practice identified that they were overprescribing and at times prescribing inappropriately. The GPs took action by monitoring their prescribing and reviewing local guidelines for prescribing. The re-audit showed 30 prescriptions for the antibiotic over a three month period. Whilst prescribing had reduced in the second audit, the practice identified five prescriptions which

Are services effective?

(for example, treatment is effective)

were not prescribed in line with the guidelines. All GPs were made aware of the results of the audit and reminded to follow local guidelines or recommendations from hospital consultants.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. Staff had access to a folder containing information on infection prevention and control; national safety alerts; practice security; confidentiality; referrals; and incident reporting. A locum pack was available for GP locums and covered topics such as housekeeping, fire safety, and practice procedures for referrals and test results.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training and refresher training had been booked where required. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update courses and discussion with other clinical staff.
- The learning needs of staff were identified through a system of annual appraisals, meetings and reviews of practice development needs. New staff received an initial appraisal after three months of starting their role.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had not received updated training in infection control, a GP partner had not received child protection level 3 training, and non-clinical staff had not received training in safeguarding vulnerable adults or chaperoning.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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 attended by the district nurses took place on a monthly basis and that care plans were routinely reviewed and updated. The health visitor also met with the practice nurse and practice manager on a monthly basis to discuss vulnerable children on the child protection register.

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 who smoked could be referred to a local smoking cessation service and we were told 37 patients had stopped smoking within the last 12 months. Patients with an elevated body mass index (BMI) and obese patients were given dietary advice, or referred to a dietician or bariatric consultant as appropriate.

The practice's uptake for the cervical screening programme was 90%, which was above the CCG and national averages

Are services effective?

(for example, treatment is effective)

of 77.6% and 81.8% respectively. Although, exception reporting was 27.8% which was above the CCG and national averages of 7.2% and 6.3% respectively. If a patient had not attended for a smear test after two reminders, the practice sent a letter stating the importance of screening but allowing the patient to opt out. We were told due to the ethnicity and cultural beliefs of the patient population many women opted out of screening. The practice 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 86.4% to 95.1% (CCG 89.5% to 94.2%), and five year olds from 84% to 98.8% (CCG 87.5% to 94.2%).

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 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 and 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 area to discuss their needs.

The five patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 47 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

We received feedback from three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey 2015 showed the practice was performing below local and national averages for its satisfaction scores on consultations with the doctors. Satisfaction scores for consultations with the nurses was above local and national averages. For example:

- 71% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 69% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 87% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 71% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 93% said the nurse was good at listening to them compared to the CCG average of 87% and national average of 91%.
- 93% said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

The practice manager was aware of these scores and told us that the GPs were informed of the results so that they could improve their consultations with patients. However we did not see what action had been taken to improve the service or evidence that the practice were monitoring patient feedback as a result.

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 had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results for consultations with the doctors were below local and national averages, whilst those for consultations with the nurses were in line with or above local and national averages. For example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 58% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices 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 0.1% (seven

patients) of the practice list as carers, however we did not see evidence they were proactively trying to identify carers. Carers were offered the flu vaccination and referral to support services. Written information was also available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP or the practice manager often contacted them to offer advice on support services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) and locality group to secure improvements to services where these were identified. One of the GP partners attended meetings and would provide feedback to the rest of the team.

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

- The practice offered extended opening hours on Tuesday evening from 18:30 to 20:30. These were for pre-booked appointments and were prioritised for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with hearing difficulties.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Same day appointments were available for children under five and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- An accessible toilet and translation services were available.
- Patients could access a male GP every weekday, however a female GP locum was currently available on Fridays only. Two patients we spoke with told us they would prefer greater access to a female GP for themselves and their family. The practice told us they had advertised for a female GP following the departure of a female salaried GP in December 2015.

Access to the service

The practice is based on the ground floor of a single storey building. Wheelchair access was via a side entrance to the building and staff told us patients knocked on this door to alert staff to open the door. However, we noted during busy

periods it was difficult to hear if someone was knocking at this door and other patients had to notify reception staff that someone was trying to gain access through the side door.

The telephone lines were open from 08:30 to 18:30 every week day. The doors to the practice were open from 08:30 to 13:00 and 14:00 to 18:30 Monday to Friday. Appointments were available during these times and could be booked up to three weeks in advance over the telephone, online or in person. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. Extended opening hours were available on Tuesday evening from 18:30 to 20:30 for pre-booked appointments only. Outside of normal opening hours (from 18:30 to 08:30) patients were directed to an out-of-hours GP, or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patient's satisfaction with how they could access care and treatment was above or in line with local and national averages. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 88% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 78% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 76% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Patients we spoke with were satisfied with the appointments system and said they were able to get appointments when they needed them. Patients confirmed that they could usually see a doctor on the same day and were aware there may be a wait to be seen. A few comment cards stated the time to receive a routine appointment was seven to ten days.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- 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. For example, a poster was displayed in the waiting room and information within the practice leaflet.

We looked at four complaints received in the last 12 months and found these had been responded to in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints about staff members were discussed with the individual to prevent reoccurrence. We were told learning was shared with staff during practice meetings but there were no records to confirm this.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The mission statement supported the practice's vision and values, and included their future plans for increasing the number of clinical sessions to meet patients' needs. They also wanted to improve the premises, although there was no evidence of formal applications being made. Staff spoke about the importance of providing patient-centred care however they were not aware of a formalised vision or strategy for the practice.

Governance arrangements

The practice had a governance framework which outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, but some were overdue a review.
- Clinical audits were carried out but there was no clear demonstration that quality was monitored to make continual improvements to the service.
- There was some understanding of the performance of the practice, although the GPs were unable to provide an explanation as to why performance for the QOF was low in certain clinical domains. We were told the practice were taking action to improve outcomes for patients, however there was no evidence of monitoring performance or the improvements made to patient outcomes as a result.
- There was no effective system for identifying, recording and managing risks, issues and implementing mitigating actions. For example, there was no evidence that action had been taken to address improvements identified in the annual infection control audits and the disaster recovery plan was not comprehensive or reviewed since 2008.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour.

The partners encouraged a culture of openness and honesty. Staff told us the practice held team meetings but these were not regular and were not always minuted. The meeting minutes we were shown were from March 2015. The staff we spoke with said they had the opportunity to raise any issues and felt supported if they did.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had reviewed patient feedback from NHS Choices, the friends and family test (FFT), and compliments and complaints received.
- The practice had gathered feedback from patients through the patient participation group (PPG). The last meeting took place in December 2015, and the PPG members we spoke with told us they were trying to recruit a more diverse group which reflected the practice population in terms of ethnicity and age. An action plan from February 2015 listed three actions points and we were told that two of these had been actioned. These included speaking to the GPs about the results from the patient survey to improve the patient experience during consultations, and increasing the number of appointments for some clinicians where possible. The final action related to improving access to a female GP and was ongoing whilst the practice tried to recruit a female GP.
- The practice gathered feedback from staff generally through staff meetings, appraisals and informal discussions. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. However, staff did not feel involved and engaged to improve how the practice was run.

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>How the regulation was not being met:</p> <p>The registered person did not: assess the risks to the health and safety of service users of receiving the care or treatment; do all that was reasonably practicable to mitigate any such risks; ensure that the premises were safe to use for their intended purpose; and ensure the equipment used for providing care or treatment to a service user was safe for such use and was used in a safe way.</p> <p>Health and safety risk assessments had not been carried out since 2004. Fire risk assessments had not been carried out since 2010. There was no risk assessment to ensure liquid nitrogen was stored and handled safely.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(d)(e) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to above.</p>

Requirement notices

Governance arrangements were not in place to: address the areas for improvement identified in the infection control audits from 2014 and 2015; ensure patient outcomes were managed effectively and had been improved in response to poor performance data; review patient feedback and ensure continuous improvement relating to how patients felt they were treated by GPs; record decisions and actions arising from practice meetings; ensure practice policies and procedures were updated; ensure the disaster recovery plan was comprehensive or up to date.

This was in breach of regulation 17(2)(a)(b)(f) 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 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not ensure that persons employed by the service received appropriate training to enable them to carry out the duties they were employed to perform.

A GP partner had not received Level 3 child protection training; the infection control lead had not received updated infection prevention and control training; and non-clinical staff had not received chaperone training.

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