

Hadlow Medical Centre

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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hadlow Medical Centre on 26 May 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were not always assessed and well managed. For example, those relating to the risks of infection prevention and control and the management of medicines.
- Data showed patient outcomes were similar to the national average. However, although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice provided services to meet the needs of patients. For example, the practice held a monthly hearing aid clinic for patients to attend for routine maintenance of hearing aids. The practice had a protocol for identifying carers and had been proactive in identifying and providing support for patients who were also carers. The practice had set up a weekly counselling service with a local provider of counselling services after identifying a need among its patient population.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- The practice had insufficient leadership capacity and limited formal governance arrangements.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that all staff undertake mandatory training as appropriate to their role, including child safeguarding training for all clinical staff at the appropriate level and information governance and fire safety awareness training for all staff.
- Ensure that identified infection control improvements are actioned to help ensure the mitigation of risk, particularly ensure hand-wash basins in clinical rooms comply with Department of Health guidance. Ensure that all clinical staff receive training in infection prevention and control. Carry out a Legionella risk assessment and embed the actions required to be taken, for example recording of water temperatures.

- Ensure that medicines are managed safely, including the safe storage of vaccines, the signing of patient group directives (PGDs) by a GP, standard operating procedures being signed and dated by a GP as completed and as amended, ensuring second checks of dispensed medicines and sufficient dispensing staff.
- Ensure there is a system of completed clinical audits to drive improvement at the practice.

In addition the provider should:

- Review staffing levels in reception to ensure there are enough staff to meet patients needs.
- Ensure there is sufficient leadership capacity to deliver all improvements.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice was unable to produce evidence to show that nursing staff had been trained in safeguarding children, or that GPs had been trained in infection control.
- Infection control audits were not picking up issues and making improvements to prevent the spread of infection. For example, hand-wash basins in clinical rooms did not comply with Department of Health guidance to reduce the risk of spread of infection.
- Procedures relating to the dispensary were not all appropriately documented and staff did not always follow procedures for the safe dispensing of medicines.
- There were not always enough reception staff to deal with patients' enquiries and dispense medicines safely.
- Staff did not always take action when fridge temperatures were too high to ensure the safety and efficacy of vaccines stored in them.
- Although risks to patients were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice did not adequately manage the risks of medicines management and infection control, including legionella infection.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to local and national averages.
- There was a good range of health promotion literature available at the practice.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all staff had received up to date mandatory training. Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We saw examples of when staff had gone out of their way to help patients.
- The practice had made efforts to identify patients who were carers and provide them with additional support.

Good



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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered outreach immunisation clinics for students at the local college.
- The practice did not display its opening hours or contact telephone numbers outside the building.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a vision and a strategy which staff were aware of. Staff felt supported by management but the leadership structure was not always clear and leaders lacked the time to devote to the strategy for the practice.
- Since the practice became a partnership in April 2015, the practice had failed to identify a Registered Manager. When we alerted the practice to this, they instigated the process to register a Registered Manager with CQC.
- The clinical governance arrangements at the practice had not ensured that clinical audit cycles were complete and that results were used to make improvements, or that all risks to patients and staff had been formally assessed. For example, those relating to infection prevention and control.
- All staff had received inductions and received regular performance reviews or attended staff meetings and events.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient 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.
- The practice held a monthly hearing aid clinic for patients to attend for routine maintenance of hearing aids.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 81% compared to the clinical commissioning group (CCG) and national average of 78%. The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the CCG and national average of 88%.
- 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



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group. There were, however, examples of good practice.

- There were systems 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. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 93% (CCG averages 69% to 91%) and five year olds from 71% to 91% (CCG averages 82% to 95%).
- 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 81%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient 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 some of the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered outreach immunisation clinics to students at the local college. However, the practice did not offer early or late appointments to working people who found it difficult to attend during the practice's core opening hours.

Requires improvement



Summary of findings

- The practice offered outreach immunisation clinics at the local college and had immunised 30 students against Human papillomavirus (HPV) and 38 students against meningococcal A, C, W and Y.
- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe, effective and well-led services and good for providing caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group. There were, however, examples of good practice.

- The practice had set up a weekly counselling service at the practice with a local provider of counselling services after identifying a need among its patient population.

Requires improvement



Summary of findings

- 79% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was slightly lower than the CCG average (85%) and national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. Two hundred and thirty one survey forms were distributed and 106 were returned. This represented 3% of the practice's patient list.

- 98% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 85% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 97% of respondents described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 93% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Ten patients who completed comment cards told us that they found the GPs at the practice to be very caring and 12 commented that they always found the practice to be clean and welcoming.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All of the patients who had completed the practice's friends and families test questionnaire during the period from January to May 2016 said that they were extremely likely to recommend the practice to their friends and families.

The practice did not offer early or late appointments for people who were unable to attend during the practice's normal working hours. The partner of one patient who worked full-time told us that they had to take time off work to visit the doctor.

Hadlow 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 and a second CQC inspector.

Background to Hadlow Medical Centre

Hadlow Medical Centre is situated in Hadlow, Kent and has a registered patient population of approximately 3,553. The practice population includes a larger than average proportion of people aged 15-19 who are students at the local college. There is also a larger than average proportion of people aged 45-55. The practice is located in an area with a lower than average deprivation score.

The practice staff consists of two part-time GP partners, one male and one female, and one part-time salaried GP (male). There is one practice manager and two part-time practice nurses (both female), as well as administration and reception staff.

The practice is situated in centre of Hadlow, adjacent to the Parish Council offices, village hall and library, and close to the primary and nursery schools. All patient areas are on the ground floor and are accessible to patients with mobility issues, as well as parents with children and babies. There is limited parking for patients at the practice, including dedicated disabled parking. The practice is within easy access of public transport.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is open Monday to Friday between the hours of 8am and 6.30pm. Extended hours surgeries are not available at the practice.

There is a range of clinics for all age groups. There are arrangements with other providers (On Call Care) to deliver services to patients outside of the practice's working hours.

The practice is a dispensing practice, providing pharmaceutical services to approximately 10% of its registered patients.

Services are provided from Hadlow Medical Centre, School Lane, Hadlow, Tonbridge, TN11 0ET.

The practice did not have a registered manager. The inspection team informed the practice that there had been no registered manager in post since April 2015. The practice had been unaware of this. Once reminded of the situation the practice appointed a manager and submitted an application for registration to the Care Quality Commission.

Why we carried out this inspection

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.

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 26 May 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and reception and pharmacy staff, and spoke with patients who used the service.
- Observed how patients interacted with staff at the practice.
- 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 effective system 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had put alerts on the records of patients with the same or very similar names after a referral letter was inadvertently sent for the wrong patient.

Overview of safety systems and processes

The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse. However, these were not always fully implemented.

- There were arrangements were to safeguard children and vulnerable adults from abuse. 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, and there was a flow chart available for staff to follow. There was a lead member of staff for safeguarding vulnerable adults, and also one for children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to

child protection or child safeguarding level 3. Nurses were trained in adult safeguarding. However, the practice was unable to provide evidence that nursing staff had completed training in child safeguarding.

- 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 (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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and nursing staff had received up to date training. Annual infection control audits were undertaken. However, the practice was unable to show that these audits identified all relevant risks or that action was taken to address any improvements identified through audit.
- The clinical wash-hand basins at the practice did not comply with Department of Health guidance. For example, some clinical wash-hand basins contained overflows and plugholes. There was, therefore, a risk of cross contamination when staff used them. The practice was unable to demonstrate that there were plans to replace these basins at their next refurbishment. The infection prevention risk assessment failed to identify risks associated with clinical wash-hand basins that were non-compliant with national guidance.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) did not always keep patients safe. We observed that staff monitored and recorded temperatures of the refrigerator used to store vaccines. However, on two occasions in the four weeks prior to our inspection, the temperature of the fridge had gone above the required range and there were no written explanations for this, and no follow up action recorded. When we raised this with the practice they told us that this had been due to staff restocking the refrigerators.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Blank

Are services safe?

prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we observed that none of the PGDs had been signed by the practice or the nurses who were administering the medicines.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Staff told us that any medicines incidents or 'near misses' would be recorded for learning. However, the practice was unable to give us assurance that there had been no medicines incidents or near misses in the previous 12 months, although none been recorded. Dispensary staff showed us standard procedures which covered most aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, we noted that two of the standard procedures had not been signed and dated by the GP responsible for the dispensary, and one of these had been amended by hand and the amendments were not signed or dated.
- Staff told us that two members of staff usually checked medicines before they were dispensed to patients, but that on occasions when staff were unavailable a second check was not carried out.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed five 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 were procedures 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 up to date fire risk assessments and carried out regular fire drills. 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 a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, manual handling and infection control. The practice had carried out a test in September 2015 for the presence of legionella in the water systems which showed that legionella was not found in the samples tested (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, staff had not carried out a risk assessment for legionella and did not regularly monitor water temperature and flush systems to reduce the risk of legionella infection.

- There were arrangements were for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. However, at most times there was only one member of staff on duty in reception. Reception staff were responsible for booking patients in, dealing with queries face to face, answering the telephone and dispensing medicines. Staff and patients commented that reception could be very busy at times and staff told us that on occasion they felt they were at risk of making errors.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 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 patients' 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 98% of the total number of points available. The level of exception reporting at the practice was lower than CCG and national averages. (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). For example, the practice's exception rate for hypertension was 1.9% compared to the CCG and national average of 3.8%. For asthma, the practice's exemption rate was 2.1% compared to the CCG average of 8.9% and the national average of 6.8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 81% compared to the CCG and national average of 78%. The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 91% compared to the CCG and national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example, the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 88%, in line with the CCG and national average. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 79%, compared to the CCG average of 85% and the national average of 84%.

There was evidence that the practice made changes as a result of clinical audit.

- There had been three clinical audits completed in the last two years.
- Findings were used by the practice to improve services. For example, recent action taken as a result of prescribing audits included reducing the rate of prescription of certain higher risk antibiotics such as cephalosporins.
- However, none of the audits were completed audits where the improvements made were implemented and monitored through a second audit.

Effective staffing

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

- The practice had a short induction programme for all newly appointed staff and locums. However, this was not comprehensive and did not include a check to ensure that all mandatory training was completed for newly appointed staff.
- Staff received training that included: safeguarding, basic life support and chaperoning. Staff had access to and made use of e-learning training modules and in-house training. However, staff had not received fire safety awareness and, with the exception of the practice manager, staff had not received information governance training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff who worked in the dispensary had all undertaken a certificate of competency in dispensing medicines. Practice nurses had undertaken training to carry out health checks and manage long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The GPs operated a buddy system to ensure that patients' test results were reviewed daily.
- 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 professionals 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. Multi-disciplinary team meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol consumption. A good selection of patient information leaflets was available at the practice covering a wide range of health topics. Patients were signposted to the relevant support services.
- Smoking cessation advice was actively offered to patients by the practice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems 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.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. 72% of female patients aged 50-70 had been screened for breast cancer in last 36 months compared to the CCG average of 74% and the national average of 72%. 58% of patients aged 60-69 had been screened for bowel cancer in last 30 months compared to the CCG average of 62% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 93% (CCG averages 69% to 91%) and five year olds from 71% to 91% (CCG averages 82% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients 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 appeared to know patients well. They 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 that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff were prepared to go out of their way to help patients, for example hand-delivering prescriptions and reminders, and taking patients to visit relatives in hospital.

All of the 23 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 extremely helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.

- 94% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 96% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 above local and national averages. For example:

- 95% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 91% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a protocol for identifying patients at the practice who were carers and had identified 153 patients as carers (4.3% of the practice list). Together with the patient participation group (PPG) the practice had

recently held a carers' awareness day, which had been successful in identifying twenty carers who consequently registered with a local carers' support charity. 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, all staff were made aware via a message on the computer system. The patient's usual GP contacted the bereaved family and 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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had set up a weekly counselling service at the practice with a local provider of counselling services after identifying a need among its patient population. The practice offered outreach immunisation clinics at the local college and had immunised 30 students against Human papillomavirus (HPV) and 38 students against meningococcal A, C, W and Y. Both of these diseases are more common in young people.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, translation and sign language services available.
- There was a ramp providing access to the main door of the practice for wheelchairs and buggies. However, there was no handrail to provide support to patients using the ramp.
- The practice had an equality and diversity policy in relation to patients and staff and this was available on the practice website.

Access to the service

The practice was open Monday to Friday between the hours of 8am and 6.30pm. Appointments were from 8.30am to 11.30 am every morning and 3.30pm to 5.30pm daily. Extended hours surgeries were not available at the practice. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed

them. On the day of our inspection we observed that urgent appointments with a male GP were available that day, and appointments with a female doctor the following day.

We observed that the practice's opening hours and contact telephone numbers were not displayed outside the practice building.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.

- 80% of respondents were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 98% of respondents said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff alerted the GP to a request for a home visit, and the GP telephoned the patient to establish whether a visit was necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A leaflet was available in reception which set out the complaints procedure and where patients could refer their complaint if they were dissatisfied with the practice's response.

Are services responsive to people's needs? (for example, to feedback?)

We looked at five complaints received in the last 12 months and found that they had been satisfactorily handled and dealt with in a timely, open and transparent way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a

result to improve the quality of care. For example, additional training had been provided to staff regarding the policy for accepting requests for repeat prescriptions after a patient complained that their request for a prescription had been missed.

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 leaders and staff were committed to delivering high quality care and promoting good outcomes for patients.

- The practice had a mission statement which staff were aware of. Staff knew and understood the practice's values.
- The practice did not have a robust, written strategy or supporting documented business plans.
- The partners at the practice both worked part-time. They told us they were concentrating on developing the practice and recognised that there were areas they needed to address to achieve their vision for the future of the practice. They recognised that they had limited time available to focus on the vision and strategy for the practice.

Governance arrangements

The practice had an active governance culture. However, there was no overarching framework that formally supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Managers were supportive of staff and often helped out when staff were busy.
- The practice that there had been no registered manager in post since April 2015. The practice had been unaware of this. Once informed of the situation the practice appointed a manager for this purpose and submitted a registration application to the did not have a registered manager. The inspection team informed the practice Care Quality Commission. Evidence of the application was supplied to the inspection team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was evidence that the practice undertook some clinical audit. However, clinical audit cycles were incomplete and there was no system to ensure that changes were identified and implemented as a result of audits.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all risks had been formally assessed. For example, those relating to infection prevention and control and medicines management.

Leadership and culture

On the day of inspection the partners told us they prioritised compassionate, high quality patient care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence. There was a clear leadership structure and staff felt supported by management.
- Staff told us the practice held regular team meetings and we saw minutes of these meetings.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in the recent carers' awareness day.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. All staff had appraisals which identified future learning and training needs. Staff told us that the practice was an integral part of the local CCG federation and was discussing its plans for improvement in diabetes care with other members of the federation.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to monitor and manage the risks associated with legionella infection. They had failed to ensure that hand-wash basins in clinical rooms complied with Department of Health guidelines. They had failed to ensure that staff followed procedures for the safe storage of medicines.</p> <p>This was in breach of regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided. They had failed to carry out adequate clinical audits that demonstrated improvements in outcomes for patients.</p> <p>This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The provider did not do all that was reasonably practicable to ensure that staff receive appropriate training to enable them to carry out the duties they were employed to perform. They had failed to provide adequate induction and training to ensure that all staff were trained in information governance and fire safety awareness and that all clinical staff were trained in safeguarding children.

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