

# The Family 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# 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 The Family Practice on 8 September 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. We carried out a focused inspection on 13 April 2017 to ensure that the practice had complied with legal requirements. The full comprehensive report on the 8 September 2016 and the focused report on the 13 April 2017 inspection can be found by selecting the 'all reports' link for The Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the inspection in September 2016 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

This inspection was an announced comprehensive inspection undertaken on 15 June 2017, following the period of special measures. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- Patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Leadership and culture supported provision of high quality patient care and enabled staff to deliver that.
- All staff had completed training appropriate to their job role.
- There was an effective system for identifying, capturing and managing risks and issues.
- The practice had a number of policies and procedures to govern activity.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

However, there were also areas of practice where the provider needs to make improvements.

The provider must:

- Monitor the availability and booking processes of non-urgent appointments and embed new systems for improving access to appointments.

# Summary of findings

The provider should:

- Review systems for monitoring patients prescribed high risk medicines.
- Consider the use of exception reporting and the best ways to support patients.
- Consider how to best identify and support carers.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

**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.

Following our initial inspection in September 2016 the practice had made significant improvements, although we noted concerns regarding medicines management. At our inspection on 15 June 2017, we found:

- Vaccines and medicines were appropriately stored.
- Staff were appropriately authorised to administer vaccines and medicines.
- All GPs and staff had received safeguarding training appropriate to their job role and staff we spoke with could easily locate the safeguarding policies.
- Risks to patients were assessed and well managed. All appropriate building safety checks and risk assessments had been completed and there were clear action plans in place to implement mitigating actions that were identified. This included handling medical emergencies and the secure storage of patient records.
- Patients who had been prescribed high risk medicines had not all received appropriate monitoring.
- Clinical waste, including sharps waste, was stored securely.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and England averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

Following our previous inspection in September 2016 the practice had made significant improvements. At the inspection on 15 June 2017, we found:

- 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

Although the practice had made some changes to their appointment system they had not been implemented long enough to determine whether these arrangements had improved patient satisfaction when we undertook our inspection on 15 June 2017. The practice remains rated as requires improvement for providing responsive services.

At the inspection on 15 June 2017 we found;

- Practice staff reviewed the needs of its local population and engaged with the clinical commissioning group to secure improvements to services where these were identified.
- Feedback from patients reported they had difficulty accessing appointments, although some patients told us they thought access had improved recently.
- 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.

**Requires improvement**



## Are services well-led?

The practice is rated as good for being well-led.

Following our previous inspection in September 2016 the practice had made significant improvements in areas relating to the leadership, culture and governance arrangements within the practice.

At the inspection on the 15 June 2017 we found the practice had responded positively to the report compiled by the Care Quality Commission, where action was required.

**Good**



# Summary of findings

At the inspection on 15 June 2017, we found:

- There was an effective system for identifying, capturing and managing risks and issues.
- The practice had a number of policies and procedures to govern activity.
- The GP partners had clearly defined roles and responsibilities and were more accessible to the staff and salaried GPs within the practice.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.

# 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

Our inspection in September 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of older people.

At the inspection in June 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered integrated care with a locality health hub to reduce hospital admissions.

**Requires improvement**



### People with long term conditions

Our inspection in September 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people with long term conditions.

At the inspection in June 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was performing in line with the local and national averages for Quality and Outcomes Framework clinical indicators.
- Longer appointments and home visits were available when needed.

**Requires improvement**



### Families, children and young people

Our inspection in September 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of families, children and young people.

**Requires improvement**



# Summary of findings

At the inspection in June 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- Data available to CQC indicated that immunisation rates were below the 90% target level for two year old standard childhood immunisations. The practice has provided unverified data for 2016-17 that showed they had met the 90% target level for all childhood vaccinations.
- 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 82%, which was comparable with the clinical commissioning group average of 80% and the national average of 81%.
- 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 and health visitors.

## Working age people (including those recently retired and students)

Our inspection in September 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of working age people.

At the inspection in June 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- 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 offered extended hours appointments between 7.30am and 8am Tuesday to Friday mornings and on Saturday mornings for patients who found it difficult to attend during normal surgery hours.
- 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. However patients told us they had difficulty finding appointments that they could book online.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

Our inspection in September 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people whose circumstances may make them vulnerable.

At the inspection in June 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- 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.
- The GP partners offered flexible appointment times for patients who had difficulty with transport to the surgery.

Requires improvement



## People experiencing poor mental health (including people with dementia)

Our inspection in September 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people experiencing poor mental health.

At the inspection in June 2017 we saw significant improvements and the practice is now rated as requires improvement overall, this affected all patients including this population group.

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 95% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



# Summary of findings

- 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 facilitated self-help and contact with counselling services for patients.
- The practice had a system in place 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 is published annually and the most recent results were published in July 2016 which was before the first inspection of the practice. This was based on aggregated data collected between July to September 2015 and January to March 2016. The results showed that the practice was performing in line with other practices locally and nationally.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards of which 14 were positive, eight were mixed and three were negative about the standard of care received. Of the 11 comment cards that

contained negative comments nine reflected difficulties in obtaining appointments. Patients said that GPs and nurses were kind, caring, supportive and listened to them. There were two comments that were negative about the attitude of reception staff and one about the manner of GPs; however other cards said that staff were caring, respectful, helpful and polite.

We spoke with ten patients during the inspection and two members of the patient participation group. We also spoke to one patient who contacted us prior to the inspection. Patients told us that they were treated well by the GPs, nurses and staff.

# The Family Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector, a CQC assistant inspector, a GP specialist adviser, a practice manager specialist advisor and a patient expert.

## Background to The Family Practice

The Family Practice is based in a purpose built property, St John's Health Centre, in Woking, which is shared with other health care services. The practice has a General Medical Services (GMS) contract with NHS England. (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 North West Surrey Clinical Commissioning Group. The practice is a training practice and at the time of our inspection had one trainee attached to the practice who was a qualified doctor but had not yet completed specialist training as a GP.

At the time of our inspection there were approximately 12,200 patients on the practice list. The practice has a slightly higher than average number of patients over 40 years when compared to the national average, and there is a slightly lower than average number of patients aged birth to 30 years old. The practice also has a lower than average number of patients with long standing health conditions. Deprivation amongst children and older people is low when compared to the population nationally.

The practice has three GP partners and five salaried GPs (two male and six females). They are supported by one

practice pharmacist, one practice nurse, two healthcare assistants, a practice manager, an administration and deputy administration manager, a reception manager and a team of clerical and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. The phone lines are not open between 8am and 8.30am or from 1pm to 2pm and during these times patients can call the normal surgery phone number where they will receive details of how to contact the duty GP. Extended hours appointments are offered 7.30am to 8am Tuesday to Friday mornings and every Saturday morning from 8am to 11am. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

St John's Health Centre  
Hermitage Road  
Woking  
Surrey  
GU21 8TD

## Why we carried out this inspection

We undertook a comprehensive inspection of The Family Practice on 8 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate for providing safe and well led services, good for providing effective services and requires improvement for providing caring and responsive services and was placed into special measures for a period of six months.

# Detailed findings

We also issued one warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 15 January 2017. We carried out a warning notice focused inspection on 13 April 2017 and found that the practice were now compliant. The full comprehensive report on the 8 September 2016 inspection and the focused report on the 13 April 2017 inspection can be found by selecting the 'all reports' link for The Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of The Family Practice on 15 June 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## 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. This included information from North West Surrey Clinical Commissioning Group (CCG) and NHS England.

Following the September 2016 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting. At the April 2017 inspection we determined that the practice was compliant with the legal requirements in the warning notice that had been issued to the practice.

Before visiting on 15 June 2017 the practice confirmed they had taken the actions detailed in their action plan.

We carried out an announced visit on 15 June 2017.

During our visit we:

- Spoke with a range of staff (GPs, practice manager and administration/reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 08 September 2016, we rated the practice inadequate for providing safe services as the arrangements in respect of storage of medicines and vaccines, infection control, management and disposal of clinical waste, storage of patient records, staff being authorised to administer medicines and vaccines, risk assessments, safeguarding training and accessibility of safeguarding policies were not sufficient.**

**We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 13 April 2017. The details of these can be found by selecting the 'all reports' link for The Family Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).**

**At this inspection we found that the improvements the practice had made were sustained, however we identified risk regarding medicines management and the practice is now rated as requires improvement for providing safe services.**

### Safe track record and learning

There was a 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an event where medicines and vaccines had been stored in fridges where the temperatures recorded had been out of the recommended range for storage the practice investigated thoroughly. The practice contacted Public Health England and the vaccine manufacturers for advice. The practice had the fridges professionally checked and replaced the fridges which were not maintaining reliable temperatures. The practice ran their own searches of the clinical system and worked with a pharmacist to identify any patients who may have been affected and contacted these patients. The GP partners gave an explanation and apology to each patient individually and offered re-vaccination if appropriate. The practice team worked together to produce a new procedure for monitoring fridge temperatures and we saw evidence the temperatures were reviewed weekly at the practice meeting. All staff we spoke with were able to tell us about this significant event.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the practice nurse was training to level two.
- 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.

# Are services safe?

(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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC procedure and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines; however we saw evidence that a small number of patients were being issued prescriptions for high risk medicines without blood tests being carried out in the appropriate timescales. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

## 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.

## Are services safe?

- Emergency medicines were 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.
- The practice had a comprehensive business continuity plan 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

**At our previous inspection on 08 September 2016, we rated the practice as good for providing effective services and following our inspection on 15 June 2017 the practice remains rated as good for providing responsive services.**

### Effective needs assessment

Clinicians were aware of 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 100% of the total number of points available. The overall practice exception reporting rate was 7% compared to the CCG average of 6% and the England average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was comparable to the national average. For example; 89% of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months (CCG average 80%, England average of 78%). The practice exception reporting rate was 21%, which was higher than the CCG average of 12% and the England average of 13%.
- Performance for mental health related indicators was comparable to the national average. For example; 95% of patients with severe and enduring mental health problems had a comprehensive care plan documented

in their records within the last 12 months (CCG average 95%, England average of 89%). The practice exception reporting rate was 20%, which was higher than the CCG average of 12% and the England average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last year and both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the system for repeat prescribing to ensure that all GPs were following the same procedure in order to reduce the risk of errors.

### Effective staffing

At our previous inspection in September 2016 we found that although the practice had an induction programme for new staff not all new staff had completed this. All staff had received appraisals within the previous twelve months although staff told us that there was no clinical input into nurses appraisals, not all staff had completed training appropriate to their job role, and some of the staff we spoke with, including some clinical staff, did not feel the culture of the practice was inclusive.

When we inspected in June 2017 we found;

- Newly recruited staff had completed their induction programme to a stage appropriate to the length of time they had been employed. Staff we spoke with told us that the induction programme was comprehensive and they felt supported in their learning.
- A GP partner had taken responsibility for the nursing team and had input into their annual appraisals. The practice nurse also had access to support through the local nurses forum group.
- All staff had completed training appropriate to their job role.
- Staff we spoke with told us the culture in the practice had changed since our September 2016 inspection and they felt more supported and valued by the GP partners.

### Coordinating patient care and information sharing

# Are services effective?

(for example, treatment is effective)

We found that the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Information was accessed through the practice's patient record system and their intranet system. The practice shared relevant information, with patients' consent, with other services in a timely way, for example when referring patients to other services.

The practice had introduced a new procedure for visits to patients who were in residential care homes. The patient medical records were updated by the GP immediately when they returned to the practice after a visit had taken place. A copy of the updated record was then faxed back to the care home to ensure that an up to date medical record was maintained for the patient.

We also saw evidence the practice offered integrated care with a locality health hub to reduce hospital admissions.

## Consent to care and treatment

At our inspections in September 2016 and June 2017 we found that 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.

- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

At this inspection in June 2017 we found the practice's uptake for cervical screening and breast and bowel screening programmes were comparable with CCG and England averages. For example; the practice's uptake for the cervical screening programme was 82% (CCG average of 80%, England average of 81%).

Childhood immunisations were carried out in line with the national childhood vaccination programme. The way that the uptake rates are calculated for childhood vaccines had changed since our inspection in September 2016 so a direct comparison could not be made. When we inspected in September 2016 we found that uptake rates were comparable to CCG averages.

At our inspection in June 2017 data available to CQC indicated that immunisation rates were below the 90% target level for two year old standard childhood immunisations. data available to CQC indicated that immunisation rates were below the 90% target level for two year old standard childhood immunisations. The practice has provided unverified data for 2016-17 that showed they had met the 90% target level for all childhood vaccinations. The vaccinations given to five year olds were comparable to CCG and England averages. The practice had implemented a missed immunisations procedure to improve uptake and monitor children who may be at risk.

# Are services caring?

## Our findings

**At our previous inspection on 08 September 2016, we rated the practice as requires improvement for providing caring services as patients told us that they were not always treated with dignity or respect, there were concerns around patient confidentiality and the secure storage of patient medical records.**

**When we undertook a follow up comprehensive inspection of the service on 15 June 2017 we found arrangements had significantly improved. The practice is now rated as good for caring services.**

### Kindness, dignity, respect and compassion

During our inspection in September 2016 we observed some members of staff were helpful to patients, however patients privacy, dignity and confidentiality was not always respected. We observed staff speaking abruptly to patients. Results from the national GP patient survey showed the practice was comparable with local and England averages for its satisfaction scores on consultations with GPs and nurses.

At our inspection in September 2016 we observed that patient medical records were not being stored securely. During our inspections in April 2017 and June 2017 we saw that patient medical records were now stored securely in locked cabinets.

During our inspection in September 2016 we noted that patient confidentiality was not always maintained at the reception desk. At our inspection in June 2017 we saw evidence that the practice had addressed these concerns. The self-check in had been moved away from the reception desk and refresher training had been implemented for reception staff. We also saw that paper was provided for patients to write down information rather than say it out loud and a notice advised patients that a private area was available on request.

As part of our inspection 15 June 2017 we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards of which 14 were positive, eight were mixed and three were negative about the standard of care received. Of the 11 comment cards that contained negative comments nine reflected difficulties in obtaining appointments. Patients said that GPs and nurses were kind, caring, supportive and listened

to them. Patients that GPs and nurses were kind, caring, supportive and listened to them. There were two comments that were negative about the attitude of reception staff and one about the manner of GPs; however other cards said that staff were caring, respectful, helpful and polite.

We spoke with ten patients during the inspection and two members of the patient participation group. We also spoke to one patient who contacted us prior to the inspection. Patients told us that they were treated well by the GPs, nurses and other staff.

The national GP patient survey is published annually and the most recent results were published in July 2016 which was before the first inspection of the practice. The results showed that the practice was performing in line with other practices locally and nationally.

### 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 and patients we spoke with were 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 comparable with local and national averages.

Translation services were available for patients who did not have English as a first language. Staff told us they had not had to use the service as they had very low numbers of patients who did not speak English. Staff we spoke with were aware of the risks of using friends and family members to translate.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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 identified 87 patients as carers, one of whom was under 18 years old, (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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

**At our previous inspection on 08 September 2016, we rated the practice as requires improvement for providing responsive services as some patients found it very difficult to access appointments and patients were encouraged to use friends and family as translators.**

**Although the practice had made some changes to their appointment system they had not been implemented long enough to determine whether these arrangements had improved patient satisfaction when we undertook a follow up inspection on 15 June 2017. The practice remains rated as requires improvement for providing responsive services.**

### Responding to and meeting people's needs

During our inspection in September 2016 staff told us that although translation services were available for patients who did not have English as a first language they encouraged patients to bring a friend or family member with them to translate. There was a potential risk to patients when family members and friends are used to translate, this is due to the possibility that the translator does not understand or translate accurately what the clinician is saying, that they may modify what they tell the patient or the clinician, or that the patient may not fully describe the symptoms in order to avoid embarrassment.

At our inspection in June 2017 staff told us they were aware of the translation services, although they had not had to use them as they had very low numbers of patients who did not speak English. Staff we spoke with were aware of the risks of using friends and family members to translate.

### Access to the service

At our inspection in September 2016 results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and England averages. The national GP patient survey is published annually and the most recent results were published in July 2016 which was before the first inspection of the practice. This was based on aggregated data collected between July to September 2015 and January to March 2016. The results showed that the practice was performing in line with other practices locally and nationally.

During our inspection in June 2017 the practice demonstrated that they had introduced changes to improve patient satisfaction with access to appointments. It is too early to tell from the patient survey results whether the changes that the practice has made will improve patient satisfaction.

- The practice had implemented a new telephone system with a queuing system so patients knew where they were in the queue.
- The GP partners offered flexible appointment times for patients who had difficulty with transport to the surgery.
- A wider variety of appointment times were being offered, for example, 10 minutes for routine problems, 20 minutes for complex or multiple problems, patients with health restrictions such as poor mobility, 30 minutes for mother and baby checks and 40 minutes for adoption medicals.
- The practice was working with the patient participation group to produce a leaflet of frequently asked questions about booking appointments. The aim was to educate patients about how the appointment system works and to offer advice about where treatment can be obtained when an appointment at the practice was not the most appropriate or not available.
- A part time practice pharmacist was running clinics for cardiovascular disease.
- The practice had placed a suggestion box in the waiting area and we saw evidence that suggestions received were regularly reviewed at the practice meetings. However we observed that there was no paper or cards available next to the suggestion box for patients to write on.

We spoke with ten patients during the inspection and two members of the patient participation group. We also spoke to one patient who contacted us prior to the inspection. Three of the patients we spoke with told us that they thought access to appointments was improving although two patients told us they still had difficulty getting appointments. Nine of the 25 comment cards we received also said that patients experienced difficulty in getting appointments. Patients also told us that they felt the online booking system did not work as they could not find appointments available to book online. The GP partners told us that they had problems with patients abusing the online system so did not offer many appointments. We asked the practice the percentage of the patient list that were registered to book appointments online and the

# Are services responsive to people's needs?

(for example, to feedback?)

percentage of appointments that were available to book online. However the practice did not supply us with this information or a rationale behind the decision. The practice was unable to demonstrate that they were responding to patient feedback regarding the online booking system.

## **Listening and learning from concerns and complaints**

When we inspected the practice in September 2016 we found that complaints were dealt with satisfactorily and in a timely way. However, we saw evidence that limited action was taken with regard to improving the quality of care as a result of complaints.

At our inspection in June 2017 we looked at 24 complaints received between March 2016 and April 2017 and found

these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. We saw evidence that lessons learnt were shared with appropriate clinical and non-clinical staff through meetings and staff we spoke with told us that they were also communicated through emails and face to face conversations. We saw action was taken as a result to improve the quality of care. For example, following a complaint where the patient experienced a delay in receiving their test result the practice reviewed the procedure for handling incoming communication and put in place an updated procedure to reduce the risk of this occurring again.



# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 08 September 2016, we rated the practice as inadequate for providing well-led services as risks were not well managed, not all staff could access practice policies and procedures and some were out of date, some staff felt they were not valued or listened to and the practice only took limited action when concerns were raised.**

**We found arrangements had significantly improved when we undertook a follow up inspection of the service on 15 June 2017. The practice is now rated as good for being well-led.**

### Vision and strategy

At our inspection in September 2016 we found the practice did not have an effective system for identifying, capturing and managing risks and issues. Significant issues that threatened the delivery of safe and effective care were not identified or adequately managed.

When we inspected in June 2017 we found that the practice had implemented systems to ensure that risks were identified and managed appropriately. Where risks were identified there were clear action plans in place to implement mitigating actions. For example; a monthly audit of sharps waste bins had been introduced and action was taken if any concerns were identified.

### Governance arrangements

When we inspected in September 2016 we found that although practice specific policies were available to all staff some were out of date. Some staff we spoke with could not access the policies and not all practice procedures were being followed. We saw that an understanding of the clinical performance of the practice was maintained, however there was insufficient monitoring of training and procedures. We also noted that the practice took only limited action when concerns were raised.

During our inspection in June 2017 we saw evidence that the practice had reviewed and updated over 80 of their practice policies and procedures. Staff we spoke with told us that they could access the policies and procedures. We

saw evidence through training records and meeting minutes that training and the use of practice procedures was being monitored and this was confirmed by the staff and GP partners we spoke with.

### Leadership and culture

At our inspection in September 2016 the GP partners told us they prioritised safe, high quality and compassionate care, however, we found the leadership of the practice was not allowing these values to be implemented.

When we inspected in June 2017 we found the GP partners were more involved with the practice. The GP partners had clearly defined roles and responsibilities and were more accessible to the staff and salaried GPs within the practice. Each partner took on responsibility for a group of staff and made an effort to touch base with them on a daily basis. Staff we spoke with told us that communication had improved since our inspection in September 2016 and they valued the changes that meant GP partners were more visible on a day to day basis. Salaried GPs told us that they felt the partners were more proactive and supportive since our inspection in September 2016. The GP partners also told us that they felt communication had improved across the practice.

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

At our inspection in September 2016 we found that the practice had an active patient participation group (PPG) and encouraged feedback from patients and staff. However, we found the practice took limited action where concerns were raised and not all staff we spoke with were confident they could raise concerns or that they would be listened to if they did.

During our inspection in June 2017 we spoke with two members of the PPG who told us how they had been involved with the practice since our inspection in September 2017. One GP partner had taken responsibility for the PPG and attended all PPG meetings. The practice manager also attended the PPG meetings and was the main link between the PPG and the practice. The PPG discussed the best way they could support the practice following our inspection in September 2016 and reviewed at their meetings the progress the practice had made. For

# Are services well-led?

Good 

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

example, the PPG had written a draft leaflet of frequently asked questions about the appointment system to help educate patients, and this was being reviewed by the practice.

We noted that the practice had added a suggestion box to their waiting area, and the suggestions were regularly reviewed at practice meetings.

## Continuous improvement

In December 2016 the practice was issued with a CQC report which highlighted five regulatory breaches relating to the person-centred care, dignity and respect, safe care and treatment, good governance and fit and proper persons employed.

We also issued one warning notice to the provider in respect of safe care and treatment.

At the inspections on the 13 April 2017 to follow up the warning notice and the inspection on the 15 June 2017 we found the practice had responded positively to the report compiled by the commission and taken action where required. For example, the practice had implemented effective risk assessments with action plans and was trying new methods to engage with their staff and patient population.

Since our last inspection in September 2016 the practice had been working with the staff, PPG and clinical commissioning group to improve the quality of leadership and care provided by the practice.



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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered provider did not demonstrate that person-centred care was accessible to all patients. This included that some patients found it difficult to access appointments.</p> <p>This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	