Brixton Water Lane Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

We carried out an announced comprehensive inspection at Brixton Water Lane Surgery on 28 April 2016. Overall the practice is rated as requires improvement.

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

- There was an inconsistent approach to the reporting and management of significant events with some staff not being aware of the practice's significant event procedure and others not being included in learning from events. We found evidence that not all significant events were managed under the practice's process.
- Risks to patients in respect of infection control, fire safety, recruitment and staffing and response to emergencies were inadequately assessed and managed.
- In the majority of respects staff assessed patients' needs and delivered care in line with current evidence based guidance and had the skills, knowledge and experience to deliver effective care and treatment. However we saw several examples where assessments were either not undertaken or not compliant with current legislation and guidance around capacity and consent.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was not easily accessible or ideally suited to patients with mobility problems, young children or those with hearing impairment. There had been no assessment undertaken of the suitability of the premises for these patients.
- Although there was a leadership structure in place some staff were uncertain of who acted as leaders in certain areas.

Summary of findings

- Practice policies were not always tailored to practice requirements and some contained out of date or insufficient information.
- Staff told us they felt supported by management. The practice acted on feedback provided by staff.
- The practice did not offer online appointments.
- The practice did not have a functioning Patient Participation Group and we saw no evidence of the practice obtaining feedback from their patient population.
- The provider was aware of the Duty of Candour though we only saw the practice disclose information to patients when they complained. The practice was unable to provide any example of a patient safety alert that it had acted on.

The areas where the provider **must** make improvement are:

- Ensure that consent and capacity is assessed and the outcome of any assessment documented in accordance with legislation and guidance.
- Ensure that there are adequate systems in place for the receipt, distribution and management of relevant patient safety alerts and for reporting and managing significant events and that appropriate action is taken including notifying patients who may be affected. Ensure that all policies and procedures meet the requirements of the practice and contain all required contemporaneous information. Ensure annual infection control audits, legionella risk assessment, regular fire risk assessments and a risk assessment for staff whose DBS certificates have expired are carried out and that risks identified are addressed. Ensure that all prescriptions are stored securely and there is a system in place for monitoring their use.
- Ensure that appropriate pre-employment checks are completed and that professional registrations are periodically monitored.
- Ensure that all staff have received mandatory training including safeguarding and fire safety.

The areas where the provider **should** make improvement are:

- Review staffing levels and ensure that there are always sufficient numbers of staff on the premises to adequately meet patient need.
- Continue to monitor the arrangements in place to deal with emergencies and major incidents including always having a full stock of emergency medicines on the premises and a business continuity plan which is up to date and comprehensive
- Continue to improve identification and management of patients with long term conditions.
- Ensure that quality improvement initiatives including audits clearly demonstrate learning and improvement.
- Consider how to involve all staff in regular meetings and ensure that key issues, actions and learning are recorded and shared.
- Ensure all clinical staff complete Mental Capacity Act training.
- Review the accessibility of the premises and opportunities to make reasonable adjustments particularly for those with reduced mobility and those with young children.
- Advertise the available translation services in the waiting area.
- Offer online appointments.
- Put a clear documented leadership structure in place and ensure that all staff are aware of this.
- Engage with the practice's patient population and use feedback in the practice's decision making process related to service provision.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGP

Summary of findings

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?

Inadequate

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

- There was an inconsistent approach to the reporting and management of significant events with some staff not being aware of the practice's significant event procedure and others not being included in learning from events. We were told of a significant patient safety incident where action had been taken to improve systems but this had not been reported under the practice's significant event policy.
- Patients were at risk of harm because systems and processes were either not in place, had weaknesses or were not implemented in a way to keep them safe. For example we found concerns in respect of the practice's safeguarding and recruitment processes, there was insufficient action taken to mitigate against infection control and fire safety risks, the practice did not have an adequate supply of emergency medicines on the premises and their business continuity arrangements were out of date.
- There was insufficient attention paid to safeguarding children and vulnerable adults. Although the staff we spoke with were able to satisfactorily explain how they would respond to a safeguarding concern we found evidence to suggest that the practice were not aware of external safeguarding contacts until three days before the inspection. The practice policy was generic and did not include relevant information including the identity of the safeguarding leads both within the practice or externally. One member of non staff had not received any safeguarding training and the training of one of the practice nurses had expired.
- There was a suggestion from our conversations with staff that there were at times an insufficient number of staff to meet patient need. Specifically we were told that when GPs went on holiday there would be a dramatic reduction in the number of appointments received and that even in instances where locums were used this would not adequately address staff shortages. We were also told that the practice manager would sometimes have to cover reception for a couple of hours per week.

Summary of findings

Are services effective?

Requires improvement 

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

- Data from the Quality and Outcomes Framework showed patient outcomes were mostly at or above average for the locality and compared to the national average.
- Reference to national guidelines were inconsistent for example some staff were not correctly following guidance related to capacity and consent.
- There was no evidence that audit was driving improvement in performance or improving patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping of meetings was limited.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good 

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.

Are services responsive to people's needs?

Requires improvement 

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The premises and waiting area were not ideally suited to those with mobility needs or those with pushchairs. There was no hearing loop and the practice had not undertaken a Disability Access Audit.
- Patients could request repeat prescriptions online but the practice did not offer online appointments.
- 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.

Summary of findings

- Patients could get information about how to complain in a format they could understand. However the practice's complaint leaflets and responses did not contain information of all appropriate external organisations that patients could contact if they were dissatisfied with the practice's response.

Are services well-led?

Requires improvement

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However due to deficiencies in governances this was not always implemented effectively.
- There was a leadership structure and staff felt supported by management. However it was not clear, or staff were unaware, of who acted as the lead for complaints and infection control.
- The practice had a number of policies and procedures to govern activity, but some of these were generic templates which had either not been tailored to specific features or requirements of the practice, contained inaccurate or out of date information.
- The practice did not have a patient participation group (PPG) and there was limited evidence of the practice acting on general patient feedback other than complaints.
- All staff had been appraised within the last twelve months.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective particularly in regards to significant events, management of emergency medicines and prescriptions, infection control, fire safety, recruitment and staffing and its business continuity arrangements.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participate in the Holistic Health Assessment Scheme; providing assessments of elderly and housebound patients followed up with a comprehensive care plan which engaged support from a range of local health and social care services; including those from the voluntary sector.
- The practice held a virtual clinic with a Community Geriatrician.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The majority of diabetes indicators were comparable to national averages with the exception of the one area. The practice had engaged with the community diabetic team and reviewed all patients who had poor medication compliance in a virtual clinic but told us that this had not improved patient compliance.
- Longer appointments and home visits were available when needed.

Summary of findings

- Virtual clinics were held with the support of community pharmacists with the aim of optimising patient medication for those with a number of long term conditions including Chronic Obstructive Pulmonary Disease, Asthma, Atrial Fibrillation and Hypertension.
- 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; although we saw limited evidence that these meetings were minuted.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months, was higher than the national average.
- Conversations with staff confirmed that not all clinicians were treating children and young people in an age-appropriate way.
- The number of patients who had received a cervical screening test within the preceding five years was comparable to the national average.
- Appointments were available outside of school hours.
- The practice waiting area was small and not ideally suited to those parents and carers who had pushchairs.
- We were not provided with any evidence of examples of joint working with midwives, health visitors or school nurses and were told that staff rarely met with health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective, responsive and well led resulting in the

Summary of findings

practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. However the practice did not allow patients to book online appointments though they had the facilities to do so.
- The practice provided an online repeat prescription service as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice did not offer extended hours access within the surgery but could book patients into the local hub which was run through the GP Federation and offered appointments from 8 am till 8 pm seven days per week.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people though minutes of meetings were not always documented.
- 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 documentation of safeguarding concerns. However we saw evidence in one of the practice's meeting minutes that they were not aware of who to contact at the relevant agencies as at 25 April 2016.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective, responsive and well led resulting in the

practice being rated as requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 95% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- Other mental health indicators were similar to national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia though we saw no evidence of these meetings being minuted.
- 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 in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- We reviewed one record of a patient who presented with pre dementia symptoms. The notes stated that there was implied consent to discuss the care of this patient with a close relative. No formal consent or capacity assessment was present on the record to support this decision.
- The practice participated in the GP plus scheme where they reviewed all patients on their list who had been recently discharged by the community mental health team.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. Four hundred and eight survey forms were distributed and 114 were returned. This represented 1.8% of the practice's patient list.

- 81% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 67% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 82% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards; 22 of which were exclusively positive about the standard of care received. Of the positive comments patients said that the practice provided a high quality care and that both clinical and administrative staff were caring and treated patients with respect. One of the negative comments related to the condition of the practice premises and the other related to feeling rushed during consultations.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought most staff were approachable, committed and caring. One patient told us that they found the reception area to be a little cramped and that reception staff could be unpleasant at times another patient said that some of the GPs did not listen to them but thought that these were possibly locums and that two of the regular GPs they saw were very attentive.

Areas for improvement

Brixton Water Lane Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Brixton Water Lane Practice

Brixton Water Lane Practice is part of Lambeth CCG and serves approximately 6184 patients. The practice is registered with the CQC for the following regulated activities Diagnostic and Screening Procedures; Family Planning; Treatment of Disease, Disorder or Injury and Maternity and Midwifery Services.

The practice population has a larger proportion of patients of working age and a lower proportion of patients over 65. The practice has a similar number of infants under the age of ten compared to the national average. The practice is located in an area which ranks in the third most deprived decile on the index of multiple deprivation. There are higher numbers of people in full time employment and fewer unemployed than the national average. The percentage of those with a long term condition is also lower than the national average.

There are two GP partners (one female, one male) as well as three salaried GP's (two female and one male) There are two female practice nurses.

The practice is open between 8 am and 6.30pm Monday to Friday and appointments are available between 9am and 12pm and 2pm and 6 pm. The practice offers whole time equivalent of four and a half full time GPs with booked and emergency appointments five days per week.

The Brixton Water Lane Practice operates from Water Lane Surgery, London, Lambeth

SW2 1QE which is a converted residential property owned by one of the existing partners at the practice and a former partner. The service is accessible for patients with mobility problems. However we were told that those patients who required the use of a wheelchair needed to get assistance from reception staff to access the building as there are no automatic doors.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisations, Learning Disabilities, Remote Care Monitoring, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is part of South East Lambeth GP federation.

Why we carried out this inspection

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

Detailed findings

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.

How we carried out this inspection

We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with a range of staff GPs, nurses and reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice's system for reporting and recording significant events was not effective.

- Though the practice had a policy for significant events some staff were unaware of it and did not know how to report a significant event. We found that significant event reports were not stored centrally. Although the practice informed us that there had been two significant events in the last twelve months they were only able to provide documented report in relation to one of these. We saw evidence that significant events were discussed in clinical meetings but non-clinical staff said that they were not informed of learning stemming from significant events. For example, one member of non-clinical staff reported hearing about a patient who had fainted in the waiting area a month prior to our inspection. We found no evidence of this event being documented during our inspection and it was not mentioned by any other member of staff. The staff member told us that she was not involved in any discussion and was unaware of the outcome of the incident. One set of the minutes that we reviewed regarding one significant event were comprehensive; detailing the action taken to address concern and demonstrated learning. Minutes from another meeting did not specify any action taken to mitigate the risk of a similar event occurring in the future. We were told about a recent event involving a failure to recall a colposcopy patient and were shown evidence of a robust system that had been put in place following the incident to ensure that patients were followed up. However, practice staff confirmed that this was not managed using their significant event process.

There was no consistent system in place for receiving, discussing and monitoring patient safety alerts. The staff we spoke with provided inconsistent accounts of how these were received by the practice and we were told that the last relevant patient alert that was received related to a batch of insulin in 2015 though the practice were unable to evidence the action taken in response to this. There was no system for storing relevant alerts.

The practice were unable to provide us with an example where patients were informed of adverse incidents involving them except in instances where patients complained.

Overview of safety systems and processes

The practice had systems, processes and practices which aimed to keep patients safe and safeguarded from abuse. However, we found that these mechanisms were not sufficiently clear or effective to ensure that patients were kept safe. For example:

- Suitable policies and procedures were not in place to safeguard children and vulnerable adults from abuse. The practice's safeguarding policy was a generic template which had not been completed and did not include the name of the practice, names of the practice safeguarding lead or the external contacts and there was no review date. We also reviewed the minutes of a meeting on 25 April 2016 which indicated that the practice was not aware of the child protection leads for the CCG. The practice provided us with evidence to show that they were now aware of who to contact and that they updated their safeguarding policy on the day of our inspection with the relevant leads both internally and outside the practice. There was a lead member of staff for safeguarding and staff were aware of who this was and were able to give examples of possible safeguarding concerns and their responsibilities. The practice told us that they did not have regular meeting with health visitors in respect of safeguarding and we saw no evidence of minutes from meetings. However GPs always provided reports where necessary for other agencies. All clinical staff had received the appropriate level of Safeguarding training but we saw that one non-clinical staff member had not received any training and one of the nurses' training had expired.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were chaperoning in accordance with current guidance and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However two members of

non-clinical staff had DBS checks in 2009 and no subsequent risk assessment had taken place to assess whether or not another check was required for these staff members.

- 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. However staff we spoke with were either uncertain or did not know who acted as infection control lead. There was an infection control protocol in place and staff had received up to date training. We saw evidence of an annual infection control audit completed in February 2016. Action had been taken to address some of the areas of concern identified as a result. However there were actions that had still not been completed, for example the practice had not completed a Control of substances hazard to health risk assessment as recommended. Additionally the couch in the treatment room was torn and fabric had been exposed but this had not been identified in the audit. We were told by the infection control lead that this had been raised with the partners but not yet replaced.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were insufficient to ensure that patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads that were kept in printers were not securely stored and there were no systems in place to record the serial numbers of blank prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- We reviewed five personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example the professional registration of one of the partners was not being regularly monitored. Though all staff had received checks through the Disclosure and Barring Service some of these dated back to 2009 and the practice had not considered if they needed to be repeated.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- The procedures in place for monitoring and managing risks to patient and staff safety were not sufficiently comprehensive to ensure that patients and staff were kept safe. For example there was no health and safety poster in the waiting area or reception office which identified local health and safety representatives. However when we spoke to staff they were aware of how to evacuate the building if there was a fire. Staff we spoke with were also aware of the fire marshals in the practice however there were no fire marshal designated in the practice's fire policy. The practice completed a fire safety risk assessment in October 2015. There was no log of fire alarm tests or drills despite this being one of the action points in the risk assessment. 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 not completed a control of substances hazardous to health assessment, despite this being mentioned as an action point in their infection control audit. There was also no Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had a schedule recording staff immunity to Hepatitis B, though no status recorded for contractors, and there was no evidence regarding staff immunity to other common communicable diseases.
- Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs did not appear to be satisfactory. We were told that the practice did not frequently use locums and that during periods of GP leave there would be a dramatic reduction in the access to GP appointments available. We were also told that the practice manager would be required to cover reception twice a week for an hour and when

people were on holiday. The practice also told us that they were actively recruiting for another practice nurse but were finding it difficult to recruit one due to lack of availability within the locality.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training but the practice only had three emergency medicines available in the treatment room. The practice has since taken action to address this and have informed us that they now have a full stock of emergency medicines.
- 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.The practice were missing many recommended emergency medicines at the time of the inspection. The medicines that the practice did have were easily accessible to staff in a secure area of the practice but not all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. However this plan had not been updated since 2014 and the staff contacts were out of date. There was no buddy practice designated in the plan and not all key members of staff said that they had a copy of this plan offsite. The practice supplied an updated plan on the day of our inspection though this still did not have all staff contacts listed.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 93% of the total number of points available, with 5.1% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier in respect of the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months which was 63% compared with 78% nationally. The practice's exception reporting for diabetic patients was 5.2% compared to 10.8% nationally. The practice attributed these figures to the demographics of their patient population who were poorly compliant with medication and refused to make necessary lifestyle changes which would result in improvement. In addition the practice told us that a large number of their diabetic patients would return to their country of origin for periods of time which made them harder to engage. The practice had attempted to manage these patients in diabetic virtual clinics with the support of community diabetic team but that this had not resulted in sustained compliance. The practice also only issued repeat prescriptions for three months in order to encourage patients to attend more frequently for reviews.

The practice had a lower prevalence of Coronary Heart Disease among its population than expected; 0.46 compared to 0.71 nationally. The practice attributed this to the smaller proportion of older people in its population than the national average though they were not able to provide any evidence of investigation undertaken to support this assertion.

The practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 91% compared to 94% nationally. Those with a record of a foot examination and risk classification within the preceding 12 months was 97% compared with 88% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 86% which is similar to the national average of 84%.
- 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 have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 75% compared with 88% nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95% compared with 84% nationally.

The practice conducted and participated in clinical audits although quality improvement was not clearly demonstrated.

- There had been two clinical audits completed in the last two years but neither of these were completed audits which demonstrated improvement. One audit aimed to code patients with impaired glucose intolerance in accordance with updated clinical guidelines. The practice correctly coded 50 patients and took measures in an attempt to reduce their likelihood of developing diabetes. Although the practice reviewed the register they had created at a later date and confirmed that all patients who had glucose intolerance were correctly

coded; there was no subsequent assessment of the effectiveness of the actions taken in preventing patients developing diabetes generally or for the 50 patients reviewed.

The second audit stemmed from a local medicines management update which focused on ensuring that SSRI's (Selective Serotonin Reuptake Inhibitor, any of a group of antidepressant drugs which inhibit the uptake of serotonin in the brain) were the first medications to be used in the treatment of depression instead of Mirtazapine (anti depressive medication used to treat major depressive symptoms). A number of patients were identified who were on both mirtazapine and SSRI's and these patients were re-audited in 2015 which showed a reduction in mirtazapine prescribing. GPs then noted as only prescribing Mirtazapine when SSRIs had been ineffective. The audit write up noted that: "There were still instances where a GP prescribed Mirtazapine to help patients who had difficulty sleeping. This was discussed at our Monday Clinical meeting." We were unable to obtain evidence of this discussion or the action taken in response to this finding.

- The practice participated in local audits.

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment but there was no formalised induction completed for a number of staff and some mandatory training had either expired or had not been completed.

- Some staff had no documented induction programme and there was no locum pack.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending protected learning events organised by the locality 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 during sessions, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However we saw that one staff member had not completed child safeguarding training and one staff member's training was out of date. Two staff members had not completed any fire training.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of a single multi-disciplinary team meeting with the palliative care team from 26 January 2015. Though there was limited minutes from meetings we saw evidence that care plans were routinely being reviewed and updated as a result of multi-disciplinary working.

Consent to care and treatment

Staff sought patients' consent to care and treatment however this was not always in line with current guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 but some staff stated that they were not following this. For example when asked about consulting with children

Requires improvement

Are services effective?

(for example, treatment is effective)

under the age of 16 a member of staff told us that although they were aware of the requirement to undertake an assessment and consult with those deemed to have capacity they would not follow this and would only be happy to consult if a parent or guardian was present.
We also reviewed two records relating to health checks for patients with learning disabilities and found that there were no documented capacity assessments for either patient.

- Some clinical staff had not received mental capacity training.
- We reviewed one record of a patient who presented with pre dementia symptoms. The notes stated that there was implied consent to discuss the care of this patient with a close relative. No formal consent or capacity assessment was present on the record to support this decision.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those with mental health conditions. Patients were then signposted to the relevant service.
- The practice provided patients with advice on diet and smoking cessation and referred patients to other local support programmes where appropriate.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to send out letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 93% and five year olds from 90% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Although the reception area was small, we did not hear any patient identifiable information while we were in the reception area and staff were able to detail actions they took to ensure no confidential information was heard by others in the reception area.

Twenty two of the 24 patient Care Quality Commission comment cards we received were exclusively positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice did not have a functional patient participation group but we were told that they would soon be holding a meeting for the PPG and we saw signs advertising the group.

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

- 95% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 84%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Three of the patients we spoke with 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. One patient said that some of the GPs did not always listen though they believed that these were locum staff and was unable to comment on the extent they were involved in decision making about their care. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (national average 82%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 119 patients on their practice list as carers (1.9%). The practice informed us that 53 of these patients had been given a flu vaccination within the last twelve months.

Staff told us that if families had suffered bereavement, their usual GP contacted to ask relatives if they would like to attend for a consultation at a flexible time to meet the family's needs and that reception staff had leaflets that they could give to patients for a local bereavement support service.

Requires improvement

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 were participating in the summary care record pilot; an electronic system containing the patient's personal information as well as details of medication, allergies and any reactions to medicines which is accessible to authorised healthcare staff treating patients in an emergency in England.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice premises were not ideally suited to the needs of patients with mobility problems. For example patients would have a press a buzzer which would not likely be easy to reach for patients who used a wheelchair. The patient would then have to pass through two non-automatic doors to get through to the waiting area. The waiting area was not ideally suited to those who required the use of a wheelchair or patients with pushchairs as there was limited space with only ten seats and a long seating bench and the seating area was cramped. This was commented upon by one of the patients we spoke with. On the day of the inspection we did observe that there was sufficient seating for everyone and were told by staff that patients would rarely be required to stand as patients would be seen quickly after they arrived. The practice had not completed a Disability access assessment.
- There was no hearing loop in reception and reception staff said that they would communicate with patients who had hearing difficulties in writing.
- Translation services were available but these were not advertised in the reception area.
- Patients could request repeat prescriptions electronically. Although the practice had the appropriate software to enable them to offer online appointments we were told that patients were not yet able to access appointments online. The practice said that they were concerned that releasing appointments online would disadvantage elderly patients but that they were planning to offer online appointments soon.
- The practice triaged patients and referred them to the local extended access hub which was open from 8 am to 8 pm seven days per week when they were unable to provide an appointment in the surgery.

Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday. Appointments were from 9 am to 12 pm every morning and 2 pm to 6 pm daily. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% patients said they could get through easily to the surgery by phone (national average 73%).
- 29% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were not entirely in line with recognised guidance and contractual obligations for GPs in England as there was no reference to the Health Service Ombudsman in the complaint leaflet produced for patients and organisations that the patient could contact if they were dissatisfied with the practice's response were not noted on complaint responses.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- It was not clear who acted as the complaint lead within the practice. We were told by some staff that one of the partners acted as complaint lead and the practice manager told us that they led on complaints within the practice.
- There was a complaints poster informing patients how they could make a complaint. The practice had produced a patient information leaflet but we were unable to locate this in the reception area on the day of the inspection.

We looked at three complaints received in the last 12 months and found all complaints were acknowledged and responded to within the timeframes prescribed within their complaints policy and responses demonstrated thorough investigation and provided apologies where appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However due to deficiencies in governance this was not always implemented effectively.

- The practice had a patient charter which was displayed in the waiting areas and staff knew and understood the values.
- The practice did not have a robust strategy or supporting business plans.

Governance arrangements

The practice had a governance framework but this was not sufficiently robust to deliver the strategic aims of the practice and ensure good quality care. The weaknesses identified meant that:

- Though staff were aware of their own roles and responsibilities other staff were not always aware of who acted as the lead for certain areas. For instance one member of staff was unable to correctly identify the lead for infection control and it was unclear who the lead for complaints was.
- Some of the practice policies we reviewed were generic templates which had not been tailored to the specific features or requirements of the practice, for example the practice's safeguarding policy. Other protocols, like the practice's business continuity plan, were out of date and contained inaccurate information. The practice's complaint policy did not comply with recognised guidance and contractual obligations for GPs in England.
- The practice did not have a comprehensive understanding of the risks facing the practice including those related to infection control and fire safety.
- Although there was evidence that the practice undertook internal audits there was little evidence to show how these improved quality.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective particularly in regards to the practice's significant event process, management of emergency medicines and prescriptions, infection control, fire safety, recruitment and staffing and its business continuity arrangements.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. We found evidence to show staff at the practice treated patients compassionately however there was inadequate prioritisation of patient safety.

The partners encouraged a culture of openness and honesty however the systems and processes in place did not always support compliance with the Duty of Candour as the practice did not have clear systems in place for recording patient safety incidents. We were provided with no evidence of action taken in respect of a safety alert. We were told that the last safety incident occurred over a year ago. Several members of staff at the practice provided us with conflicting accounts of how safety alerts were received and cascaded.

The practice's leadership structure was not always clear though staff felt supported by management.

- Staff told us the practice held regular clinical meetings. Though there were no formal meetings for administrative staff, those we spoke with told us they were briefed every morning and that important information would be communicated to them in these briefings. However it was evident from speaking to reception and administrative staff that they were not always aware of the outcome or action taken in response to significant events even where their team was involved.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the partners or management and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Though not all staff were involved in discussions about how to run and develop the practice, the partners were receptive to suggestions from staff about how to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement

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

There was limited evidence of the practice engaging with patients and staff.

- The practice did not have a functioning PPG, though we were told that they were looking to hold meetings soon and saw an advertisement for the group in the waiting area. We were told that the practice had not undertaken any patient surveys. The practice said that they were planning to undertake an update of their website which would enable them to gather more information from patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example a staff member had suggested a system to encourage patients who were on medication which required periodic reviews to attend for these reviews. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **How the regulation was not being met:** The registered person did not always obtain consent and assess capacity in accordance with legislation and guidance in that: • One member of staff told us that they would not consult with a minor under 16 unless they had a parent present. • Consent and capacity assessments were not always documented prior to treating patients whose capacity to consent was in doubt. This was in breach of regulation 11 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not adequately assess the risks to the health and safety of service users receiving the care or treatment or do all that was reasonably practicable to mitigate any such risks in that: • They did not have adequate systems in place for the receipt, distribution and management of relevant patient safety alerts. • The arrangements for reporting and managing significant events was not effective.

This section is primarily information for the provider

Requirement notices

- The practice did not effectively manage risks relating to staff DBS certification, fire safety, infection control and legionella.
- Not all staff had completed mandatory training in accordance with current guidance.
- The systems in place for using and monitoring prescriptions did not ensure that patients were kept safe.

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have appropriate policies or systems in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity or monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity in that: • The practice's safeguarding policy was generic and did not include details of leads or key external contacts. • The practice's business continuity policy did not contain a contemporaneous log of staff working at the practice or where they would relocate in the event of the premises being non-operational. • The practice's complaint policy did not reflect the requirements of The Local Authority Social Services and NHS Complaints (England) Regulations 2009. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.