Ramanathan Surgery

Quality Report

83 London Road
Rayleigh
Essex, SS6 9HR
Tel: 01268 784003
Website: www.williamharveysurgery.co.uk

Date of inspection visit: 14 December 2015
Date of publication: 04/02/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ramanathan Surgery on 14 December 2015. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example emergency medicines and equipment were inadequate and recruitment checks were incomplete. The practice did not have an induction or recruitment pack for locum staff.
- Staff were not clear about reporting or recording incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Prescription pads were not being stored securely or monitored.
- Patient outcomes were hard to identify as very little reference was made to audits or quality improvement.
- There was no system in place for consistently read-coding patient information, therefore patient records were not fully auditable.
- Appointment systems were working and patients received timely care when they needed it.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity, although data from the GP patient survey published in July 2015 suggested this was not always the case.
- Complaints were not recorded in detail and verbal complaints were not recorded at all.
- The practice had a number of policies and procedures to govern activity, but not all were being implemented and not all staff knew how to access them.

Summary of findings

- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Introduce processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with emergency medicines and equipment.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical audits including re-audits to ensure improvements in services have been achieved.
- Ensure prescription pads are stored securely and their use is monitored
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff can access appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure in the practice and ensure there is leadership capacity to deliver all improvements.

The areas where the provider should make improvement are:

- Risk assess the need for a defibrillator to be located within the practice.
- Introduce a structured method of sharing information with all staff including learning from complaints and serious incidents to help drive improvement within the practice.
- Introduce an induction process and recruitment pack for locum staff.
- Promote the identification of carers within the practice in order they may be appropriately supported.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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?

Inadequate

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

- Staff were not clear about reporting or recording incidents, near misses and concerns. During our inspection we identified significant events that had occurred within the practice and had not been identified or recorded as such. Significant events that were identified were not recorded or shared in line with the practice policy.
- Recruitment checks were incomplete, for example not all personnel files contained proof of identification or disclosure and barring checks (DBS). (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).
- Emergency medicines were incomplete, for example, the practice did not have a nebuliser or salbutamol for treating asthmatics in an emergency. The practice did not have an adequate emergency oxygen supply. The practice did not have a defibrillator and the need for this had not been risk assessed.
- During our inspection we found out of date needles in a treatment room.
- The practice did not have adequate arrangements in place to cover staff shortages.

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 showed patient outcomes were comparable or above average for the locality, for example in diabetes and mental health.
- Flu vaccination rates were low when compared to national averages. We were told by patients it was difficult to get flu vaccination at the practice due to staff shortages so they went elsewhere.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- The practice had not ensured staff received all basic training, for example a member of staff had not received up to date basic life support training.

Summary of findings

Multidisciplinary working was taking place, record keeping was limited but patient records were updated.

Are services caring?

Requires improvement

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

- Data showed that patients rated the practice lower than others for several aspects of care.
- Patients we spoke to 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had only identified 0.2% of patients as carers; there was no system in place to actively identify carers.

Are services responsive to people's needs?

Requires improvement

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

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- 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 equipped to treat patients and meet their basic needs, however there was not a hearing loop and translation services were not available.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff, and verbal complaints were not being recorded.

Are services well-led?

Inadequate

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

- It did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was no clear leadership structure and staff did not feel supported by the partners.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but these were not all being implemented, not all had review dates in place and not all staff knew how to access them.
- There was evidence of bullying and harassment in the workplace which had not been acted on by the partners.
- Previous concerns regarding the safety of the practice had been investigated but measures had not been put in place to ensure this didn't happen again.
- The practice held regular clinical governance meetings but did not meet as a whole practice to discuss issues or learn from events.
- The practice had proactively sought feedback from staff or patients and did have a patient participation group but had not always acted on this feedback.
- Staff told us they had received annual appraisals.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safety and for well-led and requires improvement for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safety and for well-led and requires improvement for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management.
- The practice achieved 87.2% of the
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safety and for well-led and requires improvement for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Cervical screening rates were above the CCG average

Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safety and for well-led and requires improvement for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, 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 was offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safety and for well-led and requires improvement for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safety and for well-led and requires improvement for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- < >
  95.8% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record, in the preceding 12 months compared to a CCG average of 77.4% and a national average of 88.3%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out 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.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 had a response rate of 40.7%. 297 survey forms were distributed and 121 were returned. The responses were as set out below:

- 62.1% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73.3%.
- 85.8% found the receptionists at this surgery helpful compared to a CCG average of 87.5% and a national average of 86.8%.
- 72.8% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86.8% and a national average of 85.2%.
- 97.4% said the last appointment they got was convenient compared to a CCG average of 93.3% and a national average of 91.8%.
- 70.6% described their experience of making an appointment as good compared to a CCG average of 73.6% and a national average of 73.3%.
- 83.3% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 74.3% and a national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Comments included praise for very friendly and helpful staff who took the time to listen.

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

Areas for improvement

Action the service MUST take to improve

- Introduce processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with emergency medicines and equipment.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical audits including re-audits to ensure improvements in services have been achieved.
- Ensure prescription pads are stored securely and their use is monitored
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff can access appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure in the practice and ensure there is leadership capacity to deliver all improvements.

Action the service SHOULD take to improve

- Risk assess the need for a defibrillator to be located within the practice.
- Introduce a structured method of sharing information with all staff including learning from complaints and serious incidents to help drive improvement within the practice.
- Introduce an induction process and recruitment pack for locum staff.
- Promote the identification of carers within the practice in order they may be appropriately supported.

Ramanathan Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ramanathan Surgery

Ramanathan Surgery is located in a residential area in Rayleigh, Essex. It is located within a large converted house over two floors. There is no allocated parking although there is restricted street parking available. At the time of our inspection the list size was 4380, this list was open. The practice has two partner GPs; one male and one female. There are two long-term locums, one practice nurse, a practice manager and a team of seven reception staff.

The practice is open between

- Monday 6.45am to 6.30pm. Appointments 6.45am to 11am and 3pm to 6.30pm
- Tuesday 8am to 6.30pm. Appointments 8am to 11am and 3pm to 6.30pm
- Wednesday 8am to 2.30pm. Appointments 8am to 11am
- Thursday 8am to 6.30pm. Appointments 8am to 11am and 3pm to 6.30pm
- Friday 6.45am to 6.30pm. Appointments 6.45am to 11am and 3pm to 6.30pm

When the practice is closed patients are signposted to NHS 111 for out of hours care.

Why we carried out this inspection

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

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

How we carried out this inspection

We carried out an announced visit on 14 December 2015. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, the practice manager and receptionists, and we spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care and treatment 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?

Detailed findings

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an ineffective system in place for reporting and recording significant events.

Staff did not have a full understanding of what constituted a significant event. There was evidence of events having occurred and not being recorded, for example a power failure to the vaccine fridge and a loss of power to the phones. The few significant events that had been recognised were not recorded, analysed or shared with staff in accordance with the practice policy.

GPs received national patient safety alerts and shared these with staff if necessary.

When there were unintended or unexpected safety incidents, in was unclear if people received reasonable support or an apology due to insufficient information being recorded.

Overview of safety systems and processes

The practice had some processes and practices in place to keep people safe and safeguard from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding, however the lead GP was unable to confirm if the practice list included any patients at risk. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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).
- At the time of inspection the practice was tidy and well presented, it was visibly clean. The practice employed a cleaner who worked six hours a week split between two days. The daily cleaning schedule was completed by other practice staff if they felt it was necessary. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and clinical staff had received up to date training. Infection control audits were undertaken every six months.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not ensure patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). Emergency drugs were kept in various locations and, for example, did not include salbutamol for treating asthmatics in an emergency. Not all staff knew the location of emergency medicines and equipment. The practice had more than one cold chain policy in place which varied in their content. One policy informed us that the vaccine fridge had to be defrosted once a month and the vaccines would be stored in an alternative fridge during this time. There was no evidence of the fridge being defrosted monthly and there was no second fridge available. There was a record of fridge temperatures being below 2oC over the course of one month in 2012 with no action taken. Medication audits were carried out with the support of the local CCG pharmacy teams. Prescription pads were stored in the reception area but not locked away and there were no systems in place to monitor their use.
- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, and these were up to date.
- We reviewed six personnel files and found that appropriate recruitment checks had not always been complete prior to employment. For example, three members of clinical staff did not have proof of identification. At the time of inspection three staff files we looked at were missing disclosure and barring checks (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We addressed this matter with the practice manager. Since the inspection we have received a completed DBS check

for one member of staff and have been assured the other checks are in progress. Registration with the appropriate professional body had been checked as required.

Monitoring risks to patients

- There were some procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available. The practice had up to date fire risk assessments but had not carried out a fire drill. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were not sufficient for monitoring the number of staff and mix of staff. There were no plans in place to cover the loss of nursing staff, although there had been two occasions when the practice lost nursing cover and required emergency help from the CCG to find staff. There was a rota system in place for the different staffing groups.

Arrangements to deal with emergencies and major incidents

The practice had inadequate 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.
- Non-clinical staff received basic life support training. With the exception of the practice nurse, the remaining clinical staff had received annual basic life support training.
- There were emergency medicines available, these were not all stored together and did not include salbutamol for treating asthmatics. Although all emergency medicines were in date and fit for use, we did find out of date needles and alcohol gel which were disposed of immediately they were brought to staff's attention. There were dressings and medicines found in the treatment room that were prescribed to a patient. There were antibiotic dressings found that had foreign instructions and unidentifiable packaging. These were all disposed of immediately at the time of our inspection.
- The practice did not have a defibrillator available on the premises. The practice did not have adequate emergency oxygen. There was a first aid kit and accident book available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 people's needs.
- One of the partner GPs regularly attended peer review meetings to participate in thematic reviews.
- The practice had one audit available at the time of inspection. This audit had not been completed and was unable to demonstrate improvement in patient outcomes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2014/2015 were 97.9% of the total number of points available, with 9.4% exception reporting. This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG average but fell below the national average. The practice achieved 87.2% of the available points compared to the CCG average of 81.5% and the national average of 89.2%
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national averages. For example the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 81.8% compared to the CCG average of 79.4% and the national average of 83.6%.
- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the available points compared to the CCG average of 76.5% and the national average of 92.8%

Effective staffing

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was no induction programme or recruitment pack for locum staff.
- The practice could not demonstrate how they consistently ensured role-specific training and updating for relevant staff as not all staff had up to date basic life support. However, training for non-clinical staff was promoted by the practice manager.
- All staff had received appraisals within the last 12 months.
- Staff received training that included: safeguarding, basic life support (with the exception of the practice nurse) and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- < >taff 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, where appropriate, recorded the outcome of the assessment.
- The process for recording consent was unclear as the practice had five different consent forms and the GPs were unsure which form they should use. The form the GPs had available to them was inappropriate, we discussed this at the time of inspection and the practice manager updated the GPs with a new consent form.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice nurse saw these patients and signposted them to the relevant services.
- The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 87.4%, which was comparable to the CCG average of 88.3% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 and national averages. For example:

- The percentage of childhood MMR vaccinations given to under two year olds was 98.1% compared to the CCG percentage of 94.8%.
- The percentage of childhood PCV booster vaccinations given to under two year olds was 100% compared to the CCG percentage of 96.5%.

Flu vaccination rates from 2013/2014 for the over 65s were 58.73%, and at risk groups 44.48%. These were below national averages which were 73.24% and 52.29% respectively. Patients we spoke with told us they had had difficulty in getting the flu vaccination due to a lack of nursing staff. Letters were not sent to patients as reminders. The text messaging service was not being used to remind patients about their flu jabs. The practice acknowledged this shortfall but felt they had done all they could.

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

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 12 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with six patients who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

However, results from the national GP patient survey published in July 2015 showed patients felt they were not always treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79.1% said the GP was good at listening to them compared to the CCG average of 84.3% and national average of 86.6%.
- 74.8% said the GP gave them enough time compared to the CCG average of 84.3% and national average of 86.6%.
- 88.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95.2%.
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.5% and national average of 85.1%.
- 85.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90.4%.
- 85.8% said they found the receptionists at the practice helpful compared to the CCG average of 87.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 67.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.9% and national average of 86%
- 65.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76.6% and the national average of 81.4%

Staff told us that translation services were not available for patients who did not have English as a first language. We were told this had not been required, although a non-English speaking patient had attended the practice in the past but they had brought a relative as a translator.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 0.2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Requires improvement

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone. This call was either followed by a patient consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a 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). The GPs attended CCG meetings.

- The practice offered extended hours on a Monday and Friday morning from 6.45am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There was an accessible toilet available and staff would relocate to the ground floor if patients were unable to access the first floor.
- The practice did not have a hearing loop and translation services were not available.

Access to the service

The practice was open between:

- Monday 6.45am to 6.30pm. Appointments 6.45am to 11am and 3pm to 6.30pm
- Tuesday 8am to 6.30pm. Appointments 8am to 11am and 3pm to 6.30pm
- Wednesday 8am to 2.30pm. Appointments 8am to 11am
- Thursday 8am to 6.30pm. Appointments 8am to 11am and 3pm to 6.30pm
- Friday 6.45am to 6.30pm. Appointments 6.45am to 11am and 3pm to 6.30pm

On Wednesday afternoons there was a receptionist to take calls and a GP on call if required.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment were mixed. People told us on the day that they were able to get appointments when they needed them.

- 63.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 74.9%.
- 62.1% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and the national average of 73.3%.
- 70.6% of patients described their experience of making an appointment as good compared to the CCG average of 73.6% and the national average of 73.3%.
- 83.3% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.3% and the national average of 64.8%.
- 97.4% of patients said the last appointment they got was convenient compared to the CCG average of 93.3% and the national average of 91.8%.

Listening and learning from concerns and complaints

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

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England,
- There was a designated responsible person who handled all complaints in the practice.
- There was evidence that verbal complaints made to GPs and non-clinical staff were not being recorded.
- Complaints were not all being recorded in the same way or in sufficient detail to ensure they had been shared or learned from.
- We saw that information was available to help patients understand the complaints system, for example on a poster in the waiting room.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and an apology was offered where possible. However, there was no evidence of the practice having analysed the complaints, learned from them or having shared the information.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice aimed to deliver care and promote good outcomes for patients.

- The practice had a statement of purpose.
- The practice had written a business plan, this was a list of aims for the next two years but did not give any detail on how they intended to achieve these aims.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was no clear staffing structure and not all staff were aware of their own roles and responsibilities
- Practice specific policies were available but not all staff knew how to access them and not all were being implemented, for example the significant events policy.
- There was no programme of continuous clinical and internal audit to allow staff to monitor quality or to make improvements
- There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice did not demonstrate leadership within the practice. They prioritised compassionate care but had not taken action to ensure patient safety. The partners were visible in the practice, staff told us that they would always speak to the practice manager rather than the partners.

The practice was aware of the requirements of the Duty of Candour. The partners did encourage a culture of openness and honesty, however despite being aware of claims of bullying and harassment within the workplace, the partners had not taken any action to deal with this.

When there were unexpected or unintended safety incidents, it was unclear from documentation if the practice gave affected people reasonable support or a verbal and written apology. The practice did not keep a written record of verbal complaints.

There was no clear leadership structure in place and staff did not feel supported by the partners.

- Staff told us that the practice held regular clinical governance meetings and the non-clinical staff met separately but there was no history of whole practice meetings.
- Staff told us that they would feel comfortable approaching the practice manager with any concerns.
- Staff said they did not all feel respected, valued or supported by the partners in the practice as they rarely communicated with all staff and did not have the ability to deal with issues affecting staff members. Staff were not involved in discussions about how to run and develop the practice; the partners did not encourage all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged feedback from patients and the public. It proactively sought patients' feedback but did not always act on it.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met on a regular basis, it was clear that the practice did not always act on suggestions made by this group. Several members of the PPG had offered significant help to address some issues but this had not always been actioned 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not protected against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. Significant events were not being reported or investigated appropriately so that learning could be shared with staff. The registered person had not ensured that emergency medicines and equipment were adequate. The registered person had not ensured the proper and safe management of medicines. The registered person had not ensured the proper storage of prescription pads. This was in breach of regulations 12 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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints We found the provider had not established an effective and accessible system for identifying, receiving, recording, handling or responding to all complaints. Verbal complaints were not being recorded. Written complaints were recorded but the information available was insufficient.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found the registered provider did not have systems in place to ensure sufficient numbers of suitably qualified,

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	competent, skilled and experienced persons. The practice did not have plans in place to cover the absence of nursing staff. The practice did not have suitable arrangements in place for recruiting locum staff.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered person had not ensured when staff employed were no longer found to be of good character, that an appropriate response was taken in a timely manner. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

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 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. There were not sufficient systems and processes such as regular audits of the service provided to access, monitor and improve the quality and safety of the service. Significant events were not being reported or investigated appropriately. Complaints were not being recorded thoroughly. Recruitment files were missing proof of identification. There was not an effective system in place for read coding patient's records. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014