

Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh on 15 December 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example, risk assessments relating to legionella had not been carried out.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.
- Blank prescription forms and pads were securely stored. However, there were no systems to monitor their use.
- The practice was unable to demonstrate appropriate recruitment checks were always undertaken prior to the employment of staff.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, the practice was unable to demonstrate that staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice did not have a supply of medical oxygen for use in emergencies.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with on the day of the inspection said they did not always find it easy to get through to the practice by telephone to make an appointment. There was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary checks and are carried out for all staff prior to employment.
- Revise governance arrangements and ensure risks to patients, staff and visitors are adequately assessed and managed.
- Ensure there is a system to monitor the use of blank prescription forms and pads.
- Ensure staff receive induction training; are up to date with receiving mandatory training; receive regular appraisals; and that all staff training is monitored and recorded.

In addition the provider should:

- Improve patients' ability to contact the practice by telephone.
- Revise the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if required.
- Ensure staff who have left the practice are removed from the practice's patient administration system in a timely manner.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were not always assessed and well managed. For example, risk assessments relating to legionella had not been carried out.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate that all staff had received mandatory training in safeguarding, infection control, fire safety and basic life support.
- Blank prescription forms and pads were securely stored. However, there were no systems to monitor their use.
- The practice was unable to demonstrate appropriate recruitment checks were always undertaken prior to the employment of staff.
- The practice did not have a supply of medical oxygen for use in emergencies.

Requires improvement



Are services effective?

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 (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to deliver effective care and treatment. There was insufficient evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We found that GPs who had left the practice were still live on the practice's computer system.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with 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.
- However, the practice had only formally coded nine patients as carers (less than one percent of the practice list).

Are services responsive to people's needs?

The practice is rated as good 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 practice had obtained planning permission to add a second treatment room on the premises.
- Patients we spoke with on the day of the inspection said that they sometimes found it difficult to get through to the practice on the telephone but there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement being well-led, as there are areas where improvements should be made.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The arrangements for governance did not always operate effectively and had failed to identify and appropriately monitor all risks to patients, visitors and staff. For example, the risks associated with: the lack of legionella risks assessments; employing staff without carrying out all appropriate checks;

Requires improvement



Summary of findings

failing to ensure all staff were up to date with mandatory training such as safeguarding, infection control, fire safety and basic life support. Governance arrangements had also failed to remove staff from the computer system after they had left the practice.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety, effective and well-led and good for caring and responsive. 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.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety, effective and well-led and good for caring and responsive. 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 percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 88% compared to the clinical commissioning group (CCG) and national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the clinical commissioning group (CCG) average of 82% and the national average of 83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety, effective and well-led and good for caring and responsive. 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 help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Early morning appointments are available two days per week for patients who find it difficult to attend the practice during core opening hours.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

rated as requires improvement for safety, effective and well-led and good for caring and responsive. 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, not all staff were up to date with safeguarding training.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety, effective and well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 88% compared to the CCG average of 91% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and sixteen survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 78% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 83% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 92% of respondents described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 89% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mostly positive about the standard of care received. However, eight of the cards included some negative comments, three of which indicated that patients had not felt listened to. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, three of them told us that they found it difficult to get through to the practice by telephone.

Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and the Deputy Chief Inspector.

Background to Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh

Dr Taylor, Dr Hofmann, Dr Idowu and Dr Ghosh, also known as Town Medical Centre, is situated in Sevenoaks, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of approximately 6,265. The proportion of patients who are aged 15 to 34 is lower than the national average and the proportion of patients aged 35 to 54 and over 85 is higher than the national average. The practice is in an area with a low deprivation score and lower than average levels of unemployment.

Consultation and treatment rooms are located on the first floor of a grade II listed building. There is a patient lift. Three of the consulting rooms are located down two steps from the waiting room. Staff told us that they would arrange for patients who had difficulty using the stairs to be seen in one of the consulting rooms on the same level as

the waiting room. There is no patient parking, including disabled parking, at the practice. The practice is located in the town centre with access to a number of pay and display car parks, as well as public transport services.

There are four GP partners (two male and two female). Two of the partners are full time and two are part time. There are two practice nurses and one health care assistant (all female). In addition, there is a practice manager as well as a team of reception and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8am and 10.30am, and between 2pm and 5pm most days. Extended hours appointments are offered from 7am to 8am on Tuesday and Friday.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Services are provided from Town Medical Centre, 25 London Road, Sevenoaks, Kent, TN13 1AR.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016.

During our visit we:

- Spoke with a range of staff (two GPs, one practice nurse, the practice manager and two members of the reception/administration team) and spoke with four patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members in reception.
- Looked at patient records to review the appropriateness of care and record-keeping.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager or one of the GPs of any incidents that occurred.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an error was made regarding a patient's medication following their transfer from another provider, the practice had implemented a system to help ensure that patients' details, including their prescription profile, were obtained from their previous practice when they registered as new patients.

Overview of safety systems and processes

The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice told us that GPs were trained to child protection or child safeguarding level 3. However, the practice was unable to demonstrate that all members of staff had received training on safeguarding children and vulnerable adults to an appropriate level relevant to their role.
- Notices in the waiting room and consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. However, the practice was unable to demonstrate that staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check or an assessment of the potential risks involved in using those staff without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol. However, the practice was unable to demonstrate that all members of staff had received up to date training in infection control. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had ensured that only single use disposable consumable items were used.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the practice was unable to demonstrate there was a system to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, only two files included proof of identification and references. Only one file included evidence that the appropriate checks

Are services safe?

through the Disclosure and Barring Service had been carried out. The practice was unable to demonstrate that qualifications and registration with the appropriate professional body had been checked prior to employment of nursing staff.

Monitoring risks to patients

Risks to patients, visitors and staff were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a fire safety policy and a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had carried out a fire risk assessment and had carried out a fire drill in September 2015. However, the practice was unable to demonstrate that it had carried out a more recent fire drill or that staff had received fire safety training. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice was unable to demonstrate they had a system for the management of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Records showed that the practice had arranged for a private company to carry out a legionella risk assessment in January 2017. However, at the time of our inspection the practice was unable to demonstrate that they were carrying out any activities to monitor and reduce the risk of infection to patients, staff and visitors from legionella.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. There were two staff vacancies in the reception and administration teams. The practice was making ongoing efforts to fill these vacancies and had recently appointed one new member of staff.

Arrangements to deal with emergencies and major incidents

The practice was unable to demonstrate they had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers which alerted staff to any emergency.
- There were emergency medicines available in the treatment room. All the medicines we checked were in date and stored securely. However, the practice was unable to demonstrate that all members of staff had received basic life support training.
- The practice had a defibrillator, a first aid kit and an accident book available on the premises. However, there was no medical oxygen available on the premises. We discussed this with the practice manager who made arrangements for an oxygen cylinder to be purchased and provided documentary evidence to demonstrate that medical oxygen had been obtained within a short time of our inspection.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of 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 96% of the total number of points available and exception reporting was 4%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to local and national averages. For example, the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 88% compared to the Clinical Commissioning Group (CCG) and national average of 89%.
- Performance for mental health related indicators was similar to local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in

the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 88% compared to the CCG average of 91% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff and staff we spoke with were able to describe their induction training. However, the practice was unable to demonstrate that staff had completed their induction programme as this was not recorded in any staff files.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff we spoke with told us that they had received an appraisal within the last 12 months. However, evidence of appraisal was not included in two of the five personnel files we reviewed.
- There was an overall training plan for the practice. However, this was incomplete and out of date and there were inconsistencies between the training plan and

Are services effective?

(for example, treatment is effective)

records of training in the files of individual members of staff. Therefore, the practice was unable to demonstrate that all staff had received appropriate training required to carry out their roles.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

However, we found that GPs who had left the practice were still live on the practice's computer system and some patients' results were occasionally allocated to them for review. The practice had a system whereby current GPs checked previous colleagues' in-boxes for results on a daily basis. The practice told us that despite their efforts they had not been able to resolve the issue with the system supplier. Staff told us that any urgent abnormal results were flagged by the laboratories and these were reviewed immediately by the patient's own doctor.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, staff told us that they were able to contact, via email, specialist nurses for advice on wound care. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, there were monthly meetings with the local hospice to discuss the care of patients receiving end of life care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol consumption and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 82% and the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 53% of eligible patients had been screened for bowel cancer, which was comparable to the CCG average of 61% and the national average of 58%. Seventy percent of eligible patients had been screened for breast cancer, which was comparable to the CCG average of 73% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 94% compared to the CCG range of 90% to 93% and the national range of 73% to 93% and five year olds from 66% to 90% compared to the CCG range of 86% to 96% and the national range of 81% to 95%. Staff told us that take-up of some specific immunisations was low, but that they had a system to follow-up where parents did not bring children for immunisations.

Are services effective?

(for example, treatment is effective)

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

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to help maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. However, conversations taking place in these rooms could occasionally be overheard. Staff told us they were conscious of this and made efforts to protect patients' privacy. Patients did not wait in the areas immediately outside consultation room doors.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were glass screens at the reception desk so that telephone calls with patients could not be heard in the waiting room.

Most of the 44 patient Care Quality Commission comment cards we received were very positive about the service experienced. However, eight of the cards included some negative comments, three of which indicated that patients had not felt listened to. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of respondents said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.

- 92% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 88% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 90% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 85% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Longer appointments were available for patients who needed more time to discuss their care.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer using a pop-up box. However, the practice had only formally coded nine patients as carers (less than 1% of the practice list). There was a poster displayed in the waiting area asking patients who were carers to register this with the practice. Information was also included on the practice's website. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had obtained planning permission to add a second treatment room on the premises.

- The practice offered a 'Commuters' Clinic' on a Tuesday and Friday morning from 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The practice did not have a hearing loop. Staff told us that they would come round the reception desk to talk directly face to face with patients who required it.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between 8am and 10.30am, and between 2pm and 5pm most days. Extended hours appointments were offered from 7am to 8am on Tuesday and Friday. In addition to appointments that could be booked up to two months in advance, urgent appointments were also available for people that needed them.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

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.

- 79% of respondents were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 79%.
- 78% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 76% and the national average of 73%.

People told us on the day of the inspection that they sometimes found it difficult to get through to the practice on the telephone but were able to get appointments when they needed them.

The practice had a system to assess:

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

The duty GP telephoned patients requesting a home visit in order to establish their level of clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a poster in the waiting room and information on the practice's website.

We looked at five complaints received in the last two years and found that these were satisfactorily handled and dealt with in a timely way, and that the practice had been open and transparent when dealing with the complaint. Lessons were learnt from individual concerns and complaints, and action was taken to resolve the concerns raised.

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.

- Staff knew and understood the values of the practice.
- The practice had a strategy to provide holistic care and treatment which reflected the vision and values.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- However, governance arrangements had not ensured that all risks and issues were identified, recorded and managed, or that mitigating actions were implemented. The practice was unable to demonstrate that risk assessments for legionella had been carried out. They were unable to demonstrate that all appropriate checks had been carried out prior to employing staff and that all staff had received mandatory training such as in safeguarding, fire safety and basic life support. The practice had failed to ensure that staff were removed from the patient administration system when they left the practice.

Leadership and culture

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

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

notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients in consultation with the patient participation group (PPG) through surveys and through complaints received.
- The PPG was a "virtual" group which corresponded by email. They were involved in carrying out patient surveys.
- Information about the PPG was included on the practice notice boards and on the practice's website.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, following a suggestion from a member of the

Are services well-led?

Requires improvement



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

administration staff, a system had been introduced to improve the monitoring of blood test results to check how well anticoagulant tablets such as warfarin were working for patients who needed them.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in a pilot with the clinical commissioning group (CCG) to review the medication of patients who were resident in nursing and care homes. The GPs were members of local professional support groups and the local GP federation.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• They had failed to manage the risks associated with legionella infection.• They did not have a system to monitor the use of blank prescription forms and pads. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance arrangements had not ensured that all risks and issues were identified, recorded and managed, or that mitigating actions were implemented.</p> <ul style="list-style-type: none">• The practice was unable to demonstrate that risk assessments for fire safety and legionella had been carried out.• The practice was unable to demonstrate that all appropriate checks had been carried out prior to employing staff and that all staff had received mandatory training such as in safeguarding, fire safety and basic life support.• The practice had failed to ensure that staff were removed from the patient administration system when they left the practice.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that persons employed by the service provider in the provision of a regulated activity received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

- They had failed to ensure that all staff were trained to the appropriate level in infection prevention and control.
- They had failed to ensure that all staff were trained to the appropriate level in basic life support.
- They had failed to ensure that all staff were trained to the appropriate level in safeguarding.
- They had failed to ensure that all staff were trained to the appropriate level in fire safety.
- They were unable to demonstrate that staff received an adequate induction and regular appraisals.

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

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not ensure that persons employed by the service provider in the provision of a regulated activity were of good character and had the qualifications, competence and skills to carry out their roles.

This section is primarily information for the provider

Requirement notices

- They did not always carry out pre-employment checks including references, identity checks, qualification checks and Disclosure and Barring Service (DBS) checks.

This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.