

Stopsley Village Practice

Quality Report

26 Ashcroft Road
Stopsley
Luton
Bedfordshire
LU2 9AU

Tel: 01582722555

Website: www.stopsleyvillagepractice.co.uk

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Stopsley Village Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stopsley Village Practice on 10 December 2015. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. People received a verbal and written apology when required.
- Risks to patients were assessed but identified actions were not implemented fully enough, for example, in relation to fire safety and legionella.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there was no recruitment policy and some pre-employment checks were lacking. Essential training had not been completed by all staff members.
- Data showed patient outcomes were average for the locality.

- Audits had been carried out, and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, some felt the reception staff were sometimes abrupt when under pressure.
- Urgent appointments were available on the day they were requested.
- The practice had sought feedback from patients and had a patient participation group.

The areas where the provider must make improvements are:

- Develop a process to ensure that patient specific directions (PSDs) are signed by a GP prior to the administration of vaccines by the health care assistant. Implement a cold chain policy to give advice to staff on the processes to follow to maintain the appropriate conditions to transport, store and handle vaccines.
- Ensure that all staff employed are supported by receiving appraisals and complete the training essential to their roles

Summary of findings

- Review its procedures in relation to safeguarding children and vulnerable adults. In particular staff should receive training appropriate to their role, these patients should be reviewed with the multi-disciplinary team and it should be clear within the practice who is the safeguarding lead.
- Review infection control procedures including the carrying out of infection control audits and staff training. Establish who is the lead for infection control within the practice and consider the use of audits to ensure good infection control practices continue to take place
- Implement the actions identified in the risk assessments relating to fire safety and legionella. Complete a risk assessment to determine if a disclosure and barring (DBS) check is required for non-clinical staff performing chaperone duties.
- Develop a recruitment policy and ensure all necessary employment checks are made for all staff.
- Improve governance within the practice by identifying and communicating lead roles.

In addition the provider should:

- Review the access into the building and the facilities available for patients with mobility problems.

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 so a rating of inadequate remains 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.

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?

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Patients were at risk of harm because systems and processes had weaknesses and were not fully implemented in a way to keep them safe. For example not all staff had received essential training particularly in relation to safeguarding, infection control and fire procedures. Actions identified as a result of risk assessments had not been implemented.
- There was no recruitment policy, verbal references were sought but the documentation of these was lacking. The practice had not completed a risk assessment to determine if it was necessary for a DBS check to be completed on non-clinical staff performing chaperone duties.
- There was no cold chain policy and actions had not been taken when the vaccine fridge temperature had exceeded the maximum safe limit to keep vaccines viable.
- Patient Specific Directions (PSDs) were not signed by a GP before the health care assistant administered vaccines.
- There was insufficient attention to safeguarding children and vulnerable adults. Staff were able to recognise or respond appropriately to abuse but they did not know who the safeguarding lead was and they had not received safeguarding training. These patients were not discussed at multi-disciplinary team meetings.
- Some staff groups in particular reception staff were feeling under pressure due to staffing numbers. We were informed that the practice was restricted in the number of staff that it could employ due to the limitations of the building.

Inadequate



Are services effective?

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 at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Requires improvement



Summary of findings

- Clinical audits demonstrated quality improvement.
- The practice was not making use of appraisals to identify the learning and development needs of staff.
- Multidisciplinary working was taking place but did not include discussions regarding patients in vulnerable circumstances or children identified as at risk or in need.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with doctors and nurses.
- Patients said they were treated with compassion, dignity and respect most of the time 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 observed that members of staff were helpful and courteous to patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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.
- Urgent appointments were available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice was not well equipped to treat patients with mobility difficulties.

Are services well-led?

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

Inadequate



- It had a vision and a strategy and had made plans for the future to become a training practice.
- There was a leadership structure but it was not clear who the identified leads were for areas such as safeguarding and infection control.

Summary of findings

- Staff informed us that most of the GP partners and the practice manager were approachable and listened to their concerns.
- The practice had a number of policies and procedures to govern activity, but essential ones were missing, for example there was no recruitment policy and no cold chain policy.
- The practice proactively sought feedback from patients and had a patient participation group (PPG).
- Staff told us they had not received regular performance reviews and appraisals and did not have clear objectives.
- Some essential staff training had not been completed particularly in relation to safeguarding, infection control and fire safety.

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 provider was rated as inadequate for safety and well led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice offered proactive, 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.
- Telephone prescription requests were available for older people.

Inadequate



People with long term conditions

The provider was rated as inadequate for safety and well led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some 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.
- Performance for diabetes related indicators was better than the CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. 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.

Inadequate



Families, children and young people

The provider was rated as inadequate for safety and well led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

Inadequate



Summary of findings

- There were systems in place to identify 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 but they were not discussed and reviewed at multi-disciplinary team meetings.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 88% which was better than the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children but there was limited space to manoeuvre pushchairs and prams.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as inadequate for safety and well led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Appointments were available on Saturday mornings that were useful for patients who worked during the week.

Inadequate



People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety and well led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.

Inadequate



Summary of findings

- Appointments were available on a Saturday morning for people with a learning disability when the practice was less busy to help reduce distress.
- The practice did not discuss the case management of vulnerable people at meetings with the multi-disciplinary teams.
- It had told 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety and well led and requires improvement for effective. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 73% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Performance for mental health related indicators was better than the CCG and national average.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- Clinical staff had an awareness of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results gave a mixed response. In some areas the practice was performing below the local and national averages but was above in others. There were 295 survey forms distributed and 115 were returned.

- 51% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 81% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 66% described their experience of making an appointment as good (CCG average 67%, national average 73%).

- 87% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the care experienced from the GPs and nursing staff although some referred to unhelpful reception staff.

We spoke with six patients during the inspection. All six patients told us that the GPs and nurses treated them with dignity and respect and that generally the reception staff were helpful and caring. Some patients commented that on occasions the reception staff had been less friendly but said they noticed it seemed to be that they were so constantly busy.

Stopsley Village Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stopsley Village Practice

Stopsley Village Practice provides a range of primary medical services to the residents of Stopsley, a residential suburb of Luton, and the surrounding areas.

The practice population is of mixed ethnic background and national data indicates the area is one of mid deprivation. The practice has approximately 10,300 patients and services are provided under a general medical services contract (GMS).

The practice is led by five (4.75 whole time equivalent) GP partners, three male and two female with the support of a practice manager. The nursing team consists of four (1.87 whole time equivalent) practice nurses, all female. There are also a number of reception and administration staff.

The practice is open from 8am to 6.30pm Monday to Friday and from 8.30am to 11.30am on Saturday. The practice closes from 12.30pm to 1.30pm every Monday to allow for staff meetings and training. Patients can still contact the practice for emergencies during this time. Appointments are available from 8am to 12.30pm and 1pm to 6.30pm Monday to Friday and on Saturdays from 8.30am to 11.30am.

When the practice is closed out-of-hours services are provided by the Luton Out of Hours service which is run by Care UK and can be accessed via the NHS 111 service.

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

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 10 December 2015. During our inspection we spoke with a range of staff including GPs, nurses, the practice manager, reception and administration staff. We also spoke with patients who used the service and members of the patient participation group (PPG). We observed how staff interacted with patients during their visit to the practice. We 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:

Detailed findings

- 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 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.

Are services safe?

Our findings

Safe track record and learning

The practice had a protocol in place to follow when significant events and incidents had been identified.

- There was a recording form for staff to complete if a significant event or incident occurred and they would inform the practice manager.
- We saw that the forms were comprehensively completed with learning points and identified actions documented. All the GP partners countersigned the forms to say they agreed with the findings.
- All significant events were discussed at the clinical meetings.
- The practice carried out an analysis of significant events annually to identify any trends.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The systems, processes and practices in place to keep people safe and safeguarded from abuse were lacking in many areas. For example,

- The practice had policies in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and these were accessible to all staff on their computers or in hardcopy format. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had identified a lead member of staff for safeguarding but not all staff including some of the GPs were aware of who this was. Staff did inform us that if they had a concern they would speak to a GP regarding this. Staff demonstrated they understood their responsibilities but they had not received training relevant to their role. All five GPs were trained to Safeguarding level 3. An alert was placed on the electronic patient record if a safeguarding concern was identified. We were informed that the practice held monthly multi-disciplinary team meetings with community nurses and health visitors but none of the identified children at risk or in need or vulnerable adults were discussed at these meetings.
- There were notices in the consultation rooms advising patients that chaperones were available. We were informed that nursing staff would normally act as chaperones but sometimes the reception staff were asked to carry out this role. None of the reception staff had received training for the role and most had not had 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). The practice had not completed a risk assessment to determine if it was necessary for a DBS check to be completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. It was not clear if there was an infection control lead. A member of the nursing team was identified in the infection control policy as the lead but staff including the practice manager and the GPs were not aware of this. There was an infection control protocol in place and but no members of staff had received up to date training. There had been no annual infection control audits carried out although we did see evidence that the practice was implementing good infection control practice, for example elbow taps, pedestal bins and laminate flooring were in use in the clinical areas.
- There were some arrangements in the practice for managing medicines, including emergency drugs and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). However, we found some of the processes lacking. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations. We noted that the PSDs were not signed by a GP before the health care assistant administered vaccines. We were informed that the health care assistant noted which patients had received a vaccination then asked the GP to sign the PSD after they had been vaccinated. Vaccinations and immunisations were stored in the appropriate fridge

Are services safe?

and we saw the fridge temperatures were monitored and logged daily by the reception staff. However, we saw that the maximum temperature had been exceeded on many occasions but no actions had been taken. We were assured by the practice that they would cease using the vaccines until they had sought advice from the vaccine manufacturers on the appropriate action to take. Records showed that on a previous occasion the temperature had been too low and the practice had taken action to rectify this as well as seeking advice from the vaccine manufacturer on actions to take. The practice did not have a cold chain policy that gave advice to staff on the processes to follow to maintain the appropriate conditions to transport, store and handle vaccines.

- The practice did not have a recruitment policy. We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment for some staff. For example, there was proof of identification for the clinical staff but not for the non-clinical. Verbal references had been sought for all staff but there was not a record completed of who was spoken to and on what date and verification of employment history for the non-clinical staff. There were brief notes made for the nurses. Confirmation of registration with the appropriate professional body had been made. The clinical staff, health care assistants and phlebotomists had all had the appropriate checks through the Disclosure and Barring Service. In the absence of a recruitment policy it was not clear that equality and diversity principles were followed when recruiting staff. For example, we were informed that one of the criteria for recruiting reception staff was that they should live within walking distance of the practice.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

Monitoring risks to patients

Risks to patients were assessed but appropriate identified actions had not always been taken.

- The practice had an up to date fire risk assessment but they were not carrying out the recommended actions. For example, they did not have regular fire drills, there was no designated meeting point identified and staff

had not received any up to date fire training. We were informed the smoke detectors and emergency lighting were checked occasionally but there was no documented evidence of this. The fire extinguishers were checked annually and had been done in February 2015.

- There was a legionella risk assessment completed in January 2015 but the identified action of completing monthly checks of the water temperatures had not been done.
- All electrical equipment was checked in December 2015 to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly in November 2015.
- There was a health and safety policy available with a poster in the reception office and other risk assessments were in place such as control of substances hazardous to health.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We were informed that reception staff covered each other's absences by working agreed overtime to ensure that the reception desk was fully manned at all times.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Clinical staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. There was no formal process for NICE guidelines to be received within the practice but the clinicians we spoke with informed us that they received them individually.
- New NICE guidelines were discussed at clinical meetings to ensure the GPs and nurses were up to date.

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 showed the practice achieved 99% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 97% of available points compared to the CCG average of 85% and the national average of 89%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 97% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 96% of available points compared to the CCG average of 90% and the national average of 93%.
- Performance for dementia related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 87% and the national average of 95%.

Clinical audits demonstrated quality improvement. There had been five clinical audits completed in the last two

years, two of these were completed audits where the improvements made were implemented and monitored. For example, one of the audits showed an improvement in the number of patients receiving appropriate prophylaxis antibiotic therapy and vaccinations following a particular type of surgery.

Effective staffing

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

- The practice had a new recruit induction programme that acted as a checklist for new starters to ensure they were familiar with their new work environment. The programme covered such topics as health and safety, fire awareness and policies and procedures. We were informed they worked alongside other staff members until they were competent to work alone. There was a three month probation period and their performance was reviewed at this time. There was no evidence of formal training, for example, relating to safeguarding and infection control during this time although all staff we spoke with had an awareness of these areas.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff such as those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice had employed a new practice nurse within the last year and we saw that they had been provided with the appropriate clinical training to carry out their role.
- The practice was not making use of appraisals to identify the learning and development needs of staff. None of the staff had had a formal appraisal for many years. Identifying learning and development was done on an informal basis and we did see evidence that staff had received some development opportunities. For example, some members of the reception team had received training in phlebotomy, to enable them to take blood samples. However, some of the staff we spoke with informed us there was limited opportunity to develop.
- All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation.

Are services effective?

(for example, treatment is effective)

- All staff had received basic life support training within the past 12 months. Other essential training including safeguarding, fire procedures, infection control and information governance awareness had not been completed.

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.

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

Staff worked together and with other health and social care services 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. These meetings did not include discussions regarding patients in vulnerable circumstances or children identified as at risk or in need.

Consent to care and treatment

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

- Clinical staff we spoke with 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.
- Written consent forms were used for most minor procedures. We were informed that they were not used for the insertion of contraceptive implants. Consent forms were scanned and kept in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure.

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. Patients were then signposted to the relevant service. A member of the reception team had been trained to offer smoking cessation advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 88% which was better than the CCG average of 80% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 90% to 98%. Flu vaccination rates for the over 65s were 75%, and at risk groups 52%. These were comparable to the national average.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were helpful and courteous to patients and treated people with dignity and respect when they approached the reception desk. Reception staff directed patients appropriately and we noted staff providing help and advice on the telephone regarding their appointment and referrals to other services.

The consulting rooms had a separate room leading from them with a door which provided privacy and maintained patient's dignity during examinations 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. We noted there was no facility to discuss in private if a patient wanted to discuss sensitive issues with reception staff.

We spoke with six patients who told us that the GPs and nurses treated them with dignity and respect and that generally the reception staff were helpful and caring. Some patients commented that on occasions the reception staff had been less friendly but said they noticed it seemed to be that they were so constantly busy. During our inspection we noted that this was the case but the staff dealt with patients appropriately and were helpful.

All of the five patient CQC comment cards we received were positive about the care experienced from the GPs and nurses although some referred to unhelpful reception staff. Patients said they felt the practice offered a very good service and staff generally were helpful, caring and treated them with dignity and respect.

We also spoke with the chair of the patient participation group (PPG) who told us that the group was still establishing but the practice engaged well with them and listened to them. They had not yet developed plans for change and were still developing relationships and having discussions regarding areas of priority. They told us a GP and the practice manager always attended the meetings. 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 average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 83%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).

They scored below average for satisfaction scores regarding receptionists. For example:

- 81% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

The practice manager told us they recorded all telephone calls to and from reception and the recording ceased when the call was transferred to another extension. The PPG had suggested using the telephone recordings to help demonstrate areas for staff development and training. The PPG had not had a meeting since this had been suggested but told us it was being considered by the practice to help improve the patient experience.

Care planning and involvement in decisions about care and treatment

Patients 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. Most patients reported they had sufficient time during consultations to make an informed decision about the choice of treatment available to them but some stated there was not always enough time to do this. Some patients referred to specific examples of when they were well supported during complex treatments and praised the GPs highly. Patient feedback on the comment cards we received was also positive and aligned with these views.

Are services caring?

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. However, there was no signage anywhere in the practice advertising this service.

Patient and carer support to cope emotionally with care and treatment

We saw many signs and leaflets and notices in the patient waiting room which told patients how to access a number of support groups and organisations.

The practice identified patients who were also carers, for example when they registered with the practice. An alert was put on practice's computer system to alert the GPs. Carers were referred to a Carers Development Officer at the local borough council for additional support and the practice offered them an annual flu vaccination.

Staff told us that if families had suffered bereavement, the practice sent them a letter offering their condolences with a booklet that had guidance on what to do after someone dies and information regarding support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice building was very small for the amount of patients attending which placed restrictions on the services delivered. For example, the practice had an agreement with the CCG that they could close for one hour a week on a Monday from 12.30pm to 1.30pm to enable meetings and training to take place. The practice manager informed us that they could not increase the size of the workforce as the building was not large enough to accommodate them.

- The practice was open from 8am to 6.30pm Monday to Friday and offered appointments on Saturday mornings from 8.30am to 11.30am to enable patients who could not attend during normal working hours access to a GP.
- Appointments were available outside of school hours for children.
- There were longer appointments available for people with a learning disability.
- Annual health checks were available for people with learning disabilities and staff informed us they were given the option of a Saturday morning appointment when the practice was less busy to minimize distress to these patients.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone appointments were available daily for patients who could not attend the practice.
- Online appointment booking and online repeat prescription requests were available via the practice website.
- Elderly or housebound patients could request repeat prescriptions via the telephone.
- There were translation services available including access to British Sign Language interpreters for patients whose first language was not English or those with hearing difficulties.
- There was a ramp at the entrance to the building however, there was not an automatic door and no doorbell to alert practice staff if help was required to

open the front door. Inside the practice there was limited room to manoeuvre wheelchairs, prams and pushchairs. There were no access enabled toilets. Baby changing facilities were available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30pm every morning and 1pm to 6.30pm daily. Extended hours surgeries were offered from 8.30am to 11.30am every Saturday. 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 showed that patient's satisfaction with how they could access care and treatment was variable they were above local and national averages in some areas but below in others. People told us on the day that they were able to get appointments when they needed them.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 51% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 66% patients described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 89% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).

The practice had reviewed how easy it was to get through to the surgery by telephone and had started to utilise administration staff to support the receptionists at peak times to answer the telephones.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system on the practice website and in the patient information booklet. There was also a complaints information leaflet available at the reception desk for patients to take away.

We looked at 12 complaints received in the last 12 months and found they were satisfactorily handled in a timely way. There was evidence of openness and transparency with dealing with the complainant. Apologies were offered when

necessary. Complaints and lessons learned were discussed at clinical meetings and an annual review of all complaints was carried out to identify any trends. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice promoted the use of online appointment booking in response to a complaint about the length of time it took for reception staff to answer the telephone.

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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practice website. This stated the practice aimed to provide personalised, effective and comprehensive health care for all patients.
- The practice had plans for the future that included becoming a training practice.

Governance arrangements

The practice had some governance processes in place to support the delivery of the good quality care but they were lacking in some areas. For example,

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Due to the current staffing levels, staff informed us they felt they were under pressure.
- Annual appraisals and some essential staff training had not been completed.
- Reception staff acting as chaperones had not received training for this role and there was no risk assessment completed to determine if a disclosure and barring (DBS) check was required.
- There were some practice specific policies implemented and these were available to all staff but they did not cover all processes for example, there was not a recruitment policy or a cold chain policy.
- It was not clear if there was an infection control lead and infection control audits had not been completed.
- Some risk assessments had been done but the identified mitigating actions were not completed.
- There was a comprehensive understanding of the performance of the practice through the monitoring of the quality and outcomes framework (QOF).
- The practice used a programme of continuous clinical and internal audit which to monitor quality and to make improvements.
- Lead roles within the practice were not clearly defined and communicated to staff.

Leadership, openness and transparency

The practice was led by the five GP partners with the support of the practice manager. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that most of them were approachable and took the time to listen to members of staff. Comments were made by staff that the partners tended to work as individuals rather than as a group. None of the partners had clearly defined lead roles.

There were regular staff meetings and staff we spoke with informed us they could contribute items to the agenda and were involved in discussions.

The provider complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there was unexpected or unintended safety incidents the practice gave affected people a verbal and written apology.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had recommended that the practice used the recording of telephone calls to the receptionists to provide feedback and training to develop good customer service skills.
- They made use of the NHS Friends and Family Test, a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.
- The practice had also gathered feedback from staff through staff meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	How the regulation was not being met:
Maternity and midwifery services	The provider did not have a process in place to ensure that patient specific directions (PSDs) were signed by a GP prior to the administration of vaccines by the health care assistant.
Surgical procedures	This was in breach of Regulation 12 (1) and 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	The provider did not have a cold chain policy to give advice to staff on the processes to follow to maintain the appropriate conditions to transport, store and handle vaccines. The fridge temperatures had been recorded as above the maximum limit on a number of occasions but no action had been taken.
	This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	There was no clear lead for infection control. The practice was not carrying out infection control audits and staff had not received infection control training.
	This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	There was no clear lead for safeguarding within the practice. The provider did not review or discuss children identified as at risk or in need or vulnerable adults with the multi-disciplinary team.
	This was in breach of Regulation 12 (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider had not implemented actions identified in the risk assessments relating to fire safety and legionella. They had not completed a risk assessment to determine if a disclosure and barring (DBS) check is required for non-clinical staff performing chaperone duties.

This was in breach of Regulation 17 (2) (b) 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

How the regulation was not being met:

The provider was not carrying out appraisals for their staff or providing training essential to their role.

This was in breach of Regulation 18 (2) (a) 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

How the regulation was not being met:

The provider was not completing all the necessary employment checks. Verbal references were sought for all staff including the nurses but there was inadequate documentation of the discussion.

This was in breach of Regulation 19 (1) (a) and (b), Regulation 19 (2) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.