

# Vine Medical Centre

## 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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# 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 Vine Medical Centre on 15 December 2015. The practice was rated as requires improvement in safe, effective, responsive and well-led. They were good in caring. We carried out a further announced comprehensive inspection on 13 June 2016. The practice is rated as inadequate in well-led, good in safe, effective and caring and requires improvement in responsive. They are rated as requires improvement overall.

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.
- Risks to patients were generally assessed and well managed. However, the practice had not carried out regular portable appliance safety checks or undertaken a risk assessment relating to this.

- The practice had made improvements in relation to infection control and medicines management processes since their previous inspection in December 2015.
- Data showed patient outcomes were comparable to the national average. There was evidence of audits being carried out and used to drive improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. Patient feedback was positive in relation to people's experience of care and national survey results reflected this in terms of patient's involvement in their care planning and decisions.
- The practice had developed practice based services jointly with other providers such as diabetic and vascular clinics.
- A practice nurse had developed a respiratory support group for patients with respiratory conditions.
- The practice had procedures in place for managing complaints, however the review and subsequent learning from complaints was not sufficient.
- The practice had a number of policies and procedures to govern activity, but there was not a clear process in

# Summary of findings

place for the ratification and adoption of policies within the practice. Some policies were overdue a review and others had been adopted from external sources without being localised to the needs of the practice.

- A lack of overarching governance framework within the practice had been identified during inspection in December 2015. This was found to still be the case in relation to policy management and the management of records relating to this and recording meeting minutes.

The areas where the provider must make improvements are:

- Ensure that electrical appliances are safety checked on a regular basis and that decisions as to the timeliness of checks are formed as part of an assessment of risk.
- Ensure that complaints are managed in line with the practice policy and that reviews of complaints are held with clear records of identified trends, lessons learned and actions taken as a result to improve patient experience.
- Ensure there is a comprehensive system for the ratification, adoption and update of practice policies and that all staff are aware of this process.

- Ensure that minutes of meetings are being appropriately recorded with clear decisions and action points.

In addition the provider should:

- Ensure that appropriate positive action is taken regarding patient concerns about getting through to the practice by phone.
- Ensure that the patient participation group is effective in improving services for patients.

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

**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 good for providing safe services.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared and action was taken to improve safety within the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff within the practice had undertaken training at an appropriate level in the safeguarding of children and vulnerable adults.
- Risks to patients were generally assessed and well managed. However, the practice had not carried out safety checks on their portable appliances or undertaken a risk assessment relating to this when their records clearly stated the test was due in March 2016.
- Medicines were managed appropriately and the temperature of vaccine fridges was recorded and monitored regularly.
- The practice had improved their management of clinical waste following an inspection in December 2015.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Specific projects within the practice included hosting diabetic and vascular clinics and providing a support group for patients with respiratory conditions.

### 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

**Requires improvement**



- The practice 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.
- Feedback from patients reported that some had experienced difficulties getting through to the practice by phone in order to access appointments, although urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand. However, the process for review of complaints did not clearly identify learning, trends or positive action to improve patient experience.

## Are services well-led?

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

**Inadequate**



- The practice had a clear vision for delivering quality services and was in the process of developing their strategy.
- There was a clear leadership structure and staff felt supported by management.
- The practice had been issued with a requirement notice relating to the management of policies following their inspection in December 2015. During the June 2016 inspection we found that the practice had a number of policies and procedures to govern activity, but there was no system to ratify and adopt policies which led to duplication of some and others not being fully adopted. Some were out of date for review and others did not have a clear date in place.

# Summary of findings

- The practice held regular partner meetings and we were told issues were discussed with staff at meetings, however not all meetings were minuted and those that were did not include clear actions or key responsibilities, agenda items and attendance was not always clearly recorded.
- The practice had proactively sought feedback from staff and patients; however the virtual patient participation group required additional engagement and development to be effective.

# 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 providing responsive services and is rated inadequate for being well led. 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.

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice worked closely with other providers to offer care to meet the needs of older patients. This included creating more flexibility for older patients to book appointments in advance.
- Vulnerable older patients were identified and a personalised care plan was in place.
- The practice offered home visits to housebound patients.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for providing responsive services and is rated inadequate for being well led. 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.

- Performance for diabetes related indicators was comparable at 90.3% compared with 84.7% (CCG) and 89.2% (national).
- Nursing staff held key roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice worked with other providers to host both diabetic and vascular clinics within the practice.
- A practice nurse ran a support group for patients with respiratory conditions.
- Longer appointments and home visits were available when needed.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for providing responsive services and is rated inadequate for being well led. 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.

Requires improvement



# Summary of findings

- Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 95% compared to 82% to 87% locally. Vaccinations for five year olds ranged from 66% to 83% compared to 72% to 84%.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people.
- The practice's uptake for the cervical screening programme was 80.35% which was comparable to the national average of 81.83%.

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

The practice is rated as requires improvement for providing responsive services and is rated inadequate for being well led. 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 adjusted the services offered to meet these needs.
- Extended hours appointments were available up to 7.30pm three evenings a week.
- The practice offered online services as well as health promotion and screening services that reflects the needs of this age group.
- The practice holds NHS health check clinics and are able to add extra clinics to accommodate the demand.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for providing responsive services and is rated inadequate for being well led. 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 homeless people and those with a learning disability.
- Longer appointments were available for patients with a learning disability and annual health checks and care plans were carried out.

**Requires improvement**





# Summary of findings

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

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

The practice is rated as requires improvement for providing responsive services and is rated inadequate for being well led. 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.

- 88.89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84.01%.
- 85.4% of patients on the mental health register had a comprehensive care plan documented in their record compared with 78.7% (CCG) and 77.2% (national).
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were counselling services available to patients within the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing well in line with local and national averages in most areas, although there were issues in relation to getting through to the practice by phone. 247 survey forms were distributed and 113 were returned. This represented 1.8% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Comments included those relating to the kind and helpful staff, excellent care and patients feeling listened to. Four comments highlighted issues patients had experienced in getting thorough to the practice by phone and booking appointments.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Four of the patients we spoke with had experienced difficulties getting through to the practice by phone to book an appointment. The practice had undertaken their own survey and had taken action to improve access by informing patients of the best times to phone. They were planning on repeating the survey to see if this had led to improvements in satisfaction.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that electrical appliances are safety checked on a regular basis and that decisions as to the timeliness of checks are formed as part of an assessment of risk.
- Ensure that complaints are managed in line with the practice policy and that reviews of complaints are held with clear records of identified trends, lessons learned and actions taken as a result to improve patient experience.
- Ensure there is a comprehensive system for the ratification, adoption and update of practice policies and that all staff are aware of this process.

- Ensure that minutes of meetings are being appropriately recorded with clear decisions and action points.

### Action the service **SHOULD** take to improve

- Ensure that appropriate positive action is taken regarding patient concerns about getting through to the practice by phone.
- Ensure that the patient participation group is effective in improving services for patients.

# Vine Medical Centre

## 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 a practice manager specialist adviser.

## Background to Vine Medical Centre

Vine Medical Centre offers general medical services to approximately 6450 registered patients.

The practice provides services to a slightly higher number of patients under the age of 18 years when compared with the national average, particularly those under the age of four. The proportion of patients over the age of 65 is 3.5% lower than the national average and there are 7% less than the average number of patients living with a long-standing health condition. There are a greater proportion of patients in paid employment or full-time education and also higher levels of unemployment.

Care and treatment is delivered by four GP partners and one salaried GP. There are both male and female GPs. There are two practice nurses in post and a phlebotomist. There is a practice manager, office manager and a team of administration and reception staff.

The practice was inspected in December 2015 where they were found to require improvement overall and in safe, effective, responsive and well led.

The practice is open between 8.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am calls are directed to Care UK as part of the practice contract with the CCG. Extended hours appointments are available on a Monday, Tuesday and Friday evening until 7.30pm.

Services are provided from:

Vine Medical Centre

69 Pemberton Road

East Molesey

Surrey

KT8 9LJ

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hour's provider, 111.

## 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 13 June 2016.

During our visit we:

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

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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. For example we saw evidence of documented reflection and learning.

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, we saw that the practice provided education and learning around safeguarding for locum GPs following an incident.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place 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. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that handwashing training updates had been delivered following an audit.
- During an inspection in December 2015 we found that formal arrangements for the removal of clinical waste were not effectively in place and that sharps bins were not managed in line with national regulations. During our inspection on 13th June 2016 we found that the practice had increased the frequency of their waste management collections and that staff could request additional collections if required.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). For example following an inspection in December 2015 where it had been identified that the temperature of the vaccine fridges had not been checked on a daily basis the practice had implemented a system to ensure this was carried out. Processes were in place 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 ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Clinical equipment was checked to ensure it was working properly, however general electrical equipment such as portable appliances had not been checked to ensure the equipment was safe to use. For example testing had not been carried out since February 2014 and there was no evidence of this having been risk assessed within the practice and the practice had not followed their own plan for review by March 2016. Clinical equipment we viewed was working appropriately and there were no visible areas of concern on the day of inspection. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty, for example nursing staff worked a rota system to ensure maximum availability of nursing appointments throughout the week.

### 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. A first aid kit and accident book were 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 stored securely.
- 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records and discussions at meetings.

### 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 97.7% of the total number of points available. Exception reporting was in line with local and national averages at 7.1% compared with a national average of 9.2%. (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 2014/15 showed:

- Performance for diabetes related indicators was comparable at 90.3% compared with 84.7% (CCG) and 89.2% (national).
- Performance for mental health related indicators was better than average at 100% compared with 91.6% (CCG) and 92.8% (national).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 92.1% which was 11.9% above CCG and 8.5% above national averages.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was higher than the national average of 84.01% at 88.89%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last year, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included training and education for clinicians on appropriate prescribing of antibiotics. This led to an improvement in adherence to prescribing protocols within the practice.

Information about patients' outcomes was used to make improvements. For example, an audit of care plans and reviews of patients with long term conditions was carried out on a monthly basis to ensure that reviews are taking place in a timely way.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example nursing staff were trained in areas such as asthma and chronic obstructive pulmonary disease (COPD). One nurse also told us they worked closely with a visiting diabetic nurse specialist to ensure the care of patients with diabetes was up to date and of a good quality.
- 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



# Are services effective?

## (for example, treatment is effective)

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 practice had made improvements in terms of meeting the learning needs of staff which 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, and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff 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.

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. 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. The practice worked with a diabetic nurse specialist from a local NHS trust to run a weekly diabetic clinic with a GP at the practice. They also ran a monthly vascular disease outpatient clinic with a visiting NHS consultant. Links with the local community medical team were in place and records were shared and information accessed as required.

### 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.

### 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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- One of the practice nurses ran a respiratory support group for patients with issues such as COPD (chronic obstructive pulmonary disease) that included gentle exercises and talks from external speakers.

The practice's uptake for the cervical screening programme was 80.35% which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place such as regular audits to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 95% compared to 82% to 87% locally. Vaccinations for five year olds ranged from 66% to 83% compared to 72% to 84%.

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



# Are services effective?

(for example, treatment is effective)

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 very helpful to patients and treated them with dignity and respect.

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

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with seven patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also offered carers longer appointments at a time that suited them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to provide support and advice.

# 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 offered extended hours evening appointments on a Monday, Tuesday and Thursday evening until 7.30pm 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 require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice accessed support from a visiting diabetic nurse specialist who ran a monthly clinic at the practice.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 8.00am and 8.30am urgent enquiries could be directed to a GP through the out of hours service. Appointments were available until 7.30pm on three evenings each week. In addition to pre-bookable appointments that could be booked up to four 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 comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 75%.

- 61% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 71% of patients described their experience of making an appointment as good compared to the national average of 73%.

People generally told us on the day of the inspection that they were able to get appointments when they needed them. However, four of the seven patients we spoke to told us they had experienced some difficulty getting through to the practice by phone in order to make an appointment. The practice were aware of this issue following a patient survey and as a result had made changes to the information they gave patients about phoning the practice.. There were plans in place to carry out a further survey to evaluate if this had resulted in improvements to patient experience in July 2016, six months following the previous survey.

### 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.
- 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 including a summary leaflet which was available within the practice.

We looked at six complaints received since the practice's previous inspection in December 2015. We found that these had all been reviewed and there was evidence of prompt responses and communication with complainants. This demonstrated an improvement since the previous inspection of complaints being acknowledged in a timely way.

There was a complaints procedure in place within the practice and this stated that an annual review of complaints would incorporate a review of all complaints received and any learning or changes to procedures that had arisen. We reviewed this report and found that this was a summary of non-clinical complaints and did not include details of learning or changes made as a result. Within the

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

report there was a statement that clinical complaints had been discussed with GPs. GP meetings were not always minuted and those that were did not include discussions around complaints.

A complaint from a patient who was unhappy with another patient being called in to the room when they were still getting dressed following a flu vaccination was not included in the complaints report. Action taken appeared to focus on informing the patient about the procedure and

appropriate dress as opposed to any learning for the practice staff. Similarly, minutes from a staff meeting on 11 February 2016 showed a discussion about a verbal complaint regarding an incident where a patient was unhappy with a member of staff walking into a room where the patient was in the process of having a blood test. This complaint was not recorded in line with the complaints procedure.

# 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. However, they did not have a clearly defined strategy. The practice had experienced a high level of demand from patients who had transferred from a neighbouring practice and staffing issues had impacted on the practice in terms of their time in order to focus on the future. However, we were told by partners and staff that discussions had occurred recently in terms of planning for the future. For example, we viewed minutes of a partners meeting that was attended by the salaried GP also, where discussions had been held around succession planning and the future. Other issues discussed included the possible use of treatment rooms that were currently under used and the possibility of the practice becoming a training practice. There were no clearly documented plans in place relating to this at the time of our inspection.

### Governance arrangements

The practice had made some improvements to their overarching governance framework since their inspection in December 2015. On this inspection we found that there was a need for significant improvement due to the ongoing breach of regulations.

- Appropriate monitoring of electrical equipment was not being carried out within the practice, for example there was no record of visual checks of equipment and while the practice told us a review had been due by March 2016 this had not been carried out.
- Complaints were being addressed however the oversight of complaints was not effective and did not include clear identification of trends, lessons learned and actions taken as a result to improve patient experience.
- Practice specific policies were implemented and were available to all staff. However, during the December 2015 inspection we found that some policies were due for review. During the inspection in June 2016 we reviewed a number of policies and again found that not all policies and procedures were up to date or had been reviewed. For example a clinical waste management protocol was undated and had not been adapted to local practice and included reference to an outside collection bin which the practice did not have in use. An

emergency incident procedure and a Mental Capacity Act 2005 policy had no date recorded on them. Hand hygiene and sharps management policies had been due for review on 13 January 2016 but this had not been done. The management of sharps was detailed in three separate policies (referred to as waste management, handling and disposal of sharps and management of sharps policies) leading to potential confusion for staff.

- The process of adopting policies was unclear. For example, it was evident that some policies had been adopted from external sources but had not been localised to the needs of the individual practice. In addition we saw that a cold chain procedure had been adopted by the nursing staff and was available in the nurse's room but this was not held on the intranet or in the policy folder within the practice. The practice manager told us they were not aware that this policy was in place. Staff were unclear about the process for policy ratification by the partners and subsequent adoption by the practice.
- In December 2015 it had been identified that there was a lack of arrangements in place to ensure that GPs and nurses had the opportunity for joint learning. Nursing staff told us that there had been discussions about meeting regularly but that this had proved to be difficult due to a lack of crossover time between staff. We viewed minutes of meetings such as some partner meetings and staff meetings. Partner meetings were held on a weekly basis and not all of these were minuted. Staff meetings were held in a more ad hoc fashion and we reviewed the minutes of one meeting held in February 2016. Meeting minutes did not include the decisions made.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Improvements since the previous inspection included the development of clinical and internal audits to monitor quality and make improvements, improvements to the risk assessment processes were also apparent, particularly in relation to fire safety.

### Leadership and culture

Staff told us the GP partners 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.

# Are services well-led?

Inadequate 

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

The provider was aware of and had systems in place 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 in place 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings although attendance at these and recording could be more ad hoc. For example, nursing staff told us they were not always involved in 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 and the manager in the practice. 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. A patient survey had highlighted concerns about the telephone system and getting through to the practice by phone. As a result the practice had changed the recorded message to inform patients of the best time to phone for appointment and non-appointment related matters. The practice were due to re-survey patients in July 2016 to identify if improvements had been experienced and we were told that discussions had been held within the practice of the possibility of an additional phone line.
- The practice had a virtual PPG in place although during our inspection in December 2015 it had been identified that further engagement and development was required. Staff told us they had made the decision to develop their PPG into a face to face group, however limited action had been taken to progress this in relation to meetings being held.
- The practice had gathered feedback from staff through general discussions, meetings and appraisals. 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.

## Continuous improvement

There were some processes in place to support continuous learning and improvement at all levels within the practice. The practice team had been involved in setting up additional services to benefit patients such as diabetic and vascular clinics within the practice. They had also been involved in the development of a community medical team within the locality to improve care for vulnerable patients. One of the practice nurses ran a respiratory clinic on a voluntary basis for patients within the practice with COPD (chronic obstructive pulmonary disease) which included gentle exercise and the opportunity to receive advice from external speakers.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>Good Governance.</b></p> <p>We found that the registered provider had not always maintained systems and records which are necessary to be kept in relation to the management of the regulated activity.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>