

Henley Green Medical Centre

Quality Report

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Date of inspection visit: 10 January 2017
Date of publication: 25/04/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Henley Green Medical Centre on 10 January 2017. Overall the practice is rated as requires improvement.

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. All opportunities for learning from internal and external incidents were maximised.
- Risks to staff and patients were not always assessed and well managed. Staff had not received a full range of appropriate training and there was no evidence of health and safety or fire risk assessments. The practice did not carry out fire evacuation drills.
- The practice carried out clinical audit activity. However, none of the audits we saw demonstrated improvements to patient care as a result of the audit.
- The practice had not followed their own recruitment policy when appointing staff. Staff members had been appointed without proof of experience or references being sought.
- Feedback from patients about their care was positive compared to local and national averages. Patients reported that they were treated with compassion, dignity and respect.
- Patients were able to access same day appointments. Pre-bookable appointments were available within acceptable timescales. Feedback from patients about access to services was consistently higher than local and national averages.
- The practice had a number of policies and procedures to govern activity, which were easily accessible to staff.
- The practice sought feedback from patients and implemented suggestions for improvement and made changes to the way they delivered services in response to feedback.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring

Summary of findings

effectiveness and had achieved an overall result which was lower than local and national averages. Practice clinicians were unable to explain some high clinical exception rates.

- Information about services and how to complain was available and easy to understand.

However, there were areas where the provider must make improvements. Importantly, the provider must:

- Ensure staff employed by the provider receive such training as is necessary to enable them to carry out the duties they are employed to perform safely and effectively.
- Ensure appropriate pre-employment checks are completed for all staff employed by the practice in line with their recruitment policy
- Ensure risks to the health and safety of staff and service users receiving care and treatment are assessed and effectively managed.
- Ensure all staff who act as a chaperone undertake a disclosure and barring service (DBS) check and appropriate training.
- Develop a more effective programme of quality improvement activity including clinical audit.
- Put an effective system in place to enable the practice to satisfy themselves that appropriate action has been taken in relation to patient safety alerts.

The practice should also:

- Educate staff on the existence of the practice business continuity plan, business continuity arrangements and their responsibilities in relation to this.
- Review the decision that GPs do not carry a range of emergency medicines for use in acute situations when on home visits. Keep a written record of what the review considered and the outcome.
- Make arrangements for relevant staff to receive Hepatitis B immunisation boosters.
- Continue to improve the arrangements in place to monitor patients prescribed high risk medicines.
- Encourage patients to engage with national cancer screening programmes, especially in relation to screening for breast cancer.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it 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 inadequate for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. 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 reasonable support, truthful information, and verbal or written apologies. We were not assured that there was an effective system in place to ensure appropriate action was taken in relation to patient safety alerts.

The practice was clean and hygienic and good infection control arrangements were in place. However, staff, including those who may have direct contact with patients' blood or bodily fluids, were overdue their Hepatitis B booster.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Although the practice was able to provide us with a copy of their business continuity plan post inspection staff we spoke with during the inspection were not aware of the plan, business continuity arrangements or their responsibilities in relation to this.

Comprehensive staff recruitment and induction policies were in operation. However, the practice had not followed their own recruitment policy when appointing a member of staff and had failed to seek references and full details of their previous periods of employment.

Chaperones were available if required but not all staff who acted as chaperones had undertaken appropriate training and a DBS check. Nor was there a risk assessment in place detailing why this was not felt to be necessary.

Staff had not undertaken fire safety training and the practice had not carried out a fire risk assessment or fire evacuation drills. Nor had they carried out any health and safety risk assessments.

Inadequate



Are services effective?

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

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to

Requires improvement



Summary of findings

support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment. However, not all staff had received the full range of training appropriate to their roles, including, for example infection control and information governance.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly lower than local clinical commissioning group (CCG) and national averages. The practice used the QOF as one method of monitoring effectiveness and had attained 91.3% of the points available to them for 2015/16 compared to the local CCG average of 94.5% and national average of 95.4%. However, clinicians were unable to explain some areas of high exception reporting.

Achievement rates for cervical and bowel cancer screening were comparable with local and national averages. For example, at 81.3% the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to the CCG average of 82.1% and national average of 81.4%. However, at 45.5% the percentage of women screened for breast cancer within six months of invitation was lower than the CCG average of 72.1% and national average of 72.8%. Practice childhood immunisation rates were above national averages. The practice had scored 9.7/10 compared with the national average score of 9.1/10 in respect of the vaccinations given to two year olds.

There was evidence of clinical audit activity. However, not all of these were completed two cycle audits demonstrating improvements in patient outcomes

Staff received annual appraisals during which personal development and training plans were discussed.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Results from the National GP Patient Survey published in July 2016 were either comparable with or above local and national averages in respect of providing caring services. For example, 89% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 89% and national average 89%) and 98% said the last nurse they saw or spoke to was good at listening to them (CCG average 91% and national average was 91%).

Results also indicated that 91% of respondents felt the last GP they saw or spoke with treated them with care and concern (CCG average 85% and national average of 85%). 95% of patients felt the nurses treat them with care and concern (CCG average 90% and national average 91%).

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services. At the time of our inspection they had identified 70 of their patients as being a carer (approximately 1.5% of the practice patient population). They did not have any formal arrangements in place to support patients known to have experienced bereavement or patients recently discharged from hospital.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and identified themes arising from them.

The practice's performance in relation to access in the National GP Patient Survey were higher than local and national averages. For example, the most recent results (July 2016) showed that 96% of patients found it easy to get through to the surgery by phone (CCG average and national average 73%) and 92% were able to get an appointment (CCG average 83% and national average 85%).

The practice was able to demonstrate that they continually monitored the needs of their patients and generally responded appropriately.

The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients. For example, as a result of a patient survey

Good



Summary of findings

carried out in 2013 the practice had installed a new heating system and chairs in the waiting room and had also introduced an appointment telephone triage system so that patients could access appointments within 48 hours.

Are services well-led?

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

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

However, we did not feel assured that there was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice had a five year business plan which was regularly reviewed and looked at issues such as staff (including succession planning), premises, expansion, the merger with another local practice and income.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GPs and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on. They had an active patient participation group who reported that they felt involved and listened to.

There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported Quality and Outcomes Framework (QOF) data for 2015/16 showed the practice had achieved good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients experiencing atrial fibrillation, heart failure and osteoporosis and for those requiring palliative care.

The practice was able to demonstrate effective collaborative working with multi-disciplinary professionals including district nurses and the community matron to reduce admissions to hospital for high risk patients.

Requires improvement



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. Since December 2016 the practice had moved towards offering patients with multiple long term conditions one fully comprehensive review whenever possible.

The QOF data for 2015/16 provided by the practice showed that they had achieved mixed outcomes in relation to the conditions commonly associated with this population group. For example the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with chronic kidney disease, depression and epilepsy but had scored below local and national averages for chronic obstructive pulmonary disease, diabetes, hypertension and secondary prevention of coronary heart disease.

Requires improvement



Summary of findings

The practice hosted diabetic retinal screening days which they used as an opportunity to streamline diabetic care and reviews. The practice also offered an insulin initiation service as well as spirometry screening and phlebotomy services.

Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

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

Data available for 2015/16 showed that the practice childhood immunisation rates for the vaccinations given to two year olds were above the national average resulting in the practice scoring 9.7/10 compared to the national average of 9.1/10. For five year olds this ranged from 90% to 100% (compared to CCG range of 94.7% to 99.2% and national range of 87.7% to 93.9%).

At 81.3%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 82.1% and national average of 81.4%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice on a weekly basis. The practice also offered contraceptive services to their own patients as well as patients registered with neighbouring practices and were aiming to become the contraceptive hub for the North East of Coventry.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as inadequate for providing safe services and as requires improvement for providing effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

The needs of the working age population, those recently retired and students had been met. The surgery was open from 8am to 6.30pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to midday then 3pm to 6pm) and from 8am to 1.30pm on a Thursday (appointments from 8.30am to midday).

The practice offered sexual health and contraception services, travel advice, childhood immunisation service, antenatal services and long term condition reviews. They also offered new patient and NHS health checks (for patients aged 40-74). At 45.5% the percentage of women screened for breast cancer within six months of invitation was lower than the CCG average of 72.1% and national average of 72.8%.

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A blood pressure, height and weight machine was available in a communal area of the practice to enable patients to take their own readings. The results were then saved to a patient's medical record and a system was in place to ensure any out of range results were reviewed by a practice clinician.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances, including 43 patients who had a learning disability. Patients with a learning disability were offered an annual health check and flu immunisation.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staffs were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours. However, not all staff had received safeguarding training at a level appropriate to their role.

The practice identified carers and ensured they were offered appropriate advice and support and an annual health check and flu vaccination.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

QOF data for 2015/16 provided by the practice showed that they had achieved the maximum score available for caring for patients with dementia and depression although below local and national averages for caring for patients with mental health conditions.

Patients registered with the practice were able to access on site counselling and cognitive behavioural therapy services provided by the local Improving Access to Psychological Therapies (IAPT) team. The lead GP was in the process of undertaking a primary care diploma in mental health.

Requires improvement



Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was comparable with or higher than local clinical commissioning group and national averages. Of the 356 survey forms distributed, 109 were returned (a response rate of 31%). This represented approximately 2.4% of the practice's patient list. For example, of the patients who responded to their survey:

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

- 90% said their GP was good at explaining tests and treatment (CCG average 85%, national average 86%)
- 95% said the nurse was good at treating them with care and concern (CCG average 90%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included caring, professional, excellent, efficient, courteous and helpful.

We spoke with six patients during the inspection, two of whom were members of the practice patient participation group. All six said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff employed by the provider receive such training as is necessary to enable them to carry out the duties they are employed to perform safely and effectively.
- Ensure appropriate pre-employment checks are completed for all staff employed by the practice in line with their recruitment policy
- Ensure risks to the health and safety of staff and service users receiving care and treatment are assessed and effectively managed.
- Ensure all staff who act as a chaperone undertake a disclosure and barring service (DBS) check and appropriate training.

- Develop a more effective programme of quality improvement activity including clinical audit.
- Put an effective system in place to enable the practice to satisfy themselves that appropriate action has been taken in relation to patient safety alerts.

Action the service **SHOULD** take to improve

- Educate staff on the existence of the practice business continuity plan, business continuity arrangements and their responsibilities in relation to this.
- Review the decision that GPs do not carry a range of emergency medicines for use in acute situations when on home visits. Keep a written record of what the review considered and the outcome.

Summary of findings

- Make arrangements for relevant staff to receive Hepatitis B immunisation boosters.
- Continue to improve the arrangements in place to monitor patients prescribed high risk medicines.
- Encourage patients to engage with national cancer screening programmes, especially in relation to screening for breast cancer.

Henley Green Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. A GP specialist advisor was also in attendance.

Background to Henley Green Medical Centre

Henley Green Medical Centre provides care and treatment to approximately 4,611 patients from the Henley Green area of Coventry. The practice is part of the NHS Coventry and Rugby Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Henley Green Medical Centre

Henley Road

Coventry

CV2 1AB

The surgery is located in a purpose built building which was erected in 1989. All reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park is available and on-street parking is also available nearby.

The surgery is open from 8am to 6.30pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to midday then 3pm to 6pm) and from 8am to 1.30pm on a Thursday (appointments from 8.30am to midday).

The service for patients requiring urgent medical attention out-of-hours and on a Thursday afternoon is provided by West Midlands Ambulance Service/Virgin Care and the NHS 111 service.

Henley Green Medical Centre offers a range of services and clinic appointments including long term condition reviews, smoking cessation, family planning, childhood health and ante and post-natal services. The practice also offers minor surgery, spirometry and phlebotomy services.

The practice consists of:

- Two GP partners (one male and one female)
- Two salaried GPs (one male and one female)
- Two practice nurses (both female)
- Two healthcare assistants (female)
- Nine non-clinical members of staff including a practice manager, medical secretary, prescription clerks, an IT assistant, receptionists, a scanner and a summariser.

The practice has been a training practice since 2014 and involved in the training of qualified doctors interested in pursuing a career as a GP. The practice has also been accredited with the Primary Care Research Network (PCRN) as a 'research ready' practice since 2011. This means that the practice is actively involved in clinical research and their patients are able to participate in clinical trials should they wish to do so.

At the time of our inspection the practice was in the process of merging with another local practice, The Crossley Practice. The merger was due to be finalised later in the year when The Crossley Practice had migrated to the same computer system used by Henley Green Medical Centre. It was envisaged that the merged practices would continue to deliver services from both sites until the proposed expansion and refurbishment of Henley Green Medical Centre was completed which would not be until 2018.

Detailed findings

The average life expectancy for the male practice population is 75 (CCG average 78 and national average 79) and for the female population 81 (CCG average 82 and national average 83). Approximately 50% of the patients registered with the practice were male and 50% female.

At 65.8%, the percentage of the practice population reported as having a long standing health condition was higher than the CCG average of 54.2% and national average of 54%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services. At 60.7% the percentage of the practice population recorded as being in paid work or full time education was lower than the CCG average of 63.1% and national average of 61.5%). The practice area is in the most deprived decile. Deprivation levels affecting children and adults were higher than local and national averages.

Why we carried out this inspection

We inspected this service as part of our 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

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 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)

Before visiting, 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 visit on 10 January 2017. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, a practice nurse, a health care assistant, the practice manager and a member of the non-clinical staff team. We spoke with six patients, two of whom were members of the practice patient participation group and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed 13 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services. We also obtained the views of the community matron who worked closely with, but was not employed directly by the practice.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this. There was evidence of significant events, lessons learned and trends and themes being discussed at practice and clinical meetings. The practice recorded relevant significant events and safeguarding incidents on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS) when appropriate. The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. We reviewed the three significant events the practice had recorded during the previous 12 months and found evidence of appropriate action being taken. For example, the practice had recorded a significant event where a patient had been given a vaccination of a medicine that had passed its expiry date. The clinician involved had immediately contacted the manufacturer of the medicine for advice and guidance and had informed the patient of the error and what this meant. As a result of the event the practice had implemented a more robust system for checking the expiry date of medicines requiring refrigeration and a system to ensure the expiry date was checked again before use.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place which kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. However, although staff were able to demonstrate that they understood their responsibilities in relation to safeguarding not all had received training. For example, there was no evidence of some clinical and non-clinical staff having undertaken adult safeguarding training and a non-clinical member of staff had not undertaken any child safeguarding training.
- Chaperones were available if required. However, not all of the staff who acted as a chaperone had received appropriate training or 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). Nor was there a risk assessment in place detailing why this had not been felt to be necessary. The practice manager told us that chaperone training had been arranged for the following week.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place and regular infection control audits were carried out where action plans were identified and monitored. An infection prevention and control policy was in place.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the arrangements for recruiting staff and found that appropriate recruitment checks had not been undertaken for all staff prior to employment. For example, there was no evidence of references being sought for the most recently appointed health care assistant despite the practice recruitment policy stating that this should have been the case.
- The practice's approach to the handling and reporting of significant events and complaints ensured that the provider complied with their responsibilities under the Duty of Candour regulation. (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.)
- Patient safety alerts were cascaded to relevant staff for appropriate action and we saw evidence that recent patient safety alerts had been appropriately dealt with. However, there was no system in place to log the alerts or to ensure that appropriate action had been taken in response.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had recently reviewed their arrangements for checking the expiry dates of medicines requiring refrigeration as a result of a significant event.

- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals and non-prescribers, such as nurses and health care assistants, to supply and administer specified medicines, such as vaccines.

Monitoring risks to patients

We were not assured that risks to patients were comprehensively assessed and managed:

- There were some processes in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster was displayed in a communal area of the practice. However, there was no evidence of any health and safety or fire risk assessments and staff had not undertaken any fire safety training. In addition, although fire alarms were tested on a weekly basis there was no evidence of any fire evacuation drills being carried out. The practice manager told us that the arrangements for evacuating during a fire had been discussed at a practice meeting and that staff were aware of what to do in such an emergency. Staff we spoke with confirmed that this was the case.
- The practice had carried out a legionella risk assessment in December 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The assessment had identified that the cold water tank required cleaning and the practice manager was in the process of arranging this.
- A system was in place to check staff immunity status in respect of Hepatitis B, measles, mumps, chickenpox and rubella when they were employed by the practice. However, a number of staff members, including those who may have direct contact with patients' blood or bodily fluids, were overdue their Hepatitis B booster which is due every five years.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well

in advance and staff had been trained to enable them to cover each other's roles when necessary with part time staff increasing their hours on a temporary basis as and when necessary. A system was in place to ensure discharge information and test results were reviewed by a GP on a daily basis.

- The practice manager reported that they rarely used locum GPs. However, when this was necessary a registrar/locum induction pack was available.
- The practice needed to strengthen the arrangements they had in place to monitor patients prescribed high risk medicines. For example, the practice was authorising the repeat prescribing of some high risk medicines for six months at a time. Following the inspection the practice confirmed that they had reduced this to three months to minimise risk to patients and ensure they were being appropriately and regularly monitored.

Arrangements to deal with emergencies and major incidents

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

- The majority of staff received annual basic life support training. However, there was no record of one of the health care assistants having undertaken basic life support training.
- Although the practice were able to provide us with a copy of their business continuity plan post inspection, which details arrangements for dealing with major incidents such as power failure or building loss, staff we spoke with during the inspection were not aware of the plan or what they were expected to do in the case of such emergencies.
- Emergency medicines were easily accessible and all staff knew of their location. This included atropine for use during minor surgery. A defibrillator and oxygen were available on the premises. All the medicines we checked were in date and fit for use.
- The lead GP told us that the GPs did not carry any medicines, for use in an emergency, when carrying out home visits. We were told that they had decided this was not necessary given their proximity to local healthcare services and pharmacies. However, there was no record of a risk assessment having been carried out in relation to this.

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 held regular clinical meetings which were an opportunity for clinical staff to discuss issues and patients whose needs were causing concern.

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 results for 2015/16 showed the practice had achieved 91.3% of the total number of points available to them compared with the clinical commissioning group (CCG) of 94.5% and the national average of 95.4%.

The 2015/16 data showed that at 7% their overall clinical exception rate was lower than the local CCG average of 8.5% and national averages of 9.8%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. However, exception reporting for some indicators was much higher than local and national average. For example, at 33.6% the clinical exception rate for depression was much higher than the CCG average of 23.2% and national average of 22.1% and at 33.3% the clinical exception rate for osteoporosis was higher than the CCG average of 12% and national average of 15.3%. The GPs we spoke with were unable to explain the reason for this but stated they intended to look into this further.

- The 2015/16 QOF data showed that they had obtained the maximum points available to them for 10 of the 19 QOF indicators, including atrial fibrillation, cancer, chronic kidney disease and heart failure. They had also scored above local and national averages in relation to the care and treatment of patients with asthma, rheumatoid arthritis and stroke and transient ischaemic attack. For the other six indicators the practice had

scored below local and national averages. This included the indicators for chronic obstructive pulmonary disease, diabetes mellitus, hypertension, mental health conditions, peripheral arterial disease and secondary prevention of coronary heart disease. The GPs felt that some of the low attainment rates could be attributed to the fact that they had taken over the care and treatment of just over 700 patients from a neighbouring practice that had closed in March 2016 and they were in the process of ensuring those patients with long term conditions were appropriately identified, reviewed and supported.

The practice accessed prescribing support from the local CCG and was performing well in terms of prescribing. This included the prescribing of hypnotics, antibacterial prescription units and antibiotics which were all lower than local and national averages. For example, at 2.2% the percentage of antibiotic items prescribed that are cephalosporins or quinolones was lower than the local CCG average of 2.9% and national average of 4.7%. We saw evidence of a joint prescribing meeting in January 2017 with GPs from The Crossley Practice to review and analyse prescribing statistics.

- The practice told us that they had carried out a total of 9 clinical audits during the previous 12 months, two of which had been completed two cycle audits. For example, the practice carried out regular multi-cycle audits looking at complications including bleeding, wound infection, dehiscence and scarring following minor surgery. The most recent cycle, which looked at minor surgery carried out over an 11 month period, revealed that there had been an improvement and no recorded complications during that period. The practice had also carried out an audit to ensure that patients displaying signs and symptoms of dementia were appropriately coded on the practice's computer system, monitored and supported. The first cycle of the audit had highlighted some errors with coding but had concluded that the practice was performing well in terms of referring patients to a memory clinic and carrying out blood tests but not so well in terms of reviewing patients or arranging imaging or cognitive assessment. However, there was no evidence of a second cycle to review improvements.

Are services effective?

(for example, treatment is effective)

The practice had a palliative care register and discussed the needs of palliative care patients at regular multi-disciplinary team meetings.

Effective staffing

The staff team included GPs, practice nurses, health care assistants and a number of non-clinical staff members including a practice manager, medical secretary, administrative and reception staff. We reviewed staff training records and found that staff had not undertaken a full range of mandatory and additional training. For example, none of the staff had received fire safety training and not all had received health and safety, safeguarding, infection control or information governance training. There was no record of some of the GPs, the nursing staff or health care assistants undertaking training on the Mental Capacity Act. In addition, one of the nurses was overdue an update on performing cervical smears and there was no record of one of the health care assistants undertaking basic life support training. The lead GP and practice manager told us that the practice was in the process of commissioning an external provider to provide human resource, health and safety and training support which would include the provision of an e-learning package. However, at the time of our inspection it was evident that there were gaps in staff training.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurses were supported in seeking and attending continual professional development and training courses and revalidation.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in-house whenever possible. The practice rarely used locum GPs but when they did a registrar/locum induction pack was available.

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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated.

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 Mental Capacity Act 2005. However, not all clinical staff had undertaken training on the requirements of the Mental Capacity Act and Deprivation of Liberty Standards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Practice staff told us that where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment. However, there was no record of some of the GPs and nursing staff having undertaken training in the Mental Capacity Act.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Are services effective?

(for example, treatment is effective)

Practice childhood immunisation rates were above or comparable with local and national averages. For example the practice had scored 9.7 out of 10 for the four indicators in relation to the vaccinations given to two year olds compared to the national average of 9.1 out of 10.

Achievement rates for cervical and bowel cancer screening were comparable with local and national averages. For example, at 81.3%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 82.1% and national average of 81.4%. At 52.4% the percentage of patients aged between 60 and 69 who had been screened for bowel cancer within six months of invitation was comparable with the CCG average of 57.8% and national average of 54.7%. However, at 45.5% the percentage of women screened for breast cancer within six months of invitation was lower than the CCG average of 72.1% and national average of 72.8%. The GPs were unaware of and unable to account for this low attainment rate but stated that they intended to look into this post inspection.

The practice was committed to encouraging and supporting patients to stop smoking. Their proactive approach and achievement in this area had been recognised by a number of awards including 2nd place in the Stop Smoking awards 2014 for the most improved number of four week quits.

Patients had access to appropriate health assessments and checks. This included new patient and NHS health checks for patients aged between 40 and 74. The practice had carried out 420 new patient and 65 NHS health checks during the previous year as well as appropriate follow-ups where abnormalities or risk factors were identified. The practice had installed a blood pressure, height and weight machine in a communal area of the practice to enable patients to take their own readings. Patients were then able to give a printed slip showing the readings to practice staff to record on their medical record. A system was in place to ensure that abnormal readings were reviewed by a clinician and patients received appropriate follow up intervention. Information such as NHS patient information leaflets was also available.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that they were treated with dignity and respect.

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

We received 13 completed CQC comment cards which were very complimentary about the caring nature of the practice. We also spoke with six patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in July 2016) showed patient satisfaction was generally higher than local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 97% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) and national averages of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey showed patient satisfaction was comparable with or higher than local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 89% said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national averages of 82%.
- 98% said the last nurse they spoke to was good listening to them compared to the CCG average of 91% and the national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 92% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language and some of the practice clinicians were able to communicate in other languages including Hindi, Urdu, Punjabi, Kannada and French. The practice did not have a hearing loop.

Patients with a learning disability were offered an annual influenza immunisation and health check. The practice held a register of 43 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 70 of their patients as being a carer (approximately 1.5% of the practice patient population).

No standard arrangements were in place to support patients known to have experienced bereavement or patients recently discharged from hospital to ensure they were receiving appropriate support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of their local population and planned services accordingly. Services took account of the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- People could access appointments and services in a way and time that suited them.
- There were disabled facilities and translation services available. The practice did not have a hearing loop.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions. An appointment text message reminder services was in operation.

Access to the service

The surgery was open from 8am to 6.30pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to midday then 3pm to 6pm) and from 8am to 1.30pm on a Thursday (appointments from 8.30am to midday).

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment were consistently higher than local and national averages. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 96% of patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and the national average of 73%.
- 84% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 73%.

- 79% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 61% and the national average of 65%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 83% and national average of 85%.
- 70% felt they did not normally have to wait too long to be seen compared with the CCG average of 55% and national average of 58%.

Patients we spoke with on the day of the inspection and those who completed CQC comment cards reported that they were able to get an appointment within an acceptable timescale. The appointment system operated by the practice enabled patients to pre book appointments, including telephone consultations, up to four weeks in advance. Same day appointments were made available at 8am every weekday and emergency appointments were also available following triage by one of the practice GP's. We looked at appointment availability during our inspection and found that routine pre bookable consultation with a GP was available two working days later. A pre-bookable appointment with a nurse was available the following day.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available on the practice website and in their practice information leaflet to help patients understand the complaints system.

The practice had recorded three complaints during the period October 2014 to October 2015. We found that these complaints had been satisfactorily handled, dealt with in a timely way and lessons learned identified. Written responses to complainants included details of the Parliamentary and Health Services Ombudsman should a complainant remain dissatisfied and wish to escalate their complaint.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice vision was to provide patient centred primary care of high quality and safety responsive to their patients' needs. Staff we spoke with were aware of this vision and their role in achieving this.

The practice mission statement, which was displayed in the entrance foyer, was 'Our aim is to provide the most efficient and best possible services to our patients'.

The practice had a five year business plan which was regularly reviewed and looked at issues such as staff (including succession planning), premises, expansion/merger and income.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- There was evidence of clinical audit activity. However, not all of these were two cycle audits which could demonstrate an improvement in outcomes for patients.
- The practice continually reviewed their performance in relation to, for example the Quality and Outcomes Framework, referral rates and prescribing. Practice clinicians were unable to explain some high levels of clinical exception reporting.

However, the practice had not done all it should have to assess the risks to the health and safety of staff or service users through risk assessment and delivery of appropriate training. For example:

- There was a lack of health and safety and fire risk assessment
- Not all staff who acted as chaperones had received appropriate training or undertaken a DBS checks
- There was a lack of understanding of area of high exception reporting in QOF and poor breast screening uptake rate

- Clinical audit activity was not sustained and did not always demonstrate an improvement in outcomes for patients
- The arrangements for monitoring patients prescribed some high risk medicines needed strengthening to minimise risk.

Leadership and culture

The GP partners and the practice manager prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and staff reported that they felt supported by management.

- There was evidence of regular minuted practice, clinical and multi-disciplinary team meetings. A system was in place to enable staff to table agenda items for discussion.
- 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 in doing so and felt supported if they did. They also said they felt respected and valued.

The practice were in the process of merging with another local practice and the lead GP was committed to using this as an opportunity for improvement on all levels. The merger would include the expansion of Henley Green Medical Centre which would enable the practice to deliver enhanced services.

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

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

- The practice had gathered feedback from patients through patient surveys, feedback and complaints received.
- The practice had a patient participation group (PPG) consisting of approximately seven core members who met on a twice yearly basis. PPG members who we spoke with reported that they felt actively involved in the running of the practice and that their contribution was valued.

Are services well-led?

Requires improvement 

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

- The practice had last carried out a patient survey in May 2013 but told us that surveys had also been completed for individual GP appraisal requirements since then. As a result of the survey in 2013 the practice had installed a new heating system and chairs in the waiting room. The practice had also introduced an appointment telephone triage system so that patients could access appointments within 48 hours. They were also considering other improvements as part of their planned merger with The Crossley Practice, such as opening on a Thursday afternoon and extended hours provision.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. For example, they were in the process of merging with another local practice and in doing so hoped to be able to improve and expand facilities and services.

The practice had also obtained Research Ready accreditation with the Royal College of General Practitioners. (This means the practice has demonstrated they are aware of, and have met, the necessary regulatory requirements for research.) As a result the practice was actively involved in clinical research and their patients were able to participate in clinical trials should they wish to do so. For example, the practice had been recognised as one of the biggest recruiters of patients to participate in a coughs complication cohort study.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The practice was not comprehensively assessing, monitoring and improving the quality and safety of services nor mitigating risks in relation to the health, safety and welfare of service users.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Staff employed by the practice had not received a full range of training to enable them to effectively carry out their duties. For example, not all staff had undertaken fire safety, infection control, information governance and basic life support training nor chaperone, safeguarding or mental capacity act training as appropriate to their role.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The practice was not always following their own recruitment policy when recruiting staff and had not sought references, full employment history details or satisfactory evidence of conduct in previous employment for a recently appointed member of staff. Staff acting as chaperones had not undertaken a disclosure and barring service(DBS) check.