

# Denham 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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# 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 Denham Medical Centre on 20 April 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for provision of safe and effective services. It was good for providing caring, responsive and well-led services. The concerns which led to these ratings apply to all population groups using the practice.

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. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients and staff were assessed and well managed in some areas, with the exception of those relating to fire safety and safeguarding children and

adults training. For example, the practice did not develop written action plan with clear time scales to address the high risk issues identified during recent fire safety risk assessment carried out on 29 June 2015.

- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, most staff had not completed health and safety, equality and diversity, fire safety and infection control training.
- Results from the national GP patient survey showed majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment when compared to the local and national averages. The majority of patients we spoke with on the day of inspection confirmed this.
- Information about services and how to complain were available and easy to understand.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Develop written action plan with clear time scales to address the high risk issues identified during recent fire safety risk assessment.
- Ensure all staff have undertaken training including safeguarding children and adults, health and safety, equality and diversity, fire safety and infection control.
- Review and monitor the system in place, to improve the outcomes for patients with learning disabilities.

In addition the provider should:

- Ensure national safety and medicines alerts and National Institute for Health and Care Excellence (NICE) best practice guidelines are followed up systematically after they are disseminated within the practice, to monitor that required changes have been implemented.
- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks, carrying out Disclosure and Barring Scheme (DBS) checks or risk assessment.
- Review patients feedback and address concerns identified on the national GP patient survey regarding GPs listening, giving enough time, involving in decisions, and explaining tests and treatments during consultations.
- Review patients feedback regarding the introduction of pre-bookable online appointments.
- Review and monitor the governance arrangements in place to ensure the delivery of safe and effective services.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, the practice had not developed written action plan with clear time scales to address the issues identified during recent fire safety risk assessment carried out by an external contractor on 29 June 2015.
- There was a lead for safeguarding adults and child protection. However, most GPs and administration staff had not received safeguarding children and adults training.
- The practice was unable to demonstrate that the national patient safety alerts had been followed up systematically and that action had been taken relevant to the alert, after they were disseminated within the practice.
- The practice provided a Disclosure and Barring Service (DBS) policy which stated that all clinical staff employed before April 2015 were not required further DBS check if one had been conducted at the time of employment. However, the practice was not able to produce any previous DBS checks for three practice nurses.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services as there are areas where it must make improvements.

Requires improvement



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, most staff had not completed mandatory training including health and safety, equality and diversity awareness, infection control and fire safety.
- The practice had not always completed care plans for patients with learning disabilities. For example, care plans were completed for nine out of 43 patients on the learning disability register.
- Staff assessed need and delivered care in line with current evidence based guidance. However, all actions required in response to National Institute for Health and Care Excellence (NICE) best practice guidelines were not always followed through risk assessments, audits and random sample checks of patient records, after they were disseminated within the practice.
- The practice's uptake of the national screening programme for bowel screening was below the national average. For example, bowel screening uptake was 51%, which was below the national average of 58%.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly above average for the local Clinical Commissioning Group (CCG) and compared to the national average.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Results from the national GP patient survey we reviewed showed majority of 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 noted the practice offered a translation service and staff treated patients with kindness and respect, and maintained confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was offering osteopathy (detecting, treating and preventing health problems by moving, stretching and massaging a patient's muscles and joints) service and specialist nurse led minor illness clinics at the premises.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.

## Are services well-led?

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

Good



- There was a business plan and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the aims and objectives 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.
- There was a good governance framework which supported the delivery of the strategy and good quality care. However, monitoring of specific areas required improvement, such as fire safety, mandatory training and national safety alerts.
- The practice was aware of and complied with the requirements of the Duty of Candour. GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group.

# 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 patients. The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to those with limited mobility. The practice did not provide a low level desk at the front reception. However, a bell was installed to call the reception staff for assistance.
- There was a register to manage end of life care.
- There were good working relationships with external services such as district nurses.

**Requires improvement**



### People with long term conditions

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

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were above the CCG average for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 87%, which was above the national average of 82%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, the practice offered extended hours appointments every Tuesday from 6.30pm to 8pm.
- The practice was proactive in offering online services and telephone consultations. However, pre-bookable online appointments were not offered.
- Health promotion advice was offered and accessible health promotion material available in the practice.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and effective. 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 homeless patients, travellers and those with a learning disability.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 37 patients out of 43 patients on the learning disability register. Care plans were completed for nine patients out of 43 patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



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

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

- Performance for dementia face to face review was comparable to the CCG and national average. The practice had achieved 85% of the total number of points available, compared to 86% locally and 84% nationally.
- 82% of patients experiencing poor mental health were involved in developing their care plan in last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Requires improvement



## Summary of findings

- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing better than the local and the national averages. There were 112 responses and a response rate of 36%.

- 89% find it easy to get through to this practice by phone compared with a CCG average of 76% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%.
- 87% described the overall experience of their GP practice as good compared with a CCG average of 85% and a national average of 85%.

- 82% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 80% and a 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 40 comment cards which were all positive about the standard of care received. We spoke with nine patients and two patient participation group (PPG) member during the inspection. Patients we spoke with and comments we received were all positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

## Areas for improvement

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

- Develop written action plan with clear time scales to address the high risk issues identified during recent fire safety risk assessment.
- Ensure all staff have undertaken training including safeguarding children and adults, health and safety, equality and diversity, fire safety and infection control.
- Review and monitor the system in place, to improve the outcomes for patients with learning disabilities.

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

- Ensure national safety and medicines alerts and National Institute for Health and Care Excellence (NICE) best practice guidelines are followed up systematically after they are disseminated within the practice, to monitor that required changes have been implemented.

- Ensure all necessary recruitment checks are in place including systems for assessing and monitoring risks, carrying out Disclosure and Barring Scheme (DBS) checks or risk assessment.
- Review patients feedback and address concerns identified on the national GP patient survey regarding GPs listening, giving enough time, involving in decisions, and explaining tests and treatments during consultations.
- Review patients feedback regarding the introduction of pre-bookable online appointments.
- Review and monitor the governance arrangements in place to ensure the delivery of safe and effective services.

# Denham 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 advisor, a practice nurse specialist advisor and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

## Background to Denham Medical Centre

Denham Medical Centre is situated in Uxbridge. The practice is located in a purpose built premises with car parking for patients and staff. Premises are accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground floor. The practice comprises of four consulting rooms, four treatment rooms, a patient waiting area, reception area, administrative and management offices and a meeting room.

The practice has core opening hours from 8.30am to 6.30pm Monday to Friday. The practice has offered range of scheduled appointments to patients every weekday from 8.30am to 6pm including open access appointments with a duty GP. Extended hours appointments are available every Tuesday evening from 6.30pm to 8pm.

The practice had a patient population of approximately 9,400 registered patients. The practice population of patients aged between 0 to 29 years are lower than the national average and there are a higher number of patients aged between 40 to 59 years old and aged above 65 years old compared to national average.

There are three GP partners and three long term locum GPs at the practice. Five GPs are female and one male. The practice employs four practice nurses and two nurse prescribers. The practice manager is supported by a reception manager, a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

Services are provided from following two locations and patients can attend any of the two practice locations. We did not visit Aysgarth Medical Centre during this inspection and the practice is planning to deregister Aysgarth Medical Centre from their CQC registration.

Denham Medical Centre

Queen Mothers Drive

Denham Garden Village

Uxbridge

UB9 5GA

Aysgarth Medical Centre

Church Road

Iver Heath

SL0 0RW

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes before opening time (between 8am and 8.30pm) by Harmoni out of hours service or after 6:30pm, weekends and bank holidays by calling NHS 111.

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, 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

Prior to the inspection we contacted the Chiltern Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Denham Medical Centre. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 20 April 2016. During our visit we:

- Spoke with 14 staff and nine patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of patients and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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 also 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. Significant events were a standing item on the practice meeting agenda.
- We reviewed records of 10 significant events and incidents that had occurred during the last year. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, following a significant event the practice had revised their emergency protocol, printed guidelines in a user friendly format with recommended medicine doses, adrenaline (medicine used to treat severe allergic reaction and heart attack) was made available in every clinical room and advised all staff to follow the guidelines.
- We reviewed safety records, incident reports and national patient safety alerts. We noticed national patient safety and medicines alerts were systematically received and shared with the team. However, the practice was unable to demonstrate that the alerts had been followed up systematically and that action had been taken relevant to the alert, after they were disseminated within the practice. There was a risk that some patients may not have been reviewed if they were prescribed a medicine subject to a national alert.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvements were required.

- 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. 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 but most GPs and administration staff had not received all the appropriate levels of safeguarding training relevant to their role. For example, four (a GP partner and three long term locum GPs) out of six GPs were not trained to safeguarding children level three and safeguarding adults training. All administration staff had not completed safeguarding children training. However, all administration staff had completed safeguarding adult training. All nurses were trained to safeguarding children level two and had completed adult safeguarding training relevant to their role.
- A notice was displayed in the waiting room and consultation rooms, advising patients that staff would act as a chaperone, if required. All clinical staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS) with the exception of three practice nurses. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had provided a DBS policy which included that all clinical staff employed before April 2015 were not required further DBS check if one was conducted at the time of employment. However, the practice was not able to produce any previous DBS for three practice nurses.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control 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 all nurses staff had

# Are services safe?

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.

- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription pads were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- Recruitment checks were carried out and the five staff files we reviewed showed that recruitment checks had been undertaken prior to employment with the exception of Disclosure and Barring Service (DBS) checks. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

## Monitoring risks to patients

The practice had arrangements in place to assess and manage risks to patients and staff. However, improvements were required.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy.
- A fire safety risk assessment had been carried out by an external contractor on 29 June 2015. The practice informed us they had received a written risk assessment report in February 2016. The fire risk assessment had identified number of high risk areas and recommended actions to ensure fire safety in the premises. On the day of inspection the practice was not able to demonstrate that they had developed written action plan with clear

time scales to address the issues identified in the fire safety risk assessment. The regular smoke alarm checks were started in June 2015. Fire drills were started in February 2016 and future fire drills dates were not scheduled. However, the practice had developed a schedule of future fire drills which was submitted by an email within 48 hours after the inspection.

- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out on 16 March 2016. We saw the practice had started water temperature checks a month before the inspection and regular checks were planned in future. We saw evidence that the practice had sent a water sample for laboratory analysis on 30 March 2016.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. The practice informed us they had appointed a full time reception manager and was planning to recruit a health care assistant (HCA) by July 2016.

## 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 clinical and non-clinical staff had 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 mask. 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 fit for use.

## Are services safe?

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 was unable to demonstrate they had always monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, after they were disseminated within the practice.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). In 2014-15, the practice had achieved 97% of the total number of points available, compared to 97% locally and 94% nationally, with 7% exception reporting. The level of exception reporting was below the CCG average (8%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 90% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average. The practice had achieved 84% of the total number of points available, compared to 84% locally and 84% nationally.

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 97% of the total number of points available, compared to 97% locally and 93% nationally.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We reviewed four clinical audits completed in the last two years, where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of atrial fibrillation (AF) patients (AF was a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart failure and other heart-related complications) not receiving anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).
- The aim of the audit was to identify and offer treatment to the AF patients who required anti-coagulation treatment. The audit from February 2015 demonstrated that 92 AF patients were receiving anti-coagulation treatment. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out follow up audit which demonstrated improvements in patient outcomes and found 119 AF patients were receiving anti-coagulation treatment in February 2016.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were significant gaps in training for a number of staff.

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the

# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

- Not all staff had received up-to-date training: in safeguarding children (a GP partner, three long term locum GPs and all non-clinical staff), safeguarding adults (a GP partner and three long term locum GPs), health and safety (all GPs, three nurses and 13 non-clinical staff), equality and diversity (all GPs and 13 non-clinical staff), infection control (all GPs and 14 non-clinical staff) and fire safety (all GPs and two non-clinical staff) had not completed 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, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis and meeting minutes documented thoroughly.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient's 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. The practice had identified 195 patients who were deemed at risk of admissions and 100% of these patients had care plans been created to reduce the risk of these patients needing admission to hospital.
- The practice had not always completed care plans for patients with learning disabilities. For example, care plans were completed for nine out of 43 patients on the learning disability register.

### 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering smoking cessation advice and patients were signposted to a local support group. For example, information from Public Health England (2014-15) showed 99% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 24 months. This was better than the national average of 86%.

The practice's uptake for the cervical screening programme was 87%, which was higher than the national average of 82%. There was a policy to offer text message reminders for patients about appointments. In total 51% of patients eligible had undertaken bowel cancer screening and 72% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were above to the CCG average. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 94% to 97%, these were above to the CCG averages which ranged from 93% to 97%.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 88% to 99%, these were above to the CCG averages which ranged from 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups on 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 40 patient CQC 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.

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

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

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

However, the results were below the CCG average and the national average for most of its satisfaction scores on consultations with GPs:

- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

The two PPG member and nine patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice.

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

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were mostly above to the CCG average and the national average. For example:

- 92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

However, the results were below the CCG average and the national average for satisfaction scores on consultations with GPs:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

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.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 122 patients (1.30% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. One of the practice administration staff was nominated as a carers champion and was liaising with external agencies. The practice was planning to organise a carer's event during national carer's week in June 2016. The practice was calling all patients on carers register every

three months for an update. The practice had a designated notice board in the waiting area. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice was offering emergency walk-in appointments and telephone consultations every day.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing induction loop and translation services available.
- The practice was offering counselling service in the surgery from last two years.
- The practice was offering osteopathy (detecting, treating and preventing health problems by moving, stretching and massaging a patient's muscles and joints) service at the premises.
- The practice nurse prescribers were offering specialist nurse led minor illness clinics.
- The practice had developed a specific leaflet detailing all nursing services offered at the premises.

### Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. One of the practice GPs was available on call from 8am to 8.30pm Monday to Friday (this out of hours service was managed by Harmoni). The practice was closed on bank and public holidays and patients were advised to call

NHS 111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8.30am to 6pm including open access appointments with a duty GP.

In addition to pre-bookable appointments that could be booked up to one week in advance, urgent walk-in appointments, telephone consultations and online appointments were also available for patients that needed them. The practice offered extended hours appointments every Tuesday from 6.30pm to 8pm. The practice offered same day online appointments. However, pre-bookable online appointments were not offered.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above to the CCG average and the national average. For example:

- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and national average of 73%.
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.

However, the results were below the CCG average and the national average for:

- 57% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 66% and national average of 59%.

The practice had planned to install a new telephone system in May 2016 and expecting improvements in getting through to the practice by phone.

### Listening and learning from concerns and complaints

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

- The 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. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting

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

patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at six complaints received in the last 12 months and found that all written complaints had been addressed

in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

(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 business plan and strategy to deliver high quality care and promote good outcomes for patients.

- The practice statement of purpose included practice's vision, values and priorities. This included working in partnership with patients and staff to provide a high quality, safe and effective service. This also included involving patients in decision making about their treatment and care, and treat patients with courtesy and respect at all times to meet the specific needs of patients.
- The practice had a business plan which reflected aims and objectives. A business plan was last reviewed on 21 March 2016 but it did not include a time scale. The practice informed us that governance arrangements including business plan had been regularly discussed during weekly business meetings.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, monitoring of specific areas required improvement, for example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, not all staff had received mandatory training to enable them to carry out the duties they were employed to do.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, monitoring of specific areas required improvement, for example:
- Safeguarding children and adult training was not completed for most GPs and non-clinical staff, which was putting patient at risk.
- High risk fire safety issues identified in the recent fire risk assessment had not been followed up.
- The practice had not always completed care plans for patients with learning disabilities.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

### Leadership and culture

The partner and GPs in the practice prioritised clinically safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners 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, proactively gaining patients' feedback and engaging patients in the delivery of the service.



# Are services well-led?

Good 

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG and the practice was consulting with PPG members to organise face to face meetings in future on a regular basis. The PPG had submitted proposals for improvements to the practice management team. For example, a new telephone system installation had been planned, nursing services leaflet was updated and improvements to the layout of notices in the waiting room were made following feedback from the PPG.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was some focus on continuous learning and improvement within the practice, however improvements were required. For example:

- Most of the GPs and non-clinical staff had not completed mandatory training.
- We found some good examples of continuous learning and improvement within the practice. For example, we saw nurses were supported to attend further training in minor illness, asthma and prescribing courses.
- We also saw that a current practice manager had started as a receptionist and was supported to grow, develop and secure a management position.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found the registered person did not have effective system and auditing processes to provide care and treatment of patients in a safe way. For example, the practice had not developed written action plan with clear time scales to address the high risk fire safety issues identified in the fire risk assessment carried out by an external contractor.</p> <p>Review and monitor the system in place, to improve the outcomes for patients with learning disabilities.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>We found the registered person did not operate effective systems to ensure staff received appropriate training relevant to their role.</p> <p>Most GPs and non-clinical staff had not received safeguarding children and adults training relevant to their role.</p> <p>Regulation 18(2)</p>