

The Stanmore 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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Following a comprehensive inspection of the Stanmore Medical Centre in February 2015, the practice was given an overall inadequate rating and a decision was made to place the practice in special measures.

We carried out an announced comprehensive inspection at the Stanmore Medical Centre on 29 September 2015, to consider whether sufficient improvements had been made. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, responsive and well led services and good for providing effective and caring services. It was also rated as requires improvement for all the population groups.

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. Information about safety was recorded, however reviews and investigations were not always thorough enough to support improvement.
- Risks to patients were assessed and well managed, with the exception of those relating to vaccine fridge temperature monitoring and health and safety.
- Data showed patient outcomes were comparable to others in the locality. Clinical audit had been carried out, and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment although national GP survey data showed the practice was below average in this regard.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and found it difficult to get through on the phone.
- The practice had a number of policies and procedures to govern activity. Most of these had been reviewed annually however the practice's policy for the management of significant events was in need of review.
- The practice had proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Ensure more effective arrangements are in place for managing risks and implementing mitigating actions; including those for monitoring risks associated with legionella bacteria, infection control, inappropriate vaccine storage and general health and safety.

- Review policy and procedures for managing incidents / significant events.

In addition the provider should:

- Improve patient satisfaction in relation to those areas identified by the national GP survey to be below local / national averages such as access to the service.

I am pleased that this practice has made significant improvements to the care that it is providing for its patients but there is still more work to be done. I am therefore taking this practice out of special measures and we will return to re-inspect within a year to ensure that the good progress has been maintained and that care has hopefully improved further.

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. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not always thorough enough to support improvement. Although risks to patients who used services were assessed, more effective arrangements for implementing mitigating actions were required.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were similar to or better than other practices in the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, national GP patient survey data showed the practice was generally below local / national average in this regard. Information for patients about the services was available and easy to understand.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. National GP survey data also showed the practice was below local / national average in this regard. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and a strategy which staff were committed to delivering. There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and most had been reviewed. The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions and had received regular performance reviews. However governance arrangements required improvement in relation to the systems in place to ensure identified risks to patient safety were mitigated.

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 provided care for seven nursing homes with each having a dedicated named GP. The practice offered telephone advice and support for care home staff to manage older patient's needs. The practice was involved in a local pilot working with the local care home support team to review prescribing and improve outcomes for older patients. The practice held monthly meetings with the district nurse to plan care for older patients with more complex needs.

The provider was rated as requires improvement for safety, responsive and well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 nurses carried out long-term condition reviews under the guidance and support of the GPs. The practice had achieved above the local and national averages for their Quality and Outcomes Framework (QOF) performance for a range of long-term conditions. The practice provided flu vaccinations for at risk groups which included those patients managing long-term conditions.

The provider was rated as requires improvement for safety, responsive and well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice provided weekly antenatal clinics which were supported by the local midwife. The practice attended monthly meetings with the health visitor to discuss and highlight vulnerable patients including safeguarding issues and any other concerns. Alerts were added to the records of children on the at risk register so these patients could be identified by any member of staff. The practice provided the full range of childhood immunisations. GPs provided family planning and sexual health advice including coil fitting and implant insertions. There were dedicated clinics for baby vaccinations and health checks.

Requires improvement



Summary of findings

The provider was rated as requires improvement for safety, responsive and well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 provided extended hours clinics to 20:00hrs and alternate Saturday morning clinics from the practice's branch surgery. This improved access for working age people. Telephone consultations and online messaging facilities were available for non-urgent enquiries. The practice provided care and treatment for 800 students at a local boarding school.

The provider was rated as requires improvement for safety, responsive and well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice added alerts to the medical records of any identified vulnerable patients, and these were visible to all practice staff. The practice held a register of patients with learning disabilities and provided annual health checks. One of the GPs had a special interest in learning disabilities and was responsible for visiting patients in care homes where patients with a learning disability lived. Interpreter services were available for patients who did not speak English as their first language (including British Sign Language). The practice website was available in different languages.

The provider was rated as requires improvement for safety, responsive and well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). A mental health nurse ran weekly clinics at the practice. Quality and Outcomes Framework (QOF) performance for mental health related indicators was 93% which was above the CCG and national averages. The practice was participating in the Dementia Enhanced Service for 2015/16.

Requires improvement



Summary of findings

The provider was rated as requires improvement for safety, responsive and well-led and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was generally performing below local and national averages. There were 115 responses and a response rate of 37%.

- 34% find it easy to get through to this surgery by phone compared with a CCG average of 66% and a national average of 74%.
- 79% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 28% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 61%.
- 65% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.

- 42% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 74%.
- 65% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 51% and a national average of 65%.
- 54% feel they don't normally have to wait too long to be seen compared with a CCG average of 43% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients said that staff were helpful, kind, polite, caring and gave them enough time. However patients said that it was very difficult to get through on the phone and at times difficult to book an appointment.

The Stanmore 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, practice manager specialist advisor and expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

Background to The Stanmore Medical Centre

The Stanmore Medical Centre is situated at 85 Crowshott Avenue, Stanmore, Middlesex, HA7 1HS. The practice provides primary care services through a Personal Medical Services (PMS) contract to approximately 13,000 patients living within Stanmore and the surrounding area. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Harrow Clinical Commissioning Group

(CCG) which comprises 34 GP practices. The registered patients are widely representative of most age groups. The practice provides care for a local private boarding school and has over double the national average of male patients between the ages of 15 and 19 years. The practice also provides care for eight nursing and care homes. The Stanmore Medical Centre is an approved training practice providing training opportunities for trainee GPs and medical students from London universities.

The practice staff comprise of three GP partners (2 male and 1 female), four salaried GPs, practice nurse, phlebotomist, health care assistant, practice manager and

a large team of reception/administration staff. The practice opening hours are 08:00hrs to 18:30hrs Monday to Friday. Patients are referred to NHS 111 services for out-of-hours care.

We undertook a comprehensive inspection of The Stanmore Medical Centre on 4 February 2015. The practice was rated as inadequate overall. The practice was rated inadequate in the safe and well led domains, requires improvements in the effective domain and good in the caring and responsive domains. In addition, all five population groups were rated as inadequate. Due to the inadequate rating the practice was placed in special measures and two warning notices were also issued.

The practice was found to be in breach of six regulations. Requirement notices were set for regulations 13, 15, 20 and 21 and warning notices were issued for regulations 10 and 12 of the Health and Care Social Act 2008.

When we inspected the practice in February 2015, the practice was required to take the following action:

- Ensure the necessary pre-employment checks are completed on all staff.
- Ensure emergency medicines are obtained appropriately.
- Introduce effective systems to assess the risk of and to prevent, detect and control the spread of health care associated infections.
- Maintain appropriate standards of cleanliness and hygiene in relation to the premises.
- Introduce adequate systems and processes to manage and monitor risks to patients, staff and visitors to the practice in relation to health and safety.
- Ensure patients, staff and visitors are protected against the risks associated with unsafe or unsuitable premises by means of adequate maintenance of the premises and equipment.
- Ensure paper medical records are stored securely.

Detailed findings

- Ensure systems are in place to provide reassurance that all safety alerts are acted on and in a timely manner.
- Share learning from incidents with all staff where appropriate.
- Provide staff with accredited training in safeguarding children and vulnerable adults.
- Update the business continuity plan and ensure it is accessible to staff.
- Ensure audit cycles are completed to demonstrate improved outcomes for patients.

This inspection was carried out to consider if all regulatory breaches identified in the February 2015 inspection had been addressed and to consider whether sufficient improvements had been made.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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.

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 29 September 2015. During our visit we spoke with a range of staff including four GPs, practice nurse, health care assistant, four reception / administration staff, practice manager and spoke with 18 patients who used the service including two members of the Patient Participation Group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 30 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

The practice used some information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed over the last six months. This showed the practice had managed these consistently and so could show evidence of a safe track record over this period.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of significant events that had occurred during the last six months and saw this system was followed appropriately.

When we inspected the practice in February 2015 we had found that learning from significant events was not shared widely with all staff. During this inspection we found significant events were discussed during practice meetings. There was some evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We were shown the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a timely manner. We saw evidence of action taken as a result. For example, one incident involved a child receiving a vaccination twice. The incident was investigated and the patient informed. However we found improvements were required in the handling of this significant event as the analysis did not include a definitive outcome. We also found the significant events policy had not been reviewed since 2009.

When we inspected the practice in February 2015 we found no clear process in place for disseminating and acting on national patient safety alerts. During this inspection we

found improvements had been made. Safety alerts received were logged and stored on the practice's shared drive. Relevant alerts were disseminated by the practice manager to appropriate staff, actioned and discussed in staff meetings.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. When we inspected the practice in February 2015 we found a lack of safeguarding training for staff.

During this inspection we looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy, which was visible in the waiting room (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The practice nurse and phlebotomist had been trained to be a chaperone. Staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS

Are services safe?

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.

Medicines management

When we inspected the practice in February 2015 we found that the practice's stock of emergency medicines were obtained inappropriately through prescriptions written for patients rather than through a medicine supplier. This was a breach of the regulations for obtaining medicines. During this inspection we found emergency medicines had been obtained appropriately through a medicine supplier and a medicine management policy was in place.

During this inspection we identified concerns with the arrangements for managing vaccines. The practice was only recording actual fridge temperatures and not the minimum and maximum fridge temperatures. Recording minimum and maximum fridge temperatures is important because most vaccines must be stored between 2-8°C at all times in order to ensure their effectiveness. Daily actual temperature recordings only show the temperature at that specific time. We told the practice of our concerns on the day of the inspection and they notified Public Health England shortly thereafter. The practice provided us with evidence of the advice provided by Public Health England. The advice was that there was no significant risk to patient safety and no requirement to dispose of the medicines. The practice manager told us they would write a more effective protocol for vaccine fridge temperature checks to ensure staff understood that vaccines must be stored between 2-8°C and the procedure to follow if temperature readings fell out of range.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were kept securely at all times.

The nurse used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national

guidance. We saw evidence of in date PGDs. We saw evidence that nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD. The health care assistant did not administer vaccines or other medicines.

Cleanliness and infection control

When we inspected the practice in February 2015 the practice's infection control standards were inadequate. The practice including the consultation rooms were visibly unclean. Consultation couches were worn and torn and privacy curtains were non-disposable with no evidence of regular cleaning. There was no infection control policy or written procedures for cleaning the practice. There was no lead with overall responsibility for infection control and staff had not received training. Infection control audits had not been completed to monitor standards and the practice had not carried out a legionella risk assessment.

During this inspection we noted improvements had been made. The premises were on the whole clean and tidy. A new cleaning company had been appointed and a cleaning schedule was in place. Consultation couches had been replaced and disposable privacy curtains were being used. Flooring had been repaired where worn and damaged. Patients we spoke with told us the standard of hygiene had improved and they had no concerns about cleanliness or infection control arrangements.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had a lead for infection control and all staff had received induction training about infection control specific to their role and received annual updates. We saw evidence that an audit had been carried out in February 2015 however not all improvements identified for action were completed on time. We also found that records of hepatitis B vaccinations were missing for some clinical staff.

Are services safe?

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The practice had undertaken a risk assessment for legionella however the recommendations from the assessment had not been implemented.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date which was within the last twelve months. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

When we inspected the practice in February 2015 we found recruitment checks had not been systematically carried out on all staff. During this inspection we found improvements had been made.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that recruitment checks had been undertaken prior to employment. Criminal checks through the Disclosure and Barring Service (DBS) had been carried out on all clinical staff (these checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not carried out criminal checks on non-clinical staff and their rationale for this was that non-clinical staff did not carry out chaperoning duties.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. 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.

Monitoring safety and responding to risk

When we inspected the practice in February 2015 we found inadequate systems and processes to monitor and manage risks to patients, staff and visitors in relation to health and safety. We found the premises to be in a poor state of repair and there were no risk assessments in place to mitigate health and safety risks. There was excessive storage of paper medical records which posed a serious fire risk. There were no records of fire equipment servicing, fire drills and the boiler room and specimen fridge were accessible to the public.

During this inspection we noted improvements had been made, however further improvements were necessary. The practice had upgraded the premises and were in the process of redecorating. Paper medical records were stored in locked cabinets, regular checks of fire equipment were in place and areas of the practice that posed potential risks to the public were made secure. The practice had a health and safety policy however we found the practice's health and safety risk assessment carried out in August 2015 was incomplete. Some identified risks had been addressed whilst others had not. For example there were no plug socket protectors in the waiting area and an extractor fan in the cleaners cupboard was unhygienic. We also found actions from the legionella risk assessment had not been completed.

Arrangements to deal with emergencies and major incidents

When we inspected the practice in February 2015 we identified shortfalls in the practice's emergency provisions. The practice's oxygen cylinder was empty and we found out of date injection needles. We also found the practice's business continuity plan was not readily available for staff to reference and it had not been reviewed since 2009.

During this inspection we noted improvements had been made. Records showed that all staff had received training in basic life support in the previous twelve months. Emergency equipment was available including access to

Are services safe?

oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (severe allergic reaction) and hypoglycaemia (low blood sugar). Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan had been updated in 2015 and was available for staff on the practice's shared drive.

The practice had carried out a fire risk assessment in 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The latest published results were 92% of the total number of points available, with 5.2% exception reporting. Examples to illustrate performance include;

- Performance for diabetes related indicators was 85% which was below the CCG and national averages.
- Performance for asthma related indicators was 100% which was above the CCG and national averages.
- Performance for mental health related indicators was 93% which was above the CCG and national averages.
- The dementia related indicators was 100% which was above the CCG and national averages.

When we inspected the practice in February 2015 we had found there was no evidence of completed clinical audit cycles in the previous two years. Clinical audit is defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. The audit documents made available to us during the February 2015 inspection did not reflect this definition.

During this inspection we found evidence of completed clinical audits. We saw audits had been completed in a number of areas including neurology, arthritis and prostate cancer. For example, one audit we reviewed was carried out to determine if patients with recurrent headaches have neurological examinations documented in at least one

consultation in line with NICE guidance. The initial audit identified 56 patients with recurrent headaches with 57% having received a neurological examination. The results were discussed by the clinicians and the appropriate guidelines reviewed. A re-audit six months later demonstrated an improvement with 80% of patients with recurrent headaches receiving a neurological examination.

Effective staffing

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

- The practice had an induction programme 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 scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- There were GPs with special interests in paediatrics, neurology, dermatology and learning disabilities.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between

Are services effective?

(for example, treatment is effective)

services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Procedures were in place to ensure high risk patients were contacted within two days of discharge from accident & emergency.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring

advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

The practice had a screening programme. The practice's uptake for the cervical screening programme was 74%, which was below the CCG and national averages. The practice were working to improve uptake and were providing additional training to the nursing team. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG / national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% and five year olds from 74% to 87%. Flu vaccination rates for the over 65s were 60%, under 65s were 40% and the shingles vaccination rate was 76%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 273 NHS health checks had been completed for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed 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 people 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient CQC comment cards we received were positive about the staff being caring. All 16 patients we spoke with said the practice staff were helpful, caring and treated them with dignity and respect. We also spoke with the chair of the patient participation group (PPG) on the day of our inspection who 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 (115 respondents) showed the practice was comparable to or below the local /national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.

- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

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 the practice was below the local and national averages in relation to questions about involvement in planning and making decisions about care and treatment. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language.

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.

Carers were identified and recorded on the computer system and signposted to a local carers support service. Written information was available for carers to ensure they understood the various avenues of support available to them. Carers were invited in for annual health checks.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The practice website provided links to information on bereavement and local support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was providing additional services to meet the needs of patients with dementia and learning disabilities.

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;

- Extended hours were offered on a Tuesday until 20:00hrs and Saturday mornings from the practice's branch surgery. This was useful for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and older patients.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Appointments were available with male or female GPs.
- Dedicated GPs providing care and treatment for residents in seven nursing homes and patients in care homes where patients with learning disabilities lived.
- Appointment text reminder service and online messaging service for non-urgent enquiries.

Access to the service

The practice was open between 08:00hrs and 18:30hrs Monday to Friday. Appointments were available daily 09:00hrs to 11:30hrs and 15:00hrs to 18:00hrs. Extended hours surgeries were offered on Tuesday evenings between 18:30hrs and 20:00hrs and alternate Saturday mornings from a branch practice located nearby. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations and home visits were available daily.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally below local and national averages. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 34% patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 74%.
- 42% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 74%.
- 65% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.

Ten out of 16 patients we spoke with during our inspection commented negatively on access. They said it was very difficult to get through on the phone and waiting times for appointments were often too long. Difficulties with access were also a theme with CQC comment cards we received. However some patients did feedback that the introduction of online appointments had improved the situation although further improvements were still needed. The practice told us that this issue was actively being discussed with the PPG however no solution was yet in place.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including a complaints notice at reception, website and in a leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily investigated and dealt with in a timely way. Complaints were discussed at team meetings and learning shared.

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

When we inspected the practice in February 2015 we found there was no clear vision for the practice or strategy to deliver it and staff were not aware of one. There was no business plan setting out the aims and objectives of the practice.

During this inspection we found that the practice had developed a vision to deliver high quality care and promote good outcomes for patients. The practice's mission statement was to provide good quality, effective patient care in a safe environment, according to the current recommended practice with a programme of continuing improvement. Staff we spoke with understood how their role contributed to achieving the vision and they were committed to delivering it. However, a formal business plan was not in place.

Governance arrangements

When we inspected the practice in February 2015 we found inadequate governance arrangements. We found key policies were missing such as those for infection control and safeguarding. There were no action plans in place to improve clinical performance and clinical audit was not used to drive improvements in patient outcomes. The practice had inadequate arrangements for monitoring risk. There was no clear leadership structure and staff were not clear on their level of responsibility.

During this inspection we noted improvements had been made in the governance of the practice. These included;

- A clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements

However further improvements were needed:

- More robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example actions from health and safety risk assessments had not been completed.
- More thorough monitoring of vaccine fridge temperature checks including a protocol for actions to take where fridge temperature is outside the desired range.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. 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. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, listened to patients and submitted proposals for improvements to the practice management team. For example, the PPG had suggested an appointment text reminder service and this had been implemented promptly.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or inappropriate care and treatment because the systems in place for managing risks and implementing mitigating actions were not sufficiently robust, including those for monitoring risks associated with legionella bacteria, infection control, vaccine storage, general health & safety and incidents. Regulation 12 (1)(2)(a)(b)(g)
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	