Dr Eamon McQuillan

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Eamon McQuillan's practice (also known as Bloomsbury Medical Centre) on 17 September 2015. Overall the practice is rated as inadequate.

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.

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

- The practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. Other risks to patients such as fire safety were not assessed or well managed.
- The arrangements for managing emergency drugs and vaccinations in the practice kept patients safe. However, some of the medications kept in the GP bag were out of date and there was no monitoring process in place for these.
- There were some procedures in place to govern activity. However, some of these were generic, contained some information which was not relevant to the practice or was outdated.
- Staff had received training appropriate to their roles although some of the staff training was overdue such as annual basic life support training.
- A defibrillator was available on the premises, however, no oxygen was kept at the practice and no risk assessment had been carried out to determine if it was necessary to do so.
- Limited clinical audits were carried out to demonstrate quality improvement with minimal action taken to improve patient outcomes. None of the clinical audits undertaken in the last two years were completed audit cycles where any changes made had been reviewed.

Summary of findings

- Evidence that care plans were routinely reviewed and updated was not available.
- Information was not available to help patients understand the complaints system, for example through poster displays or summary leaflets.
- Patients were highly positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

The areas where the provider must make improvements are:

- Ensure there formal governance arrangements are in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that all appropriate risk assessments are completed.
- Develop systems to ensure all necessary medicine reviews are completed when due
- Ensure an effective recall system of those patients who have abnormal test results
- Ensure clinical audits are regularly undertaken in the practice, including completed clinical audit or quality improvement cycles.
- Ensure arrangements for monitoring all emergency drugs are in place.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

The areas where the provider should make improvement are:

- Consider a monitoring process for staff training in order to identify training which is overdue
- Ensure that the infection control action plans provide the necessary detail such as the name of the individual responsible for completing the actions and the timelines for completion.
- Review the information regarding the complaints process that is available for patients

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

Patients were at risk of harm because systems and processes were insufficient or not in place in a way to keep them safe. For example, the practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. Other risks to patients such as fire safety were not assessed or well managed. Although a defibrillator was available on the premises for emergencies, no oxygen was kept at the practice and no risk assessment had been carried out to determine if it was necessary to do so.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. However, we also found that some of the policies were not practice specific such as the health and safety policy which contained some information which was outdated or information that was not relevant to the practice.

Are services effective?

Inadequate

QOF data from 2013/2014 indicated that the practice was an outlier for flu vaccination rates, mental health indicators and in having regular (at least 3 monthly) multidisciplinary case review meetings. The practice recognised this was an issue and had taken some steps to increase uptake. This included putting on extra flu clinics, sending reminder letters and ringing patients for recall as appropriate.

Limited clinical audits had been carried out to demonstrate quality improvement and we saw that there was minimal action taken to improve patient outcomes. There had been three clinical audits completed in the last two years, none of which were completed audit cycles where any changes made had been reviewed.

There was no evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. The GP told us that this was limited to contact on the phone when required but this contact was not routinely recorded.

There was evidence of appraisals for all staff.

Are services caring?

Good

Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients we spoke with about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

There was some evidence that the practice worked with the local Clinical Commissioning Group CCG to plan services and to improve outcomes for patients in the area.

Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was not available and patients we spoke with were unaware of the process although all patients also told us that they had not had any cause to make a complaint.

Are services well-led?

Inadequate

The practice had a vision and a strategy with a mission statement which was displayed in the waiting areas and staff we spoke with knew and understood the values.

There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were not practice specific or were overdue for review. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG) although we were told this was in the process of being developed. In the absence of a PPG, no patient surveys had been carried out by the practice to obtain patient views. All staff had received an appraisal but regular staff meetings did not take place.

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

Inadequate

The practice is rated as inadequate for the care of older people. This is because the provider was rated as requires inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Some older people did not have care plans where necessary and nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the percentages of patients aged 65 and older who had received a seasonal flu vaccination were lower than the national average. Specifically, flu vaccination rates for the over 65s were 62% which was lower than the national average of 73% and flu vaccination rates for those groups considered to be at risk were 36% which was significantly lower than the national average rate of 52%. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Longer appointments and home visits were available when needed. However, not all these patients had a personalised care plan or had structured annual review to check that their health and care needs were being met. For example, the three diabetic patient records reviewed indicated that patient medication review dates were overdue and four patients with high blood pressure reviewed were also overdue a medication review check according to computer records.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for under two year olds ranged from 77% to 100% and five year olds from 90% to 95% for the practice which compared favourably with CCG rates of 80% to 95% and 86% to 96% respectively. Extended

Summary of findings

hours surgeries were not offered at the practice. The practice also offered appointments that could be booked to any required date and urgent appointments were also available for people that need them.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Although the practice did not offer extended opening hours for appointments from Monday to Friday, patients could book appointments or order repeat prescriptions online. Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

There was no evidence that appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors had been identified. As the GP kept both paper records and made some use of the computer system, this may have resulted in some patients being overlooked.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice told vulnerable patients about how to access various support groups and voluntary organisations. The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training. Staff we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

QOF data from 2013/2014 indicated that the practice was an outlier for mental health indicators and in having regular (at least 3 monthly) multidisciplinary case review meetings for these patients. For example,

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (practice average of 0% compared to a national average of 86%). The results for 2014/2015 were again very low with an 8% practice percentage compared to 81% national average.

Most staff had received training on how to care for people with mental health needs. Discussions with the practice staff showed that staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing better than the local and national averages. There were 84 responses from 428 surveys sent out which was a response rate of 20%.

- 100% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 97% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 97% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 93% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 78% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 79% feel they don't normally have to wait too long to be seen compared with a CCG average of 54% 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 seven comment cards which were all very positive about the standard of care received. Patients commented that the practice provided excellent care and service. We also spoke with six patients on the day of the inspection who were all positive about the care and service received.

Areas for improvement

Action the service MUST take to improve

- Ensure there formal governance arrangements are in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that all appropriate risk assessments are completed.
- Develop systems to ensure all necessary medicine reviews are completed when due
- Ensure an effective recall system of those patients who have abnormal test results
- Ensure clinical audits are regularly undertaken in the practice, including completed clinical audit or quality improvement cycles.
- Ensure arrangements for monitoring all emergency drugs are in place.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

Action the service SHOULD take to improve

- Consider a monitoring process for staff training in order to identify training which is overdue
- Ensure that the infection control action plans provide the necessary detail such as the name of the individual responsible for completing the actions and the timelines for completion.
- Review the information regarding the complaints process that is available for patients.

Dr Eamon McQuillan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Dr Eamon McQuillan

Dr Eamon McQuillan's practice also known as Bloomsbury Medical Centre is located in an area where there are high levels of deprivation. The practice provides primary medical services to approximately 1,730 patients in the local community. The practice has a one male GP, a female practice nurse, a practice manager, an assistant practice manager and reception staff.

The practice has a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open between 9.00am and 6.30pm Monday to Friday, except Thursdays when the practice closes at 1.30pm. Appointments are from 9.45am to 11.30am every morning and 4pm to 5.30pm daily. Extended hours surgeries are not offered at the practice. Pre-bookable appointments that can be booked in advance to any required date are offered and urgent appointments are also available for people that need them.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Additionally, any gaps between the times that the out-of-hours cover ends and before the practice opens; the practice has an arrangement in place with the out-of-hours service to contact the GP directly if a patient needs to see the GP.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the local Clinical Commissioning Group (CCG) and NHS England area team to consider any information they held about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We supplied the practice with comment cards for patients to share their views and experiences of the practice.

Detailed findings

We carried out an announced inspection on 17 September 2015. We were able to speak with all the staff that were at the practice on that day. This included the GP, the practice manager and the practice nurse. The practice manager carried out the duties of the reception staff that morning. We also looked at procedures and systems used by the practice.

We observed how staff interacted with patients and spoke with six patients who visited the practice during the inspection. We reviewed seven completed comment cards where patients and members of the public shared their views and experiences of the practice and we reviewed survey information.

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)

Inadequate

Are services safe?

Our findings

Safe track record and learning

Significant event recording forms were available for staff to complete. The provider told us that there had been two significant events reported within the last 12 months. Significant events had been previously discussed at practice meetings. However, we found that some of these forms were incomplete with details missing. The practice had received one complaint in the last 12 months which we reviewed.

Overview of safety systems and processes

Systems and processes at the practices were not always embedded. For example;

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. We saw that policies were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training. The GP told us that he believed he had been trained at safeguarding level 3 although evidence of this was not provided. Staff we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.
- We observed that there was a notice displayed in the waiting room advising patients that if required, a chaperone was available and we were told that the practice nurse acted as the chaperone. However, if the practice nurse was unavailable, the patient would need to return on an alternative day. We found that the practice nurse who acted as chaperone was trained for the role and had received a disclosure and barring check (DBS). (DBS
- There was a health and safety policy available. However we saw that this policy was not practice specific and contained some information which was not relevant to the practice as well as some information that was outdated. We saw evidence to show that the practice had carried out regular fire drills since June 2015 although a fire policy or risk assessment was not in place. We contacted the Fire Safety Office following our inspection who confirmed that they had visited the premises on 30 June 2015 and provided advice on how to complete a fire risk assessment. This had not been completed.
- We found that clinical equipment had recently been purchased. We saw that testing of electrical equipment had been discussed and that this would be maintained through visual inspections by practice staff. The practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella. We were told during the inspection that a legionella risk assessment had not been completed.
- We observed the premises to be visibly clean and tidy on the day of the inspection and patients we spoke with were happy with the cleanliness. An infection control audit had been recently carried out by the clinical commissioning group (CCG) which had identified a number of required improvements. The practice action plan in response to the audit was not sufficiently detailed. For example it did not identify who would be responsible for the actions or provide timelines for completion. The role of infection control lead was held jointly with the practice nurse and the practice manager. We spoke with the practice nurse who was not aware if the practice had completed the actions identified in the action plan. We saw evidence that the practice nurse had received some recent infection control training.
- There were some arrangements for managing emergency drugs and vaccinations to keep patients safe, including a system to monitor expiry dates. However, we found that some of the medications kept in the GP bag were out of date and there was no monitoring process in place for these. Prescription pads were securely stored and there were systems in place to monitor their use.
- We saw evidence that both the practice nurse and GP had registration with their appropriate professional bodies and they had undergone appropriate checks through the Disclosure and Barring Service (DBS).
- We saw that there were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were told that more staff were required but that it was not financially possible. The practice manager explained how they ensured that a process was in place so that staff were able to cover each other in the event of an unexpected absence or when staff were on holiday. Only when the

Inadequate

Are services safe?

GP was on annual leave, locums were used. However, other staff we spoke with told us that they felt that staffing levels were not sufficient. For example if a clinical member of staff such as the practice nurse was on annual leave or off for any other reason, then there would be no one to cover. The GP told us that routine nursing appointments would be covered by them if necessary during this time.

Arrangements to deal with emergencies and major incidents

There was a panic button alert system in the reception area, practice nurse room and consultation and treatment rooms which alerted staff to any emergency. All staff had received annual basic life support training but this was due for renewal in March 2015 which had not been completed.

There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises, however, no oxygen was kept at the practice and no risk assessment had been carried out to determine if oxygen was required. Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. All the medicines we checked were in date and fit for use except for some of the medicines seen in the GP bag.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan lacked sufficient detail such as the emergency contact numbers for staff or contact numbers for providers of electricity and gas.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to guidelines from National Institute for Health and Care Excellence (NICE) from the practice computers as well as local guidelines. However, these were not always followed, for example in the prescribing of some antibiotics the prescribing rate was higher for the practice with a value of 9% in comparison to the national value of 5%.

We looked at seven patient records on the day of the inspection. Three of these were diabetic patient records where we found that patient medication review dates were overdue. Four patients records were of those with high blood pressure which were also overdue a medication review check according to the computer system. Additionally, in two of these records, the patient's blood pressure was recorded to be outside the recommended range but there was no evidence that appropriate follow up and review had been initiated. We also found that there was no evidence that appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors had been identified. We were told that as the GP kept both paper records and made some use of the computer system, this may have resulted in some patients being overlooked.

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. Data from 2013/2014 indicated that the practice had an overall QOF achievement of 94% with an exception reporting rate of 9%. The practice was an outlier for some QOF and other national clinical targets. This was specifically in flu vaccination rates, mental health indicators and in having regular (at least 3 monthly) multidisciplinary case review meetings. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the national average (overall practice average of 90% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was the same as the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (practice average of 0% compared to a national average of 86%). The results for 2014/2015 were again very low with an 8% practice percentage compared to 81% national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (practice average of 30% compared to a national average of 87%).
- The provider did not have regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed. They told us that other agencies did not attend, although invited.

Limited clinical audits were carried out to demonstrate quality improvement and we saw that there was minimal action taken to improve patient outcomes. There had been three clinical audits undertaken in the last two years, none of which were completed audit cycles where the impact of any changes made had been reviewed.

Effective staffing

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

- There had been no staff employed in the last two years. However, we were told that the practice had an induction programme for newly appointed non-clinical members of staff. We viewed an induction checklist that contained a list of topics such as safeguarding, emergency procedures and security.
- The learning needs of staff were identified through a system of appraisals and meetings. All staff including nursing staff undertook annual appraisals that identified further learning 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, coaching and mentoring.

Inadequate

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support (out of date) and some had also completed information governance awareness. We found that staff had access to and made use of e-learning training modules as well as in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system, paper records and their intranet system. This included medical records and test results. Although we were told that information was shared with other services in a timely way, for example when people were referred to other services, we did not see evidence that this was always the case for paper records.

Information such as NHS patient information leaflets were available in the reception and waiting areas.

We were told that when the GP received the hospital discharge letter to inform them that a patient had been discharged, the GP had this coded on the system. However, we did not see evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. We asked the practice regarding this, who told us that although other agencies were invited to meetings, they did not usually attend.

Consent to care and treatment

In our discussions with the GP, we found that they 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. Other staff we spoke with were also aware of the Mental Capacity Act 2005.

Health promotion and prevention

Some 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 and those requiring advice on their diet, smoking and alcohol cessation. The practice had an arrangement with a Drug and Alcohol Support Worker to attend the practice on a monthly basis so that relevant patients were supported. Patients who required support in smoking cessation or diet were signposted to other relevant services.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. We also saw a poster in the waiting area encouraging patients to attend the national screening programme for breast cancer screening.

Childhood immunisation rates for the vaccinations given were slightly above the CCG averages. For example, childhood immunisation rates for under two year olds ranged from 77% to 100% and five year olds from 90% to 95% for the practice which compared favourably with CCG rates of 80% to 95% and 86% to 96% respectively. However, flu vaccination rates for the over 65s were 62% which was lower than the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 36% which was significantly lower than the national average rate of 52%. The practice told us that they recognised this was an issue and had taken some steps to increase uptake. This included putting on extra flu clinics, writing letters and ringing patients as appropriate.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. NHS health checks for people aged 40–74 were not offered.

Good

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. We saw that 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. We observed reception staff coming out from behind the reception area to assist patients where appropriate and noted that reception staff offered a private area to discuss sensitive issues or when patients appeared distressed.

All of the seven 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 six patients on the day of the inspection. Patients told us they were very satisfied with the care provided by the practice. Patients commented that they felt their dignity and privacy was respected by the practice. Comment cards also highlighted that staff responded compassionately when patients needed help and provided support when required.

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

- 97% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with six patients and received seven completed comments cards. 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.

Although issues were found with regards to care plans, results from the national GP patient survey we reviewed showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. The results were in line with local and national averages. For example:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

We saw that there was a poster on display in the waiting area providing some information for carers. However, we found that some patient information in the waiting area was out of date.

There was a practice register of all people who were carers and we were told that although limited information was

Good

Are services caring?

available in the waiting areas, both the practice nurse and GP could provide further written information for carers to ensure they understood the various avenues of support available to them.

The GP told us that if families had suffered bereavement, they would contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service as appropriate.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was some evidence that the practice had worked with the local CCG to plan services and to improve outcomes for patients in the area, for example through involvement with the CCG ACE (Aspiring to Clinical Excellence) programme.

We found that some services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Patients could book appointments as far in advance as required and longer appointments were available where appropriate
- Home visits were available for older patients / patients who would benefit from these.
- Same day urgent access appointments were available for children and those with serious medical conditions.
- A ramped access and widened door for the benefit of wheelchair users
- The practice had access to translation services.
- A private consultation reception window was available to ensure confidentiality and privacy when required

Access to the service

The practice was open between 9.00am and 6.30pm Monday to Friday, except Thursdays when the practice closed at 1.30pm. Appointments were from 9.45am to 11.30am every morning and 4pm to 5.30pm daily. Extended hours surgeries were not offered at the practice. However, pre-bookable appointments that could be booked in advance up to any required date were offered and urgent appointments were also available for people that needed them. Additionally, any gaps between the times that the out-of-hours cover ended and before the practice was open, the practice had an arrangement in place with the out-of-hours service to contact the GP directly if a patient needed to see the GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was well above local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 78% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

However there were no arrangements in place to access a female GP although patients we spoke with did not feel this was an issue for them. The practice told us that patients are made aware when they register that this was a single-handed male GP practice.

The practice told us that they had a website although this was difficult to find. Patients we spoke with were unaware of the practice website. We viewed the website and found that information provided was limited, outdated and inaccurate. The website itself was not user friendly and could not be translated to other languages.

Listening and learning from concerns and complaints

The practice had a process in place for handling complaints and concerns. The practice manager was the designated responsible person who handled all complaints in the practice.

However, we saw that information was not available to help patients understand the complaints system, for example through poster displays or summary leaflets. All six of the patients we spoke with on the day of the inspection were unaware of the process to follow if they wished to make a complaint. However, all patients we spoke with also told us that they had not had any cause to make a complaint

We saw that the practice had received one complaint within the last 12 months which we reviewed. We saw that the complaint had had been dealt with in a timely way. We saw that the practice had responded to indicate that they were not responsible for the issue being raised by the patient. However, no actions had been taken by the practice or learning points highlighted to ensure that such misunderstandings did not arise in future.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The GP told us his vision was to deliver high quality care and promote good outcomes for patients. We saw that the practice had a mission statement which was displayed in the waiting areas and staff we spoke with knew and understood the values.

Governance arrangements

The practice had some structures and procedures in place which supported the delivery of the strategy and good quality care. We found that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- There were some procedures in place to govern activity, but some of these were not practice specific and contained some information which was not relevant to the practice or was outdated such as the health and safety policy. The practice did not hold regular governance meetings although some issues were discussed at ad hoc meetings.
- There were limited formal governance arrangements in place for assessing and monitoring risks and the quality of the service provision.
- Limited clinical audits were carried out to demonstrate quality improvement with minimal action taken to improve patient outcomes. None of the clinical audits undertaken in the last two years were completed audit cycles where any changes made had been reviewed.
- Although the practice met most QOF targets it was an outlier for some QOF and other national clinical targets specifically in flu vaccination rates, mental health indicators and in having regular (at least 3 monthly) multidisciplinary case review meetings.
- There was some evidence that the practice engaged with the local Clinical Commissioning Group (CCG)

Leadership, openness and transparency

Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff and encouraged a culture of openness and honesty.

We saw evidence that three staff meetings had been held in 2014 and three had been held so far in 2015 although it was not always clear who was present. However, we saw that there had been some communications and updating information from the GP to staff. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or more informally. Staff said that they were confident in doing so and felt supported if they did. We also noted that some social team away days were held which were valued by staff. Staff said they felt respected, appreciated and supported.

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

Feedback from patients was limited to the results from the national patient survey and Family and Friends Test. A patient participation group (PPG) was not in place although we saw that there was a notice displayed in the waiting area alerting patients that this was being set-up. It informed patients that a form was available from reception if they wished to be involved in the PPG. However, the practice confirmed that there was no form available to join nor had anyone asked to join. The practice manger told us that the plan now was to approach patients who used emails for repeat prescriptions and contact them with an invitation to join a 'virtual' PPG. We found that although invitation letters had been drafted out, these had still not been sent.

The practice manager told us and staff we spoke with confirmed that they were able to provide feedback through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the provider had not protected persons employed, services users and others who may be at risk against identifiable risks of receiving care or treatment. The practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health or an effective health and safety policy. The practice did not ensure the safe monitoring and management of all medicines such as those used for home visits or that all necessary medicine reviews were up-to-date. The practice could not demonstrate that fire safety had been properly considered with actions taken to minimise the fire risk to patients and staff at the premises. The business continuity plan contained gaps and had not been shared widely with practice staff. The practice did not ensure that legionella risk assessments were in place and that actions were implemented to safeguard patients from the risks associated with legionella bacterium. An action plan for improvements identified from the infection control audit lacked details for effective completion. This was in breach of Regulation 12 (1)(2)(a)(b)(g)(h) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

We found the provider did not assess, monitor and improve the quality and safety of the services provided by for example conducting regular clinical audits including completed clinical audit or quality improvement cycles.

The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk (for example by having robust systems in respect of complaints and health and safety risk assessments).

The provider did not seek and act on feedback from relevant persons and other persons on the services provided for the purposes of continually evaluating and improving services.

This was in breach of Regulation 17 (2) (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.