Inner Park Road Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Inner Park Road Health Centre on 16 November 2015. Several breaches of legal requirements were found, such that the practice was rated as inadequate overall. The practice was placed in special measures. After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches of the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Regulation 12, Safe care and treatment
- Regulation 17, Good governance
- Regulation 18, Staffing
- Regulation 19, Fit and proper persons employed

We undertook this inspection on 16 August 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. The practice was in special measures and was rated as inadequate in three domains and as requires improvement in two. Consequently a full comprehensive inspection, rather than a follow up inspection, was undertaken.

Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not sufficiently thorough and learning was not shared.
- Risks to patients were assessed and well managed.
- Data showed patient outcomes were in line with the national average. Although some audits had been carried out, they had not yet completed a second cycle so improvement could not be demonstrated.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and 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.
- Staff felt supported by management. However, staff and patients both commented that at times there was a lack of leadership in the practice. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that serious event investigations and recording are formalised and that there are systems in place to share learning with the practice team.
- Ensure that the leadership structure is clearly set out and understood by staff and that there is leadership capacity available at all times.
- Ensure that entries in the clinical record are recorded as being from the correct clinician.

In addition the provider should:

- Continue with the current audit cycle so that the practice will be able to demonstrate quality improvement through a two audit cycle.
- Consider using interpretation services rather than family members for patients who do not speak fluent English, and consider responding to patients who complain utilising the same medium as the patient, and including details of the Health Service Ombudsman in responses to complaints to ensure that patients are able to escalate the complaint if they do not agree with the finding.
- Consider formalising meeting minutes so that they are available and accessible to all staff.
- Consider reviewing patient access to a female GP.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had one cycle, but having all been commenced this year, they had yet to complete a second cycle which could demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and 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 available and easy to understand and evidence showed the practice responded quickly to issues raised. Responses to patients who complained in writing were not always by way of letter, and did not include Ombudsman details if they wished to escalate the complaint. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a new leadership structure in place and staff felt supported by management. However, patients and staff both told us that there were times when there was no leadership capacity in the practice.
- Entries in the clinical record of patients were inconsistently recorded, with some records showing as having been completed by a doctor who was not working at the practice.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Summary of findings

This included arrangements to monitor and improve quality and identify risk. However, documentation of decisions and meetings was not formalised and some information was not accessible.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

Requires improvement

The practice is rated as requires improvement for the care of older people.

The provider was rated as requires improvement for safety, effectiveness and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider was rated as requires improvement for safety, effectiveness and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. The practice had scored 97% for diabetes related indicators in the last QOF, higher than the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

Summary of findings

The provider was rated as requires improvement for safety, effectiveness and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

The provider was rated as requires improvement for safety, effectiveness and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The provider was rated as requires improvement for safety, effectiveness and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Patients on the learning disability register received annual reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for safety, effectiveness and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 72% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average 84%.
- Performance for mental health related indicators was similar to the national average. The practice had scored 100% for mental health related indicators in the last QOF, which was similar to the national average of 93%. The practice had an exception reporting level of 17%, higher than the national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results for 2015/16 showed the practice was performing in line with local and national averages. Three hundred and forty-one survey forms were distributed and 109 were returned. This represented 4.8% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients said they found the staff at the practice helpful, and that doctors treated them with respect and involved them in decisions.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Inner Park Road Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and an Expert by Experience.

Background to Inner Park Road Health Centre

Inner Park Road Health Centre is in Wimbledon in the London Borough of Wandsworth. The practice has a practice principal GP (full time) who manages the practice which is based at two sites, the main site on Inner Park Road and a satellite site on Claudia Place. Since the inspection the practice have confirmed that they are no longer using the Claudia Place site. At the time of the inspection the GP principal was not working and primary management had passed to the practice manager. Both sites were based in purpose built buildings, a main site and a branch surgery with the same patient list.

The practice has approximately 2,400 registered patients. The surgery is based in an area with a deprivation score of 7 out of 10 (10 being the least deprived). The practice population's age demographic is similar to the national average, although there are slightly higher than average number of patients between the ages of 40-85, and slightly fewer patients under the age of 10.

There are currently one salaried and one locum GPs working to 1.2 whole time equivalent (WTE) and who are providing clinical care at the practice. One of the locums who is working at the practice in the long term is currently clinical lead. There is also a practice nurse who works in the practice two days per week and a healthcare assistant who works three mornings per week. The HCA is supervised by the practice nurse and the locum GP. The practice is managed by a practice manager and there are also five administrative staff.

The practice is contracted to provide General Medical Services (GMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury and maternity and midwifery services. It was noted during the inspection that the practice should also be registered for diagnostic and screening procedures as these services were being provided in the course of providing General Practice services. The practice manager told us that they would be applying for this to be added to the registration.

The practice is open from 8:00am until 6:30pm Monday to Friday. There are extended opening on Saturday morning from 9:45am until 11:45am. Outside of normal opening hours the practice uses a locally based out of hours provider.

The practice was previously inspected by the CQC in November 2015. At that stage the overall rating for the practice was inadequate. This rating applied to safe, effective, well led and all six population groups. Caring and responsive were rated as requires improvement. Following the inspection the practice was placed into special measures and warning notices were issued. The report stated that the practice must do the following:

- Introduce effective processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.

- Ensure that all rooms at the Claudia Place premises meet current infection control guidelines.
- Ensure that formal medicines management systems are introduced at the practice, including a policy, a responsible person and appropriate cold chain processes.
- Ensure that all staff have received mandatory training and pre-employment checks in line with national and local guidance, and that records of all staff's training appears on a locally held record. All staff must also have a yearly appraisal.
- Ensure that meetings in place are formalised. Where patient care and changes to process are discussed, these meetings must be minuted.
- Carry out clinical audits including re-audits to ensure improvements have been achieved, and implement formal auditable registers for patients in at risk groups, and review whether or not individualised care plans are required for these patients.
- Provide a website for the practice which allows patients to book appointments and request prescriptions online and ensure that health promotion advice is available in the patient waiting room and online.
- Implement a formal complaints policy which is advertised to patients in the waiting area, in the practice leaflet and online.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision, and provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure that the patient participation group at the practice is restarted.

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 in November 2015. The inspection was planned to check whether the provider had made the required improvements and was now 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.

This inspection was carried out as a follow up to the previous inspection where the practice was placed into special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016. During our visit we:

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions

Detailed findings

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

In the inspection of November 2015 we found that there were not effective processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.

We found in this inspection that there was a partially effective system in place for reporting and recording significant events, although it was unclear how learning was shared.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that incidents were investigated and recorded. However, there were no records of where serious events had been discussed with the practice team, and there was no evidence of a formal system. We saw that most significant event analysis was hand written and not stored online, and as a consequence was not easily accessible to all staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child protection or child safeguarding level 3 with administrative staff trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Administrative staff who acted as chaperones had undertaken training through an online provider.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that the Claudia Place surgery, which previously did not meet infection control guidelines, was now meeting the requirements. However, since the inspection the practice have confirmed that they are no longer using the Claudia Place site.
- In the inspection of November 2015 we had found that vaccine storage and cold chain processes were not in line with guidelines. On this inspection we found that the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The overall level of exception reporting in the practice was 8.1%, which is similar to the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was similar to the national average. The practice had scored 97% for diabetes related indicators in the last QOF, similar to the national average of 89%. The exception reporting rate for diabetes related indicators was 9%, similar to the national average of 11%.
- Performance for mental health related indicators was better than the national average. The practice had scored 100% for mental health related indicators in the last QOF, which was similar to the national average of 93%. The exception reporting rate for mental health related indicators was 17%, higher than the national average of 12%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 100% and was similar to the national average of 96%. The exception reporting rate for COPD related indicators was 9%, similar to the national average of 11%.

There was evidence of quality improvement including clinical audit.

- During the inspection of November 2015 we found that there was limited evidence of audit in the practice. There had been five clinical audits carried out in the last year. All of the audits had been commenced since the original inspection in November 2015. As a consequence, none of the audits provided had yet completed a second cycle, although we saw on three of the audits provided that there were dates scheduled in the next three to six months for the second cycle to take place. We were not able to determine whether or not audits had improved outcomes for patients as the audits had yet to complete a second cycle.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The inspection in November 2015 found that staff were not being appraised and had not received mandatory training. During this inspection we found that the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Requires improvement

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice reported that they had not yet been able to schedule meetings with the health visitor and mental health teams, but were hoping to do so in the near future.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. 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 79 % to 96% and five year olds from 76% to 100%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice said that they often used family members as interpreters.
- Information leaflets were available in easy read format.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (2.8% of the practice list). Carers were able to book double length appointments and had yearly check-ups. Written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice population had a high prevalence of diabetes. The practice had looked at increasing referral rates to weight loss counsellors and were in the process of making weight loss counselling available in the practice.

- The practice offered a 'Commuter's Clinic' on Saturday mornings for two hours for those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers and those with multiple illnesses.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A hearing loop and translation services were available.
- During the inspection of November 2015 we found that the practice did not have a website in place and appointments and repeat prescriptionscould not be requested online. We found that the practice now has a website, and that both appointments and repeat prescriptionscould be requested online.

Access to the service

The practice is open from 8:00am until 6:30pm Monday to Friday. There are extended opening on Saturday morning from 9:45am until 11:45am. Outside of normal opening hours the practice uses a locally based out of hours provider. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, patients were not able to obtainconsistent access to a female GP.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was managed by a duty doctor who also saw patients in the practice where same day appointments were required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

During the inspection of November 2015 we found that the practice did not have a formal complaints policy in place. During this inspection we found that the practice now had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area, in a leaflet and online.

We looked at two complaints received in the last 12 months and found that they were for the most part satisfactorily handled and patients received a clear and full response from the practice. However, responses were not made in the same format as the complaint had been made. Both complaints had been made in a letter but a formal letter of response had not been provided. Details of the

Good

Are services responsive to people's needs?

(for example, to feedback?)

Ombudsman were provided in the complaints leaflet, but were not included in the response to the patient in the event that they wanted to escalate the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

During the inspection in November 2015 we found that meetings were not formalised and that there were not sufficient policies and procedures in place at the practice. During this inspection we found that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure 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 was maintained.
- A programme of continuous clinical and internal audit had been commenced, although none of the audits were yet complete.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Meeting minutes were in place, although in some cases were hand written and not available to all staff.
- We noted that new log ins had not been created for all clinical staff, so entries in the clinical record were incorrectly showing as being from a member of staff who was not at the time working. The practice informed us that this had been resolved following the inspection.
- There was limited quality improvement in place and no evidence of continuous improvement.

Leadership and culture

Both patients and staff at the practice told us that there was a period of over a month where neither the practice principal nor the practice manager had been in the practice. However, the salaried GP at the practice had been delegated the role of clinical lead. During this period there was insufficient administrative leadership in the practice. At the time of the inspection visit the practice manager had been in place on a permanent basis for several months, but the overall leadership of the practice remained unclear.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

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

- During the inspection in November 2015 we were told that the patient participation group (PPG) was no longer meeting. During this inspection we found that the group had been restarted and had it's first three months before

Are services well-led?

Requires improvement

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

the inspection. Patients who were members of the PPG told us that they had been involved in the relaunch and that the practice manager had encouraged them to provide ideas about areas that needed to be changed and the future shape of the group.

- 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
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment **How the regulation was not being met:** The practice did not have an effective system for sharing learning from serious events. The practice's patients record system did not provide an accurate, complete and contemporaneous record in respect of each service user, including a record of who was providing care to the service user. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good Governance The practice did not have consistent leadership in place within the practice. We were told for a period of one month there were no employed doctors or managers in the practice. The practice's patient record system did not have effective systems for determining which doctor or nurse had undertaken the consultation.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.