Forest Hill Group Practice

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forest Hill Group Practice on 12 April 2016. 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 thorough enough and it was not always clear what action had been taken to address concerns affecting individual patients.
- Risks to patients were not always well managed. For example the practice was not regularly monitoring the professional registrations of clinical staff, vaccination fridge temperatures were not monitored on a daily basis and there was no evidence of any intervention on the occasions when the temperature was above the optimum. Additionally there was no evidence of an infection control audit, upstairs treatment rooms were carpeted, prescriptions and medicines were not always securely stored and there were expired medicines and clinical equipment on the premises.
- Some mandatory staff training had not been completed including infection control and safeguarding.
- Data showed patient outcomes were comparable to local and national averages except in respect of the management of diabetic patients where the outcomes were lower. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance or improving patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect and felt cared for, supported and listened to.
- Urgent appointments were available on the day they were requested; however, we saw evidence that a number of patients had expressed dissatisfaction with the appointment system in the past; particularly

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advance appointments. We were told that this was a result of historic staffing issues. However the practice had recently recruited new staff to increase the availability of appointments.

- The practice had a number of policies and procedures to govern activity though some staff were unaware of the practice's safeguarding policy and we saw no evidence that the significant event process was being followed.
- The practice sought feedback from patients and had a patient participation group who were enthusiastic about making improvements to the practice; however, the group had begun formally meeting in November 2015 after having not met for 13 months.

The areas where the provider **must** make improvements are:

- Ensure that significant event procedures are consistently applied and that action is taken to address the concerns raised.
- Ensure that the practice has a comprehensive governance framework and the policies are implemented consistently and regularly monitored.
- Complete regular infection control audits and take action to address any areas of non-compliance with infection prevention and control guidance.
- Ensure that there are sufficient numbers of staff to meet patient demand, provide a comprehensive range of services and ensure effective administrative oversight and direction.
- Ensure that no staff are asked to undertake duties in which they are not competent.
- Replace the carpeting in all treatment rooms.
- Ensure that all medicines and prescriptions are securely stored.
- Ensure that the cold chain procedure is adhered to in relation to the storage of medicines.
- Ensure systems are in place to monitor the expiration dates of medicines and equipment.
- Ensure that all staff receive appropriate mandatory training.
- Ensure recruitment and monitoring arrangements include all necessary employment checks for all staff.
- Carry-out quality improvement work including clinical audits to improve patient outcomes and continue to work to improve the management of patients with diabetes so that outcomes reflect national and local averages.

In addition the provider **should**:

- Continue to review the practice's appointment system with a view to improving access to advance appointments.
- Review support arrangements for staff and ensure that appraisals are completed annually and that there is a formalised induction process in place for all new members of staff
- Consider having a formalised business plan in place.
- Advertise translation services in the reception area.
- Continue to work with and develop the practice's patient participation group.

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, we only saw two examples of significant events from the last twelve months that were documented in writing; though we saw evidence of others considered at an annual significant event meeting we found no evidence that these were reported and discussed in the format prescribed in their significant event policy. Although we saw examples of changes in the process being made in order to ensure that incidents did not reoccur, there were occasions where we did not see evidence of action taken to address the specific concerns that related to the patients involved in the event.
- Not all staff had received mandatory training including safeguarding and infection control.
- The practice had not completed an infection control audit, and there were particular areas of concern regarding infection prevention and control, for example, the treatment rooms were carpeted.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were not sufficiently robust to ensure that patients were always kept safe. We saw evidence that fridge temperatures of vaccine fridges had exceeded the optimum temperature on several occasions but it was not clear what action had been taken to address this. Neither vaccinations nor emergency medicines were securely stored.
- Not all prescription pads were securely stored.
- The practice did not have systems in place to periodically monitor the professional registrations of clinical staff.
- We found disposable clinical equipment which had passed its expiry date.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- There was no evidence that audit was driving improvement in performance to improve patient outcomes.

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- The practice was not able to consistently provide over 40 health checks due to staff shortages.
- Data showed patient outcomes were comparable to those in the locality with the exception of those relating to patients with diabetes, which were lower than national and CCG averages. The practice did provide evidence that action was being taken to improve their management of diabetic patients.
- We saw evidence of multidisciplinary working.

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 in line with national averages for most aspects of care.
- 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.
- Although patients told us that historically there had been problems trying to secure appointments in advance, the practice provided evidence of action taken to improve appointment availability and the patients we spoke to on the day said that issues around access had improved.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. 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 which aimed to deliver high quality care and promote good outcomes for patients. However insufficient staffing and deficiencies in

Summary of findings

governance meant that this was not implemented effectively. The vision and strategy were not documented in a formalised business plan. Staff were clear about the vision and their responsibilities in relation to this.

- There was a clear leadership structure and the practice had a number of policies and procedures to govern activity; however, some staff told us that did not always feel that they had received enough support, which they attributed to historic staffing shortages.
- Arrangements to monitor and improve quality and identify risk were not robust. There was no programme of continuous clinical audit and there were instances where action had not been taken to mitigate risks.
- 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 knowing about 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 were enthusiastic about making improvements to the practice but had not formally met for over thirteen months and only started meeting again in November 2015.

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 provider was rated as requires improvement for safety, effectiveness and for leadership. 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.
- The practice told us that they had not been participating in a local scheme to undertake comprehensive health and social care assessment for older housebound patients as they did not have sufficient numbers of staff.

People with long term conditions

Requires improvement

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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance for diabetes was lower than the national average; however, we saw evidence that steps had been taken to improve this figure.
- 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.
- The practice undertook virtual clinics with the support of a consultant from the local hospital for patients with Diabetes and COPD to ensure that patients were treated in accordance with current guidance.

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Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for leadership. 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.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was comparable to the national average.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80%.
- 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.
- The practice hosts a community midwife and provides a weekly baby clinic.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety, effectiveness and for leadership. 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. Although the patients we spoke to said that there had historically been issues in getting a routine appointment, we were told that the practice had recruited additional staff and altered their ways of working to improve the variety of appointments available.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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; however, some staff had limited awareness of the practice's safeguarding policy and we saw no evidence of safeguarding training on the day of our inspection, but have subsequently received confirmation that this has now been completed.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Other mental health indicators were comparable to national and CCG averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- The practice hosted a counsellor.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 283 survey forms were distributed and 115 were returned. This represented approximately 1% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 78% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. They said that staff were caring and professional and that the clinical staff provided high quality care. Ten of the comment cards mentioned that it was often difficult to make an appointment.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients did tell us that they found it difficult to make a routine appointment with a GP but they were always able to access a GP on the same day if required.

Forest Hill Group Practice

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 a practice manager specialist adviser.

Background to Forest Hill Group Practice

Forest Hill Group Practice is part of Southwark CCG and serves approximately 12,500 patients. The practice is registered with the CQC for the following regulated activities Maternity and Midwifery Services; Surgical Procedures; Diagnostic and Screening Procedures; Family Planning and Treatment of Disease, Disorder or Injury.

The practice population has a slightly higher proportion of working age people and slightly lower proportion of those over 65 than the national average. The surgery is based in an area with a deprivation score of 6 out of 10 (1 being the most deprived). The practice population contains a lower proportion of those with long term conditions and unemployed but a higher proportion of those in full or part time employment than the national average.

The practice is run by four GP partners; three female and one male. There are five female salaried GPs and one male GP fellow. The practice has a full time practice pharmacist, one nurse practitioner and three practice nurses.

The practice is a teaching and training practice and has two registrars at present.

The practice is open at 7.30 am every week day and closes at 7.30pm Monday until Wednesday and 6.30 pm Thursday and Friday. Appointments are available during these hours.

The practice offers 57 GP sessions, 15 registrar, 23 nurse and nine nurse practitioner sessions per week. The practice pharmacist is available eight sessions per week with booked and emergency appointments five days per week.

Forest Hill Group Practice operates from a property with treatment and consulting rooms based over two floors with additional rooms used as office space or by other services that the practice hosted on the third floor. The property is owned by two of the former GP partners. The service is accessible to patients with mobility issues. Staff told us that they would accommodate those with mobility issues on the ground floor.

Practice patients are directed to contact the local out of hours service when the surgery is closed and the practice can also book patients at a local GP hub which provides appointments from 8am until 8pm seven days per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Learning Disabilities, Minor Surgery, Patient Participation, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice told us that they had recently gone through a period of approximately five months where they had struggled to recruit the required number of permanent clinical and non-clinical staff. For example the practice had been without a permanent practice manager for approximately five months during which time the practice utilised locum managers. The current practice manager was recruited in May 2015. The practice had also found it difficult to recruit permanent GPs to replace those who had

retired or left the practice. However the practice had employed locum GPs to cover these vacancies. Three GPs including one partner as well as two GP trainees had been recently recruited and the practice told us that they now had a full team of staff.

The practice is part of a GP federation.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff GPs, nurses, reception and admin staff, pharmacists and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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
- 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

There were systems in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or data manager of any incidents and there was a recording form available on the practice's computer system; however, a different form which did not contain the same prompts and questions had been used to report the significant events that we reviewed. The practice were only able to produce two completed forms. We were also supplied with a table of other significant events which had been discussed at an annual review meeting but were not provided with any evidence that the practice's formal reporting process had been followed.
- The practice carried out analysis of the significant events and these were discussed in annual significant event meetings; however, on occasion it was not always clear what the concern was, when the event occurred, whether or not action had been taken to address the issues identified and whether or not a review had taken place to assess the effectiveness of this action. For example, there was an incident relating to the incorrect documentation of blood pressure readings. Though there was evidence of a general learning with a view to improve processes, it was not clear what the impact of this had been on the patient concerned and if any action had been taken to address any adverse impact for this individual.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw instances where lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice were concerned that they had lost some potentially sensitive patient data as their IT server had not been backed up for some time. Although the data was successfully recovered, a system was put in place whereby two members of the admin team would sign documentation daily to confirm that a backup of the server had taken place.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were separate leads for child and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw evidence that health visitors attended meetings on a regular basis to discuss safeguarding issues. Staff demonstrated they understood their responsibilities but not all had received training relevant to their role. All GPs were trained to Safeguarding level 3 but two of the nurses had not received any child safeguarding training. We have subsequently been provided with evidence that this has now been completed. We were told that the practice encouraged all staff to attend annual adult and child safeguarding sessions run by the CCG.
- 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 check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had recently had the ground floor of the premises refurbished. The practice told us that they were planning to refurbish the upstairs rooms and we saw evidence of a cost quote obtained for this. We found that the treatment rooms on the upper floors were still carpeted; though all carpets appeared clean on the day of inspection and staff knew what to do in the event that any spillage of bodily fluids. The practice nurse was the infection control clinical lead; however, they informed us that they were appointed to this role in late 2015 but had completed no infection control training and we saw that there were other members of staff who had received no infection control training. We subsequently received confirmation that

this had been booked for late May 2016. The infection control lead also informed us that they had recently started liaising with the local infection prevention teams to keep up to date with best practice but there was no evidence of any infection control audit having ever been completed; though we were provided evidence of a handwashing audit completed April 2016.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not sufficiently robust to ensure that patients were always kept safe (including obtaining, prescribing, recording, handling, storing and security). For example, not all of the practice's emergency medicines were securely stored. One of the emergency medication storage boxes was not secure and was located in a room that we were told was not always locked. We saw minutes of a meeting where this issue was discussed but no action had since been taken to address this. One of the practice's vaccine fridges was located in this room and, although lockable, the key had been left in the door. We saw another vaccine fridge that was located in another unlocked room and again the key had been left in the door. Upon reviewing the contents of the vaccine fridges we found one fridge contained vaccines which had expired during the first three months of 2016, before our visit, and that three of the fridges had gone above the optimum temperature on several occasions but there was not always an explanation of why this had happened and no evidence of action taken to address this issue.
- We also looked at a sample of disposable clinical equipment and found urinalysis tests had expired in December 2015 and syringes that had expired in 2009.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were not securely stored by all staff; with some telling us that they would not lock away prescriptions located in printer trays. We found a large number of prescription pads on the premises and there no systems in place to monitor their use. The practice pharmacist informed us that the supplier of pads for written prescriptions has changed and neither the previous or current supplier was prepared to take them back. We were told that this had been raised with the Prescribing Authority but they had still not been provided with direction on how to dispose of the unwanted prescription pads.
- The Nurse Practitioner was an Independent Prescriber, prescribing medicines for specific clinical conditions.She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow the two practice nurses to administer medicines in line with legislation (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed four personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, there was no proof of identification or references for some staff and no evidence that gaps in employment had been discussed with the applicant. There was evidence on file of staff qualifications and registration with the appropriate professional body; however, there was no mechanism in place for periodically reviewing the professional registrations of all clinical staff. We also found that at the time of the inspection there was no indemnity cover in place for one of the practice nurses. The practice informed us that they have since notified their insurer who would provide cover whilst this was resolved. The staff we reviewed who had contact with patients had received appropriate checks through the Disclosure and Barring Service.
- 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.

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 folder available 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. The practice had recently completed a health and safety risk assessment and a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Not all recommendations outlined in these assessments had been completed at the time of the inspection though the practice has since supplied evidence of actions taken to address the issues of concern identified.

- 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 that enough staff were on duty. The practice informed us that they had difficulty within the previous 12 – 18 months ensuring that there were sufficient numbers of permanent staff available. One staff member told us that they were asked to consult with patients whose conditions were complex and sat outside their scope of competence, which resulted in them having to take advice from colleagues which impacted on their ability to effectively time manage their clinics. We were advised that this was as a result of newer members of the reception team allocating inappropriate patients to this member of staff but that the practice had provided training which stopped this issue from occurring. Staff now felt they had sufficient numbers of staff to meet demand for appointments and provide good continuity of care.

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.
- Only some staff had received any basic life support training and some of the training which we reviewed had not been completed within the last twelve months.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff and staff knew of their location. All the medicines we checked were in date and fit for use.

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 peoples' needs.
- The practice monitored that these guidelines were followed through audits and 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 87.8% of the total number of points available, with 5.1% exception reporting. (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 an outlier for a number of diabetic indicators. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 59% compared to 78% nationally. The percentage of those who have had influenza immunisation in the preceding 6 months was 69% compared with 94% nationally. The percentage of patients whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 69% compared with 80% nationally. The percentage of patients with a record of a foot examination and risk classification within the preceding 12 months was 68% compared with 88% nationally. The percentage of these in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months was 65% which was comparable to 78% nationally.

The practice's exception reporting for diabetic patients was 3.3% which is lower than the national average of 10.8%.

We were told by staff that diabetic patients were difficult to engage, with a large proportion failing to attend their scheduled appointments; though we saw evidence that mechanisms were in place to follow up non-attenders. One staff member also informed us that due to the high turnover of GPs in the practice some locum GPs may not have been completing all of the prompts on the templates which impacted on QOF scoring. The practice provided us with evidence that they had taken steps to improve the management of their diabetic patients. Staff at the practice told us that one of the practice nurses who had been undertaking most of the diabetic checks had left the practice in 2014 and that this had possibly impacted on their ability to effectively manage their diabetic patients. One of the GPs was now the lead for diabetes management and they were assisted in ensuring that diabetic checks were completed by the practice nurses and the practice pharmacist. We saw evidence that periodic reminders were sent to staff regarding the parameters which would identify pre diabetic patients. Missed diagnosis of two diabetic patients had been raised as a significant event and guidance for staff had been prepared and circulated to ensure that all staff were aware of current guidance. We also saw evidence that management of both diabetic patients and pre diabetic patients was discussed in clinical meetings.

The practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months measured 150/90mmHg or less was
- Performance for mental health related indicators was similar to the national average. 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 was 84% compared to the national average of 88%. The percentage of those whose alcohol consumption has been recorded in the preceding 12 months was 78% compared to 90% nationally.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 66% compared with the

national average of 84%. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 90% compared with 94% nationally.

Clinical audits did not demonstrate quality improvement.

There had been two clinical audits completed in the last two years which were not initiated by the CCG. One audit analysed all patients who had undergone minor surgical procedures within the last twelve months (an annual mandatory requirement for accreditation) and another related to antibiotic prescribing for patients with diagnosis of tonsillitis or sore throat which was carried out in response to newly published NICE guidance. Neither of these were completed audits where quality improvement was demonstrated.

The practice also participated in local prescribing audits.

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment but some staff had not completed all mandatory training.

- The practice had an induction programme for all newly appointed staff. However this was not always being used for all staff who joined the practice and we saw no evidence of a formal induction in any of the staff files that we reviewed. The practice manager informed us that all staff did have an induction that was specific to their role which included shadowing other members of staff and the staff we spoke to confirmed this.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff including for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by completing training updates and liaising with the local practice nurse forum.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs; however, not all staff had been appraised within the last twelve months and one member of staff told us that they had requested an appraisal on several occasions but had yet to receive one. Staff had access to appropriate clinical training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Some staff had received mandatory training that included: safeguarding, fire procedures, basic life support and information governance awareness; however, of the files reviewed we found that some training was out of date or missing. The practice has since provided evidence that this training had now been completed or was scheduled to be completed.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with health visitors, staff from the local hospice, the community mental health team and the district nursing team. We saw evidence that care plans were routinely reviewed and updated as a result of these meetings.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

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 would assess the patient's capacity and recorded the outcome of the assessment.
- We saw examples of minor surgery consent forms and an information form that was given to patients prior to any procedure to ensure that any consent was informed.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients were referred to a dietician where appropriate. The practice nurse provided advice on smoking cessation.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 95% and five year olds from 82% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74; however, the practice acknowledged that they had not been able to offer these consistently due to staffing shortages and told us that they were planning to employ a healthcare assistant to ensure that this service was always available and so that they could offer an in house phlebotomy service.
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.
- There was a sign in the reception area advertising the availability of a private room to discuss their needs.

Eighteen of the 28 patient Care Quality Commission comment cards we received were exclusively 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. The other 10 comment cards were also positive about the quality of care received but expressed concern about the length of time it took to get an appointment.

We spoke with four members of the patient participation group. 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 national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 84% and national average of 88%.
- 82% said the GP gave them enough time (CCG average 81%, national average 86%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 77% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (national average 85%).
- 83% said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

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 on the comment cards we received was also positive and aligned with these views.

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:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (national average 81%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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 area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice had a notice board for carers in the waiting area which feature posters advertising local carer support services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to

Good

Are services caring?

them and there was a notice board in the reception area advertising carer support services. The practice also had forms available in the reception area which patients could complete to notify the practice that they acted as carer.

One of the practice GPs told us that if families had suffered bereavement they would be sent a sympathy card and contacted by telephone where they would be offered a consultation or referred to the counselling service hosted by the practice. There were numbers for bereavement support services advertised in the reception area.

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 had worked with other providers in the CCG to set up a local access hub.

- The practice offered extended hours in the morning between 7.30am and 8am Monday to Friday and 6.30pm to 7.30pm on Mondays and Tuesdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice were able to offer appointments at the GP access hub that was run through the Federation.
- There were facilities available for those with mobility issues, a hearing loop and translation services.
- The practice hosted other local services including counselling, midwifery and physiotherapists.
- The practice had recruited a pharmacist who, in addition to reviewing the practice's prescribing practices, provided advice to patients with minor ailments and undertook reviews of patients with certain long-term conditions. The practice were planning on recruiting a junior pharmacist in August 2016.

Access to the service

The practice was open between 7.30 am every week day and closed at 7.30 pm Monday until Wednesday and 6.30 pm Thursday and Friday. Extended hours access was between 7.30 am and 8 am Monday to Friday and 6.30 pm to 7.30 pm Monday and Tuesday. The practice had introduced a monthly Saturday surgery in March 2016. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 68% patients said they could get through easily to the surgery by phone (national average 73%).
- 18% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

The practice had taken steps in response to the national patient survey and feedback from complaints and comments on NHS choices to improve telephone access and access to routine appointments. They were in the process of promoting patient access (for booking appointments and ordering repeat prescriptions online), for example by advertising the service on the back of repeat prescription forms. We saw that this was being promoted through notices in the reception area. The practice had also recently recruited three GPs (including one partner) and two trainees to increase the availability of appointments which we were told had reduced the amount of time staff needed to spend on the phone trying to find a suitable appointment. Receptionists were also designated with answering calls for the first two hours of the day in order to ease congestion on the telephone. The day we visited, the next routine appointment was available a week in advance.

The practice also told us that they were making use of the local GP access service on occasion where they were unable to offer patients appointments and were taking steps to promote this service to patients.

People told us on the day of the inspection that there had been historic issues getting routine appointments but that they were able to emergency appointments when they needed them.

Listening and learning from concerns and complaints

The practice 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There were posters in the reception area and leaflets that patients could take away.

We looked at four complaints received in the last 12 months and found that in all cases they were handled in line with their complaints procedure. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had received a number of complaints from patients, both formally in writing and via NHS choices, regarding the availability of appointments and the ability to get through to the surgery on the telephone. As a result the appointment system was changed in April 2016 and the duty doctor system was replaced, new GPs were recruited which increased the availability of appointments. The practice also introduced a monthly Saturday surgery from March 2016 for booked routine appointments.

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 and strategy which aimed to deliver high quality care and promote good outcomes for patients. However staffing levels and deficiencies in governance meant that this was not implemented effectively

- The practice had a mission statement and staff knew and understood the values.
- Though the practice were able to clearly describe their vision for the practice there was no documented business plan or strategy in place.

Governance arrangements

The practice had an overarching governance framework but this did not fully support the delivery of the strategy and ensure good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure; however, some staff had not received sufficient training or support to cover the full scope of their role. For example, the nurse practitioner had been designated infection control lead in 2015 but had received no training for this role and there was no evidence of an infection control audit having been undertaken.
- Some practice specific policies were not implemented for instance infection control and significant events.
- Though we saw examples of completed audits that were required by the CCG, there was no evidence of a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective. For example, there was no evidence of action taken as a result of raised temperatures in the practice's vaccination fridges and action had not been taken to address concerns identified in the practice's health and safety risk assessment at the time of our inspection; though we have since been provided with evidence that action has been taken.

Leadership and culture

The partners in the practice had the experience and capability to run the practice and ensure high quality care. Though we saw evidence to suggest that the practice provided care that was compassionate there were instances where care was not safe. It appeared that the lack of adequate staffing had impacted on the practice's ability to ensure that there were effective governance arrangements in place. This was particularly evident when we looked at staff training files and reviewed procedures around monitoring and storage of medicines, infection control and clinical equipment. Staff told us that they had felt under pressure over the last eighteen months as they had been asked to do more to compensate for staff shortages. For example, one member of staff told us that they were asked to consult with patients whose conditions were complex and sat outside their scope of competence, which resulted in them having to take advice from colleagues which impacted on their ability to manage their clinics. The practice informed us that this issue in fact stemmed from newer members of the reception team allocating inappropriate patients to this member of staff but that additional training had been provided which has addressed the concern. To address the shortage of permanent staff the practice had recently recruited additional GPs and a pharmacist and were planning on taking on additional staff in the future.

The provider was aware of and complied with the requirements of the Duty of Candour though in respect of significant events it was not always clear what action had been taken to address the concerns for the individuals involved. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.

Are services well-led?

Requires improvement

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- We were told that the practice was organising a team away day to discuss future planning, gather issues from staff and improve team working.
- Staff said they felt respected and valued particularly by the partners in the practice. However some staff told us that they had not received the managerial support that they had required to undertake certain aspects of their role. They attributed this to the length of time that the surgery had not had a practice manager in post and the volume of work that the practice manager had to contend with. The practice told us at the start of our inspection that they were planning to recruit an assistant practice manager and a receptionist manager.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice acknowledged that the Patient Participation Group (PPG) had not been functional during the time that there had been problems recruiting a practice manager; however, we spoke to members of the PPG who confirmed that the practice had re-established the PPG in November 2015 and that two meetings had been held since the end of last year. The PPG members told us that they had fed back about the appointment system and that the practice had since taken action to address their concerns and that they could see that the system had improved. The PPG was promoted on the practice website and within the reception area which the practice hoped would encourage more working age people to join.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a member of the reception team had suggested introducing shorter appointment slots for less complex patients and we were told that this has now been taken forward. 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 Family planning services Maternity and midwifery services Surgical procedures 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 registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in that: • Prescriptions and medications were not securely stored • Not all vaccines and clinical equipment were in date. • Action was not taken when vaccines fridges went above their optimum temperature. • The practice had carpeting in areas where clinical procedures were carried out. • No infection control audit had been completed • Not all staff had received mandatory training. • Not all recruitment checks and monitoring had been completed for all staff. • Not all staff were covered by the practice's professional indemnity insurance. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good Governance **How the regulation was not being met:** The registered person did have mechanisms in place to fully assess, monitor and improve the quality and safety of the services or fully assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity in that: • There was no evidence of any audit which resulted in quality improvement. • The significant event process was not being implemented in accordance with the practice policy. • The practice did not have an effective governance framework and policies and protocols were not always implemented or monitored. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Staffing **How the regulation was not being met:** The registered person not have sufficient numbers of suitable permanent qualified staff which meant that: • Staff had not received an annual appraisal and did not feel supported. This was in breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.