

KS Medical Centre Limited

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to KS Medical Centre Limited	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at KS Medical Centre on 29 March 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events, although records of analysis and learning from significant events were limited in detail.
- Risks to patients were assessed and generally well-managed, apart from those relating to health and safety, infection control and recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered a good service and staff were helpful, polite, caring, and treated them with dignity and respect.

- 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 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity but some of these required review.
- The practice did not have a programme of continuous audit to demonstrate quality improvement.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are;

- Take action to address identified concerns with health and safety and fire safety processes.

Summary of findings

- Ensure that clinical waste stored inside and outside the practice is managed in accordance with national guidance.
- Ensure that Disclosure and Barring Service (DBS) checks are undertaken for all clinical staff including health care assistants.
- Ensure effective governance systems for assessing and monitoring the quality of service provision.
- Maintain a record of outcomes and learning from discussions at practice meetings.

The areas where the provider should make improvement are;

- Establish a comprehensive recording system for the receipt, dissemination and response to safety alerts received by the practice.

- Ensure an effective system for recording and monitoring significant events, incidents and near misses.
- Implement a system to monitor and track prescription pads kept at the practice.
- Review cleaning schedule documentation to ensure that all cleaning tasks are recorded.
- Ensure that staff attend basic life support training at intervals in accordance with national guidance and undertake infection control and fire safety training as part of a mandatory training programme.
- Ensure that all staff receive regular appraisals.
- Review the business continuity plan to ensure that all potential circumstances are included

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There was some evidence to demonstrate the practice carried out an analysis of significant events that occurred, although records were limited in detail and did not confirm that learning was shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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.
- The practice had an infection control policy and had conducted an internal infection control audit, however there were no documented action plans to address issues identified. For example external clinical waste bins did not have lockable lids.
- A health and safety risk assessment including fire risk had been completed but not all risks identified had been actioned. The practice carried out regular fire equipment testing, but there was no evidence that regular evacuation drills were undertaken.
- There were procedures and equipment in place to manage medical emergencies, however there were no formal records kept to demonstrate that all practice staff had received basic life support training within the last year.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 201/2015 data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly comparable to the national average. However, there were areas for improvement that the practice were aware of and had focused on for 2015/2016 data collection.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Completed clinical audits linked to local medicines management schemes demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was comparable to local and national averages for its satisfaction scores on consultations with GPs.
- Patients said they felt the practice offered a very good service and staff were helpful, polite, caring, and treated them with dignity and respect.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- There was evidence that the practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had undertaken CCG led prescribing audits to ensure their prescribing practices were in line with local guidance.
- 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. Actions taken to improve services following complaints were documented in a log, although we did not see evidence to show these were shared with all staff.

Good



Are services well-led?

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity but some of these required review.

Requires improvement



Summary of findings

- There were arrangements for identifying, recording and managing risks, although implementation of mitigating actions were not consistent. For example, the practice had not fully implemented all fire safety recommendations following an external health and safety risk assessment.
- The practice did not have a programme of continuous audit to demonstrate quality improvement.
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was inactive.
- Staff had received inductions but not all staff had received regular performance reviews.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There was a named GP for patients over the age of 75 years to promote continuity of care.
- The practice used risk stratification tools to identify older patients at high risk of admission and invite them for review to created integrated care plans aimed at reducing this risk. Referrals were made to local intermediate care services to support patients at home when they were unwell if appropriate.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice held three monthly meetings with the district nurses to discuss older patients with complex needs and update care plans accordingly.
- Phlebotomy services were provided at the practice including anticoagulation monitoring reducing the need for patients to travel to hospital for these services.
- The practice provided primary medical care to a local care home with weekly GP ward round visits to review medicines and update care plans as required.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as requires improvement for safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- They offered GP and nurse led annual review of patients with long term conditions, for example asthma and chronic obstructive pulmonary disease (COPD) reviews with spirometry and diabetes clinics. Longer appointments were available for chronic disease reviews.
- Quality and Outcome Framework (QOF) data for 2014/2015 showed the practice was at or above the CCG and national averages for indicators relating to chronic disease, such as diabetes and high blood pressure.

Requires improvement



Summary of findings

- The practice used risk stratification tools to identify patients with long-term conditions at high risk of admission and invite them for review to create integrated care plans aimed at reducing this risk. Referrals were made to local intermediate care services to support patients at home when they were unwell if appropriate.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice held three monthly meetings with the district nurses to discuss patients with complex needs and update care plans accordingly.
- Phlebotomy services including anticoagulation monitoring were provided in house at the practice.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There was a named GP lead for safeguarding vulnerable children. Staff had received role appropriate training and were aware of their responsibilities to raise concerns. The practice maintained a register of vulnerable or at risk children and families.
- Same day appointments were available for children.
- Childhood immunisations were offered in line with national guidance. Uptake rates were lower than local averages, however the practice felt this was due to change to a new electronic record system and subsequent coding issues.
- The practice offered maternity services including shared ante-natal care and six week mother and baby post-natal checks.
- The practice offered family planning and contraceptive services and there was evidence of signposting young people towards local sexual health clinics.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

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

- The practice offered twice weekly extended hour appointments for patients unable to attend the surgery during normal hours. Telephone triage was also available with same day GP call back for urgent issues.
- There was the facility to book appointments on line but there was no online service for repeat prescription requests.
- The practice offered NHS health checks for patients aged 40-74 and new patient checks with appropriate follow up for any abnormalities or risk factors identified.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There was a named GP lead for safeguarding vulnerable adults and staff had received appropriate training and were aware of their responsibilities to raise concerns. We saw two examples of good safeguarding procedures were concerns had been raised about patients in vulnerable situations and acted on promptly.
- The practice maintained a register of patients with learning disabilities and we were told they had good links with the local learning disability team for advice and support. However, there were 18 patients on the register and six had received annual health checks.
- We were told vulnerable patients were signposted to local support groups and organisations as required.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Requires improvement



Summary of findings

- 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice maintained a register of patients with dementia. They offered opportunistic screening for dementia in patients at risk and those with concerns about their memory with prompt referral to local memory services if required.
- The practice maintained a register of patients experiencing poor mental health. There was a Primary Mental Health Worker attached to the practice who reviewed patients discharged from secondary to community services and was able to support clinical staff as required.
- 2014/2015 QOF data for mental health related indicators were mostly comparable to national averages, however the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan in their notes was 65% which was below the national average of 88%.

Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing below local and national averages. Three hundred and thirty eight survey forms were distributed and 108 were returned. This represented approximately 2% of the practice's patient list.

- 41% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 51% 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%.
- 63% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 52% 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 13 comment cards and the majority were positive about the standard of care received. Comments received described staff as helpful, polite, caring, professional and the environment as safe, clean and tidy. The few negative comments received related to issues with long waiting times.

We did not speak with patients during the inspection. We reviewed information and

patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. The practice achieved an average 76% satisfaction rate in the NHS Friends and Family Test for the six month period from September 2015 to February 2016.

KS Medical Centre Limited

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 KS Medical Centre Limited

KS Medical Centre is a well-established GP practice situated within the London Borough of Ealing. The practice lies within the administrative boundaries of Ealing Clinical Commissioning Group (CCG) and is a member of the North Southall Ealing GP network.

The practice provides primary medical services to approximately 4,700 patients and holds a core General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located in Dormers Well Lane, Southall with good links by bus transport services.

The practice operates from a converted detached house that has been renovated. There are three consultation rooms and two treatment rooms on the ground floor of the premises. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are accessible toilet facilities for people with disabilities and off site car parking in the surrounding residential areas.

The practice has an ethnically diverse patient population which includes a large South Asian ethnicity of approximately 40%. There is a higher than the national average number of patients between 25 and 39 years of age and lower than the national average number of patients 85

years plus. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of one female and one male GP partner, two locum female GPs and one male locum GP who collectively work a total of 19 clinical sessions a week. They are supported by two practice nurses, two health care assistants, a practice manager, assistant practice manager and four administration/reception staff.

The practice is open from 8.00am to 6.30pm Monday and Friday; 8.00am to 7.30pm Tuesday and Wednesday and 8.00am to 1.00pm on Thursday. GP appointments are offered daily from 09.00am to 12.00am Monday to Friday and from 3.30pm to 5.50pm Monday, Friday and from 3.30pm to 7.30pm Tuesday and Wednesday.

The practice provides a wide range of services including chronic disease management, antenatal and postnatal care and over 75's health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

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. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 and asked other organisations to share what they knew. We carried out an announced visit on . During our visit we:

- Spoke with a range of staff, including GPs, practice nurse and administration staff.
- 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
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events however, there was no documented policy for the management and reporting of incidents. There was an emergency incident policy which documented the actions to take in the event of a confrontational situation occurring.

- 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. However, the incident recording form did not support 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 received reasonable support, but there was no documented evidence that they received a written apology or were told about any actions to improve processes to prevent the same thing happening again.
- There was some evidence to demonstrate the practice carried out an analysis of significant events that occurred, although records made available were limited in detail. The practice provided two significant event records that had both occurred in the month prior to the Inspection. These records included analysis and actions taken at the time of the incidents, but there was limited information recorded about learning outcomes or preventative actions taken to mitigate reoccurrence. We were told one of the incidents was discussed at a staff training afternoon, but the detail of this was not documented.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. There was some evidence to support that lessons were shared and action was taken to improve safety in the practice. We were told that medical and safety alerts when received were routinely circulated to relevant staff, discussed at clinical practice team meetings and acted upon where necessary. However, a record of all alerts received was not collated for future reference and minutes of

meetings were not always documented to demonstrate discussion and actions taken. We were given verbal examples by nursing staff of two recent Department of Health medical alerts received and acted upon.

Overview of safety systems and processes

The practice had some 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. Information about who to contact for further guidance was available 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. GPs were trained to child safeguarding level three and nursing staff to level two.
- Notices advised patients that chaperones were available if required. We were told that only the practice nurses acted as chaperones and both 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).
- There were some areas of weakness in the standards of cleanliness and hygiene at the practice. We observed the premises to be clean and tidy. There was an infection control protocol in place and one of the practice nurses was the infection control clinical lead. An external infection control assessment had not been undertaken at the practice however an internal audit had been performed in August 2015. Documentation from this audit was incomplete as no action plans had been put in place to address areas where shortfalls were identified. For example, the audit highlighted that external clinical waste bins did not have lockable lids and this had not been rectified. Arrangements were in place for the management of clinical waste inside the practice however, it was observed that there were no separate receptacles for disposal of sharps used to

Are services safe?

administer live vaccines. Environment cleaning schedules were limited in detail to confirm completion and frequency of cleaning tasks. For example, whilst there was evidence that carpets in consultation rooms had recently been cleaned and privacy curtains changed immediately prior to the inspection, we could not determine the frequency of these tasks or when they had previously been undertaken.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however, there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three 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 appropriate checks through the Disclosure and Barring Service (DBS). However it was noted that two health care assistants did not have up to date DBS checks.

Monitoring risks to patients

Risks to patients were assessed and generally 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 however, those named included previous practice staff members. A health and safety risk assessment including fire risk had been completed by an external company in June 2015. There was evidence that the practice had addressed some of the risks identified but not all had been actioned. For example, the emergency alarm cord in the toilet had not been changed and additional signage alerts for oxygen storage had not been displayed as recommended. The practice carried out regular fire equipment testing, but

there was no evidence that regular evacuation drills were undertaken. The practice manager was the designated fire marshal but had not undertaken formal training for the role.

- 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 other risk assessments in place to monitor safety of the premises such as 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 the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- There were no formal records kept to demonstrate that all practice staff had received basic life support training within the last year. However, we were told that this was covered in a GP partner led training event in February 2015 about dealing with emergencies at front of house and orientation with first line emergency equipment. Emergency medicines were 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 was available although it was observed that the latter had no entries recorded in the last nine years.
- 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 business continuity plan in place for major incidents such as power failure or building damage, although this did not include arrangements in the event of whole building loss. The plan did include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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. New guidelines were discussed at weekly clinical meetings and information passed on to any locum GPs working at the practice as required. However, minutes for these meetings were not consistently recorded for this to be confirmed. 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 and audits.

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 94% of the total number of points available which was comparable with CCG and National averages. Exception reporting was 10% which was similar to the CCG average and slightly higher than the national averages. (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 QOF mental health related clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 85%, which was in line with the CCG average of 86% and the national average of 89%.
- Performance for mental health related indicators was 87%, which was below the CCG average of 95% and the national average of 93%.

The practice were aware of the variations in QOF targets compared to the local and national averages. They told us QOF data was discussed as a standing agenda item at the weekly clinical meeting to identify areas to target resources and QOF performance 2015/16 had improved.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last year linked to CCG led medicine management, both of these were completed audits where the improvements made were implemented and monitored. For example, a recent audit reviewed prescriptions of New Oral Anticoagulants (NOACs) to ensure they were in line with NICE guidelines. The first cycle found some patients had not had clotting/bleeding risk scores completed and patient records were updated accordingly. The results were discussed at a clinical meeting to raise awareness with staff of the importance of completing risk screening tools when prescribing these medicines. Repeat audit showed improvements had been made and all NOACs were being prescribed in accordance to the guidelines. There were no examples of independent practice led clinical audits.
- The practice participated in local audits and national benchmarking. Findings were used by the practice to improve services. For example, through participation in local medicine management audits the practice ensured that medicines such as anticoagulants and anti-psychotics were being prescribed in accordance with best practice guidelines. The practice used a referral management service that reviewed referrals and sent back those deemed inappropriate. However, it was observed that the practice did not have a system to review referral rejections to improve quality through shared learning.

Information about patients' outcomes was used to make improvements. For example, the practice engaged in local enhanced services to identify patients at high risk of hospital admission using risk stratification tools and invite them for review to create care plans to reduce this risk. They maintained a list of patients who were at risk of admission and this alerted clinical staff to patients who may require additional support in the community. We were

Are services effective?

(for example, treatment is effective)

told they regularly referred patients to the local intermediate health and social care service Home ward, that supported patients who became unwell at home to avoid unnecessary admission to hospital.

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, 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 and wound management.
- 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 attendance at CCG led training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. The GPs had received annual appraisals, however there was no evidence that all clinical and administration staff had received an appraisal in the last 12 months.
- The practice did not keep a comprehensive record of mandatory training staff received. We were told that basic life support and safeguarding training were mandatory but there was no formal evidence to confirm completion by all staff. We were shown a template of training completed in the last three years which included basic life support (BLS) however there was no record of training date or when next due. We were told that BLS had been delivered in house in February 2014 but there was no formal record to demonstrate this.

Staff had access to and made use of e-learning training modules including safeguarding which they all had completed. There was no evidence of fire safety or Infection and prevention control 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, such as district nurses and social services, on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice informed us they maintained good communication via email with the multi-disciplinary team as required in between meetings. There were no formal meetings with the community palliative care nurses due to staffing issues within that team, but the practice had telephone and email access to advice and support as required.

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.

Are services effective?

(for example, treatment is effective)

- The practice used written consent forms for minor surgery and procedures, however the process for seeking consent was not monitored through patient records audits.

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, those at risk of developing a long-term condition and those requiring advice on their diet and smoking were signposted to the relevant service.
- One of the health care assistants had received formal training in smoking cessation and ran in-house clinics.

The practice's uptake for the cervical screening programme was 75%, which was below the CCG average of 79% and the national average of 82%. The practice was aware of this and felt this was due to low uptake of cervical smears in some patient groups within the practice population. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the

practice nurse also contacted patients eligible for smears by telephone to encourage them to arrange an appointment. 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 below or comparable to CCG averages for the period 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 6% to 85% compared to CCG averages of 30% to 94% and five year olds from 28% to 98% compared to CCG averages of 70% to 94%. The practice considered that reported lower uptake rates may have been in part due to the installation of a new electronic patient record system in 2014 and consequent coding issues.

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.

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 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, polite, caring, and treated them with dignity and respect.

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly at average for its satisfaction scores on consultations with GPs and nurses, however some scores fell below national and local averages. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 87%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 91%.

- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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 mostly below local and national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 64% 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%.
- 66% 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 was aware of the feedback and since the reported data had been collected they had employed another practice nurse, increased the number of sessions for one of the GP partners and increased the duration of GP partner appointments from 10 to 15 minutes. They anticipated an improvement in patient satisfaction scores when the next national GP survey is published.

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.

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 had identified 84 patients (over 1% of the patient list size) who were also carers and offered these

Are services caring?

patients additional support if required. There was no formal procedure to offer this patient group annual health checks or flu vaccines but were instead offered opportunistically.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was evidence that the practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had undertaken CCG led prescribing audits to ensure their prescribing practices were in line with local guidance.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- They offered GP and nurse led annual review of patients with long term conditions, for example asthma and chronic obstructive pulmonary disease (COPD) reviews with spirometry and diabetes clinics.
- Phlebotomy services including anticoagulation monitoring were provided in house.
- Same day appointments were made available for children and those patients with medical problems that required same day consultation.
- The practice offered twice weekly extended hour appointments for patients unable to attend the surgery during normal hours. There was the facility to book appointments on line but there was no online service for repeat prescription requests.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were facilities to assist people with disabilities and translation services were available. Practice staff spoke some of the languages spoken in the community and were able to assist patients where language maybe a barrier. The practice did not have a hearing loop.
- There was a primary mental health worker attached to the practice who reviewed patients discharged from secondary to community services.

Access to the service

The practice was open from 8.00am to 6.30pm Monday and Friday; 8.00am to 7.30pm Tuesday and Wednesday and 8.00am to 1.00pm on Thursday. GP appointments were offered daily from 09.00am to 12.00am Monday to Friday and from 3.30pm to 5.50pm Monday, Friday and from 3.30pm to 7.30pm Tuesday and Wednesday. In addition to pre-bookable appointments that could be booked up to

three weeks in advance, urgent appointments were also available for people that needed them. Bookable 15 minute appointments were routinely offered to see either of the GP partners.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%. The practice was aware of these concerns and had in response replaced the previous telephone system in attempt to address the problems patients experienced. They told us that they anticipated increased satisfaction in the forthcoming national GP survey findings as a result of the new telephone system now in operation.

Comment cards received on the day of the inspection showed patients were able to get appointments when they needed them, however some patients reported long waiting times from their appointment time slots.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example in the practice leaflet, complaints summary leaflet and on the practice website.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled in a timely manner with openness and apologies were offered when appropriate. The practice kept a log of complaints received that included documentation of actions taken to improve services as a result of the complaint. It was noted that one of the four complaints received had not been

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

recorded in this log. We were told complaints were discussed in the weekly partners meeting but minutes from them were not always routinely taken for this to be confirmed. Lessons were learnt from individual concerns and complaints to improve the quality of care. For example,

following a complaint about issues with registering for online services to book appointments, the practice manager provided training to four members of administration staff to address knowledge shortfalls.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement but had a written statement of purpose with their aims and objectives.
- The practice had a business development plan for the future which was to expand and improve the premises in order to appoint additional doctors and increase the services provided.

Governance arrangements

The practice had a limited formal governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a number of specific policies that were implemented and available to staff, although some required updating. For example, the recruitment policy made reference to Criminal Records Bureau (CRB) which was replaced by the Disclosure and Barring Service (DBS) in 2013. Some policies were absent for example, management and reporting of incidents.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was not in place to monitor quality and to make improvements. An internal infection control had been conducted in the last year but there was no documentation of an action log and timeline or when actions had been taken. We were told that the practice had conducted a telephone triage audit but there were no records to demonstrate evidence of this.
- There were arrangements for identifying, recording and managing risks, issues and implementation of mitigating actions, although the latter was weak in some areas. The practice had not fully implemented all fire safety recommendations following an external health and safety risk assessment.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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). The practice told us that they encouraged a culture of openness and honesty. The practice had systems in place that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal apology. The practice kept records of verbal interactions but there was no correspondence to demonstrate written apologies were sent.

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

- The practice held weekly staff meetings with administration and nursing staff and weekly clinical meetings with the GP partners and practice manager. However neither of these meetings had a rolling agenda and minutes were not consistently recorded.
- 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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG last met July 2014, carried out a patient survey during February and March 2014 and submitted proposals for improvements to the practice management team. For example, following feedback from the survey the practice conducted in-house training for reception staff to improve patient experience. At the time of the

Are services well-led?

Requires improvement 

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

inspection the PPG was inactive. The practice reported ongoing challenges with patient engagement with the PPG and had aspirations to encourage participation and attendance at at least annual meetings or more frequently.

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>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. Systems and processes to address identified risks were not implemented well enough to ensure patients were kept safe for example infection control, health and safety, fire safety and Disclosure and Barring Service checks.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have effective systems to assess, monitor and improve the quality and safety of service provision. Including comprehensive policies and procedures, programme of quality improvement and records of outcomes and learning.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>