South Norwood Hill Medical Centre

Quality Report

103 South Norwood Hill
London
SE25 6BY
Tel: 020 8771 0742
Website: www.southnorwoodhillgp.org.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at South Norwood Hill Medical Centre on 5 May 2016. Overall the practice is rated as Inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe.
  - The practice was not taking appropriate action to assess the risk of, prevent and control the spread of infections.
  - Arrangements for managing medicines and dealing with medical emergencies were not sufficient to keep patients safe.
  - Most staff in the practice had not completed recent training in safeguarding children or adults at the levels required for their roles, including the lead GP for safeguarding.
  - The practice had not carried out appropriate Disclosure and Barring Service (DBS) checks prior to employment or when staff moved between roles.
  - Not all of the staff we spoke to were clear about the practice procedure when acting as a chaperone, meaning that they may not be able to properly perform the role. The practice had not carried out DBS checks on staff who acted as chaperones or documented a risk assessment for this decision.
- Paper copies of patient notes were not stored securely and staff had not completed the required training in information governance.
- Results from the national GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. Patients we spoke to were positive about their interactions with staff and said they were treated with compassion and dignity, but told us that they were not always able to get appointments when they needed them. Patients told us that they felt that they sometimes had to wait too long at the practice to be seen. The practice was unaware of the deterioration in patient satisfaction.

Summary of findings

- Information was available about the complaints system and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were in line with the national average. However, measures of performance for some particular patient populations were below average.

The areas where the provider must make improvements are:

- Implement effective systems to keep patients safe including processes to prevent and control infection and safe and proper management of medicines, with monitoring of the use of blank prescription forms. Ensure that all medicines are stored securely, and that systems ensure all medicines kept within the premises are in date and are sufficient to deal with medical emergencies, taking into account the patient population and the services provided.
- Ensure that consent is obtained in line with practice policy and national guidance.
- Implement formal governance structures for assessing and monitoring all risks, including those that relate to the triageprocedures ; employment checks (upon recruitment and if staff change role) ; and for ensuring that the practice can continue to operate in the event of an incident affecting the premises, equipment or systems.
- Ensure that all staff complete mandatory training in safeguarding, information governance and infection control and that staff acting as chaperones have a clear understanding of their role.
- Disclosure and Barring Service (DBS) checks must be in place or risk assessments carried out for all staff undertaking clinical or chaperoning duties .
- Ensure that systems are in place to act on patient feedback.

The areas where the provider should make improvements are:

- Continue to take action to improve the care of people with long-term conditions and poor mental health, as measured by the Quality Outcomes Framework.
- Ensure systematic monitoring of all samples taken for the cervical screening programme.
- Take measures to increase the number of patients identified as carers and improve the services they are offered.

CQC issued a warning notice to the practice related to infection prevention and control and medicines management.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- The practice systems and processes to keep patients safe and safeguarded from abuse were not sufficiently developed or embedded. For example, most staff, including the practice lead for safeguarding, had not received the required training in safeguarding children.
- Risks to patients were not well assessed or well managed.
  - The practice did not take appropriate action to assess the risk of, prevent and control the spread of infections. Not all of the expected policies were in place. The premises were not cleaned to the expected standard and most staff had not received training in preventing and controlling infections.
  - The arrangements for managing medicines were not sufficient to keep patients safe; systems for managing vaccines were not effective and we found that medicines were left unlocked in areas patients could access.
  - The practice had not carried out appropriate checks prior to employment or when staff moved between roles.
  - Not all of the staff we spoke to were clear about the practice procedure when acting as a chaperone, meaning that they may not be able to properly perform the role. The practice had not carried out DBS checks on staff who acted as chaperones or documented a risk assessment for this decision.
  - The system for responding to medical emergencies was not effective. The practice had not have all of the emergency medicines that we would expect taking into account the patient population and the services provided.
- There was an effective system in place for reporting and recording significant events. 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. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Summary of findings

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were in line with the national average.Some measures of performance for some particular patient populations were below average, for example:
  - 81% of patients with diabetes had had a flu immunisation, compared to the national average of 94%.
  - 74% of patients with diabetes had well-controlled cholesterol (they had a result on a blood test of 5 mmol/l or less), compared to the national average of 81%.
  - Exception rates were below average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff performing specialist roles had the skills, knowledge and experience to deliver effective care and treatment, but had not received the mandatory training required to work in a GP practice.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Consent for most care and treatment was being sought and recorded in line with legislation and guidance. However, written consent was not being obtained for minor surgery, in breach of the practice policy and national guidance.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, but below average for others.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 18 of its patients as carers, and was not providing any specific support to this group of patients.

Summary of findings

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement 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. The practice hosted a benefits advisor to support patients to access support services and offered in-house phlebotomy and minor surgery.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. Patients told us that they were not always able to get appointments when they needed them. Urgent appointments were available for patients who the practice assessed as needing them.
- Information was available about the complaints system and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not embedded in the culture of the practice. For example, the practice had not identified or taken action in relation to infection control and medicines management risks.
- There was a Patient Participation Group in place, but the practice were unaware of deteriorating patient satisfaction identified by the national GP Patient Survey.
- Systems for monitoring staff recruitment and training were not effective.
- Information governance arrangements were weak. We saw that paper copies of patient notes were not stored securely and staff had not completed mandatory information governance training.
- There was a clear leadership structure and staff felt supported by management.
- Governance structures and processes were not in place to ensure that a comprehensive understanding of the performance of the practice was maintained and that practice was able to deliver good quality care.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive services. The issues identified as inadequate overall affected all patients including this population group.

- The practice were not taking adequate steps to prevent and control the spread of infections. This is of particular concern for frail older people, for whom a minor infection is more dangerous.
- The practice offered personalised care to meet the needs of the older people in its population.
- The practice provided offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive services. The issues identified as inadequate overall affected all patients including this population group.

- 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.
- Performance for diabetes related indicators was mixed. For example:
  - 81% of patients with diabetes had received flu immunisation, compared to the national average of 94%.
  - 74% of patients with diabetes had well-controlled cholesterol (they had a result on a blood test of 5 mmol/l or less), compared to the national average of 81%.
  - 95% of patients with diabetes had an annual review including a foot examination, compared to the national average of 88%.
- The practice did not have all of the emergency medicines that we would expect to allow them to treat patients that came to the practice acutely unwell, perhaps as a result of a deterioration in their long-term condition. For example, there was no GTN spray (for suspected heart attack).

Summary of findings

Families, children and young people

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive services. The issues identified as inadequate overall affected all patients including this population group.

- 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 Accident and Emergency (A&E) attendances. However, most staff in the practice had not received recent training in child safeguarding at the required level for their role, so they may be less likely to be able to identify and appropriately respond to children who are at risk of harm.
- The practice had not ensured that the premises were suitable for children and babies. Items such as alcohol, medicines and clinical equipment that could cause harm were left in unlocked cupboards in areas that patients could access.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. However, there were insufficient failsafe systems in place to ensure that results were received for all samples sent for the cervical screening programme. This could mean that a result was 'missed' meaning that cervical cancer is diagnosed later and treatment delayed.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive services. The issues identified as inadequate overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered. However, patients who responded to the national GP Patient Survey said that it was difficult to make appointments and that they normally had to wait too long to be seen.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice provided a minor surgery service so that patients did not have to travel to hospital for minor surgical procedures. However, the practice did not provide written information to support or record patients' consent for minor surgery, so that patients could make an informed decision about whether to proceed.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive services. The issues identified as inadequate overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff gave us examples of the signs of abuse in vulnerable adults and children and were aware of how to share concerns. However, most staff in the practice had not completed training in safeguarding adults.
- The practice did not routinely offer longer appointments to patients with a learning disability.
- The practice had identified relatively few patients as carers. Carers are vulnerable to poor physical and mental ill-health and as a result of the impact of their caring responsibilities for others.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive services. The issues identified as inadequate overall affected all patients including this population group.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- However, 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, compared to the national average of 89%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. 358 survey forms were distributed and 121 were returned. This represented just fewer than 2% of the practice's patient list. The results showed the practice was performing below local and national averages for overall patient satisfaction and access.

- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 63% 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%.
- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were mostly positive about the standard of care received. Three cards had comments about difficulties with appointment access.

We spoke with 15 patients during the inspection. Most patients said they thought staff were approachable, committed and caring, but several patients were unhappy with access to appointments.

South Norwood Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to South Norwood Hill Medical Centre

South Norwood Hill Medical Centre is based in South Norwood, Croydon, a suburban area of south London, and was in Croydon Commissioing Group (CCG).

The practice offers GP services (diagnostic and screening procedures, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury, and family planning) under a Personal Medical Services contract. The practice has signed up to provide some additional services that are not required by the standard GP contract: extended hours access, facilitating timely diagnosis and support for people with dementia, minor surgery, remote care monitoring, rotavirus and shingles immunisation and avoiding unplanned admissions.

There are two doctors who are partners (one male and one female) and one (male) GP is employed as a long-standing locum. Between them they offer 21 GP sessions per week.

The (all female) nursing team has two practice nurses. They both work part-time, with all of the nursing hours adding up to seven sessions per week. There are also two (female) reception staff who also work as phlebotomists who (together) provide 0.8 clinical sessions.

The practice is open 8am to 6.30pm Monday to Friday. Appointments are available from 9am to 11am and 3pm to 6.30pm Monday to Friday. Extended appointment hours are provided 6.30pm – 8pm two nights a week. The extra hours are provided on different days of the week on a three week rotating schedule. When the practice is closed patients are directed to local out-of-hours services.

There are 6,308 patients at the practice. Compared to the England average, the practice has more patients aged five to nine, and more aged 30 to 59. The practice has fewer young adults (age 15 to 29 and many fewer patients aged 60+ than an average GP practice in England.

The practice has a significant proportion of Black African or Black Caribbean patients. The largest group of patients that do not have English as their first language speak Eastern European languages, such as Polish.

Life expectancy of the patients at the practice is in line with CCG and national averages. The surgery is based in an area with a deprivation score of 4 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the average English GP practice, more patients are unemployed.

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 5 May 2016. During our visit we:

- Spoke with GPs, a member of reception staff (who is also trained as a phlebotomist) and spoke with patients who used the service. We spoke to a practice nurse after the inspection, as they were not available on the day.
- 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- 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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient had only one of two samples labelled, the issue was discussed and the member of staff changed their practice to ensure all samples were labelled and checked in the presence of the patient.

Overview of safety systems and processes

The practice systems, processes and practices to keep patients safe and safeguarded from abuse were not sufficiently developed or embedded.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities, but not all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- We asked the practice to provide evidence of the required training in safeguarding children. We saw evidence that one GP was trained to the required standard (level 3). No evidence of child safeguarding was provided for other two GPs, for the two staff working as phlebotomists or for the reception staff. No evidence of level 3 training was provided for the GP safeguarding lead. Certificates for the two nurses showed that they had received training at the appropriate level (level 2) but in 2011. Two GPs had completed training in safeguarding vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. Practice staff told us that staff who acted as chaperones had received internal training for the role. The practice policy stated that chaperones should stand within the curtain so that they could observe the procedure, but not all of the staff we spoke to were clear about their responsibilities when acting as a chaperone. Non-clinical staff acting as chaperones had not 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). We were told that the practice had decided that DBS checks were not required as chaperones were never left alone with patients, but there was no documented consideration of the range of potential risks and whether the mitigation was suitable.
- The practice was not taking appropriate action to assess the risk of, prevent and control the spread of infections:
  - We observed the premises to be superficially clean and tidy.. Most rooms had fabric curtains for patient privacy and there was a mobile privacy screen with panels of thin plastic in the minor surgery room. Practice staff told us that the curtains were last washed and the panels of the screen were cleaned in 2015 but no evidence of this could be provided. The mobile privacy screen was not visibly clean.
  - We found considerable quantities of out of date sterile equipment in the room used for minor surgery. The cupboards held a mixture of in date and out of date stock.
  - The senior GP partner was the infection control clinical lead, but they had not received any recent infection control training. Only the two nurses had received any recent training in preventing and controlling infections.
  - The infection control policy was undated and did not include details of initial or ongoing training

requirements or how procedures would be monitored. The cleaning specifications were a suite of generic documents created by the cleaning company, and were therefore not specific to the practice. There was no evidence that clinical equipment was routinely cleaned (as well as cleaned after use) and processes to ensure safe sharps management were not effective. For example, posters were not easily accessible to all clinical staff to advise them of the action to take in the event of a needlestick injury, and there was no process to ensure that all sharps bins were emptied regularly.

- We were told that the practice last carried out an annual infection control audit approximately 18 months ago, but the documentation could not be produced due to issues with the IT system. However, the practice had received an infection control audit from NHS England in November 2015. That audit found all of the infection control issues which were identified by our inspection (six months after the NHS England audit).
- The infection control lead could not describe any actions that had been taken or that were outstanding to improve infection control (based on their own audits or the CCG audit), other than that the practice had obtained quotes to bring the fittings in the minor surgery room up to the required standard and now had clinical bins for all of the rooms.

- The arrangements for managing medicines were not sufficient to keep patients safe.
  - Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
  - Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
  - Blank prescription forms were securely stored however there was no system in place to monitor their use.
  - Vaccines were kept at the correct temperature and were used in date order. However, there was no written system of stock control or routine checks to make sure that all of the vaccines were in date.
  - In a room that is normally left unlocked and is accessible to the public, we found a refrigerator used to store vaccines left unlocked (with the key left in the lock), emergency medicines on a worktop and in an unlocked cupboard. We also found some insulin that had expired in November 2003.

- We reviewed two personnel files and found appropriate checks had not been undertaken through the Disclosure and Barring Service (DBS). We asked the practice to provide us with evidence of all DBS checks performed. They sent us evidence for most staff, however:
  - the DBS check for one member of staff related to their previous employment and was not 'portable' (i.e. was not designed to be used by more than one employer). There was no assessment of the risks of accepting previously issued DBS checks in the practice recruitment policy or in the staff member's file.
  - Two members of staff had changed from administrative to clinical roles in the practice , but DBS checks or had not been performed. There was no documented assessment of the risks of this decision.

- The practice had an electronic patient record management system, but also had paper records. We saw that these paper records were not stored securely – in an unlocked cupboard in an unlocked room in an area accessible to patients. Staff had not completed mandatory information governance training, required to ensure staff understand the legal framework governing the management of personal confidential data in health care.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out periodic 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 control of substances hazardous to health risk assessment and a Legionella risk assessment was completed October

2015. The report said that action was required. The practice had obtained a quote but had not agreed a start date for the work. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The practice had not identified and acted on all risks to patients and others in the premises. In an unlocked cupboard, in an area accessible to patients, we found three bottles of wine and clinical equipment that could pose a risk, such as clean needles used to take blood.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a set of emergency medicines for GPs to administer to acutely ill patients. However, there were some medicines that the practice did not have that we would expect: particularly atropine (to treat patients that go into shock after minor surgery or coil fitting), benzylpenicillin (for suspected bacterial meningitis) or GTN spray (for suspected heart attack).
- Most emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date and stored securely. However, some emergency medicines were stored in an unlocked room in area to which patients had access.
- The practice told us that they had a business continuity plan for major incidents such as power failure or building damage, but they were not able to show us this (on the day or after the inspection) due to issues with their IT system caused by a computer virus.

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.

- 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 audits 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 95% of the total number of points available. This is comparable to the local average of 94% and the national average of 95%.

The practice exception rate (5%) was below local and national averages (8% and 9% respectively). 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. Lower rates of exeption reporting means that more patients receive the treatment or service.

Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed. For example:
  81% of patients with diabetes had had a flu immunisation, compared to the national average of 94%.
- 74% of patients with diabetes had reasonably well-controlled blood sugar (they had a result of 64 mmol/mol or less on a blood test called IFCCHbA1c), compared to the national average of 78%.
- 74% of patients with diabetes had well-controlled cholesterol (they had a result on a blood test of 5 mmol/l or less), compared to the national average of 81%.
- 95% of patients with diabetes had an annual review including a foot examination, compared to the national average of 88%.
- Performance for mental health related indicators was also mixed. For example:
  94% of patients with dementia had a face to face review of their care in the last year, compared to the national average of 84%.
- 79% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in their notes, compared to the national average of 90%.

Practice staff told us about their efforts to improve their QOF scores. Unvalidated data that the practice submitted for 2015/16 showed that, although mental health indicators had improved, some indicators for diabetes remained below average.

Quality improvement

- Six clinical audits had been completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- Findings from audit were used by the practice to improve patient care. For example, an audit of control of blood sugar by patients with diabetes identified that the practice was not meeting national expectations (against targets for results of a particular blood test - HbA1c). Control of blood sugar is very important in diabetes, to avoid serious complications. The practice set a target of improving their performance by 10%. The practice contacted patients with diabetes to come in for a review and increased medicine dosages those patients were taking. A year later, the practice checked again and found that their performance had improved (by between 6% and 9% depending on the target). The practice planned to try to engage with more patients to improve further, and review patients at risk of developing diabetes.
- One of the two completed audits had flaws. The audit of post-operative infection rates between January and July 2015 found that 20% showed clinical indications of wound infection. The audit also stated the expected infection rate to be 8.6%. This figure was taken from on a single piece of research. Other studies have found a

Requires improvement

Are services effective?

(for example, treatment is effective)

rate of between 2% and 5%, but these were not considered in the audit. Only action taken was to change the type of dressing used. No review was apparently taken of other factors that can increase the risk of infection. The infection rate reduced to 7.7%. The practice was satisfied with this and told us that an infection rate of 10% or less would be satisfactory.

Effective staffing

Staff did not all have 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 fire safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at local network meetings.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The staff we spoke to had received an appraisal within the last 12 months.
- Staff had received training that included fire safety awareness and basic life support, but not all had received mandatory training in other areas such as information governance, safeguarding and infection control.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

- Consent for most care and treatment was being sought and recorded in line with legislation and guidance. However, written consent was not being obtained for minor surgery, in breach of the practice policy and national guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- There were insufficient failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice relied on patients to contact the practice if they had not received a letter with results from the GP or hospital. An audit was undertaken of most, but not all, samples every few months. The practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97% and five

Requires improvement

Are services effective?

(for example, treatment is effective)

year olds from 68% to 96%. Local childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 93% and five year olds from 69% to 92%.

- Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74.

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.

We received 27 comment cards which were all positive about the standard of care received from individual GPs and nurses. Patients said that staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. The practice was in line with other practices for satisfaction scores with most aspects of consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

However, only 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 86%.
- 80% 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%.

However, only 73% 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%.

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 didn't see 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (0.3% of the practice list). No specific services were provided for carers.

Good

Are services caring?

Staff told us that if families had suffered bereavement, the practice would provide personalised support based on the family's needs, which might include support from the GP and/or bereavement counselling. The practice would also send a sympathy card.

Requires improvement

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. The practice hosted a benefits advisor to support patients to access support services and offered in-house phlebotomy and minor surgery. Nurses performed electrocardiogram (ECG) tests and sent the results electronically to consultants at the local hospital for analysis. (An ECG measures the electrical activity of your heart to show whether or not it is working normally.)

- The practice offered appointments from 6.30pm – 8pm two nights a week for working patients who could not attend during normal opening hours. The extra hours were provided on different days of the week on a three-week rotating schedule.
- Practice staff told us that longer appointments were only provided with the agreement of the doctors, and that no patients automatically received a longer appointment to support them (for example if they had learning difficulty).
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available, although there was no notice stating this service was available. There was no hearing loop, but staff told us that they would support patients with a hearing impairment in other ways, for example, holding discussions in ways that supported lip-reading.

Access to the service

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

- 68% of patients were satisfied with the practice's opening hours, compared to the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone, compared to the national average of 73%.
- 28% of patients said that they always or almost always saw or spoke to the GP they preferred, compared to the national average of 36%.
- 54% of patient felt that they normally had to wait too long to be seen, compared to the national average of 35%.

The practice was open 8am to 6.30pm Monday to Friday. Appointments were available from 9am to 11am and 3pm to 6.30pm Monday to Friday. Extended appointment hours were provided 6.30pm – 8pm two nights a week. The extra hours were provided on different days of the week on a three week rotating schedule. When the practice was closed patients were advised to call NHS 111 or visit local walk-in centres.

The practice allowed patients to book pre-bookable appointments up to five days ahead. Practice staff told us that sometimes appointments six days ahead would be released when their was high demand, but generally the practice only allowed patients to book five days ahead as it meant that more patients attended their appointments. The practice conducted its own survey in 2014. We were told that 75 patients responded and that about 10 patients complained about the system for pre-bookable appointments. We saw that appointments for the following week were booked by patients within a few hours of them being released.

There was only one female GP at the practice who worked five sessions over two days of the week. Practice staff told us that they had tried, but not succeeded, in recruiting female locum staff. Reception staff told us that appointments with this female GP were booked by patients within minutes.

People told us on the day of the inspection that they were not always able to get appointments when they needed them. Several patients said that they were unhappy to have waited for a week for a routine appointment, and one patient said that they had waited for two weeks. Most

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

patients who told us about their experience of requesting an urgent or emergency appointment said that they had been seen on the same day, but one patient said that they had not been seen for four days.

Patients told us that they felt that they sometimes had to wait too long to be seen. Most patients said that they normally waited for about ten minutes, but several patients reported regularly waiting 30 to 90 minutes.

The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention, but this was not effective.

The practice telephone lines opened at 8am. To receive a same-day appointment or a home visit patients were asked to explain the nature of their complaint to reception staff. The duty doctor reviewed the notes taken by reception staff. If they had availability (because of patients not arriving for their appointments or arriving late) the duty doctor reviewed some or all of the notes during morning surgery, but if not, the review would take place at, or shortly after, 11am. Patients would be called by reception with the duty doctor's triage decision, and if they were to be seen in the surgery, patients would be asked to come in at 12pm and wait. We were told that they would be seen in the order determined by the doctor's triage, with the last patients seen by about 1.30pm.

We looked at the appointment record for one day and saw that patients had waited up to 43 minutes after arriving for their urgent appointment. We saw that one patient who had been triaged by the duty doctor as in need of a same-day appointment had been recorded as leaving before being seen.

Practice staff told us that reception staff were not triaging, and so had received no training in assessing medical priority, but that that reception staff would let the duty doctor know straight away if a patient reported potentially serious symptoms, such as chest pains. We saw the template that the receptionists used to record the patients' details for review by the GP. This did not have a structured flow chart or other decision tool to ensure that receptionists knew action to take.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

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.
- Information was available to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints. The practice told us that they carried out an annual review of complaints, but were not able to provide evidence of this.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

- Staff had a general understanding of the practice values.
- There was no strategy or formal business plan in place, but the practice had some written aims and objectives.

Governance arrangements

There were not sufficient structures and processes in place to ensure that a comprehensive understanding of the performance of the practice was maintained and that practice was able to deliver good quality care.

- There was a clear staffing structure and staff we spoke to were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to staff. However some policies were incomplete (such as the infection control policy). Many of the policies we saw were undated. The recruitment policy (dated August 2014) referred to the previous system of checks (Criminal Records Bureau checks, which ceased to operate in March 2013). We were told that many of the practice's policies were destroyed by the computer virus, and that policies were being re-created.
- Recruitment processes were not adequate to ensure that the appropriate checks were carried out when a new member of staff was recruited or when staff moved to new roles. The recruitment policy did not specify in what circumstances the practice required a DBS check.
- There was no system in place to ensure that staff completed mandatory training.
- Weaknesses in recruitment and training structures meant that the systems for safeguarding were not sufficiently effective.
- Information governance arrangements were also not effective. There we not sufficient systems in place to ensure that patient records were stored securely or to ensure that staff had completed the required training.

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were weak.

- The practice declared several areas of non-compliance with various aspects of infection control upon registration with the CQC in 2012 (including fabric covered chairs and uncovered heat sources), and stated a deadline of February 2013 for compliance.
- The practice had received an infection control audit from NHS England in November 2015. This identified multiple issues, including those that had been reported to CQC in 2012.
- The practice had submitted a response to NHS England that said action had been taken to address all of the identified issues, but we found that several remained unresolved, including inadequate cleanliness, policies and schedules, and out of date sterile equipment.
- Arrangements for ensuring that medicines were managed in a proper and safe way (supply and ordering, storage, dispensing and preparation, administration, and recording) were not effective. Practice policy did not ensure that medicines were stored securely and there were not effective systems to ensure vaccines and other medicines were in date.
- In addition to problems with infection control and medicines management the practice had failed to identify, assess and take action on other risks to patients and other people in the premises, for example linked to the storage of clinical equipment. The practice system for assessing which patients needed urgent care was open to risk. There was no formal system of monitoring or audit to ensure it was operating safely.
- The practice told us that they had written a business continuity plan, but that this had been lost recently when their IT system was infected with a computer virus.

Leadership and culture

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Inadequate

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us 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, particularly by the partners in the practice. Staff told us they were involved in discussions about how to run and develop the practice.
- Staff told us the practice held regular team meetings, and minutes were circulated.
- Staff told us that there were no regular clinical meetings, but that the clinical staff often met after the main staff meeting to discuss clinical significant events, patient pathways or presecribing issues. No notes were taken of these meetings, for those who could not attend or to allow for follow up of actions.

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

- The practice carried out its own survey of patient satisfaction in 2014. The practice took some action in response, for example offering more appointments and increasing the number of staff answering the phone at peak times. However, there had been no repeat survey to see if satisfaction had improved. The practice was unaware that GP Patient Survey results were available online, and believed that there were no results for 2015, since they had not been sent a summary by the Clinical Commissioning Group (CCG). As a result they were not aware of the deteriorating patient satisfaction rates.
- The practice Patient Participation Group (PPG) met regularly. Representatives of the group told us that meetings were informative, and attended by GPs.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice quality improvement programme was narrow in scope. The audits conducted related only to direct management of individual patients with no audits or other assessments of practice management to confirm compliance with practice policy (for example, on consent). The practice had failed to recognise the limitations of one of the two completed audits.

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 11 HSCA (RA) Regulations 2014 Need for consent **How the regulation was not being met:** The practice was not taking written consent for minor surgery. This was in breach of regulation 11(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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have effective systems and processes in place to: • assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) • 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 • ensure patient records were securely maintained • act on feedback from patients.

This section is primarily information for the provider

Requirement notices

Some practice policies were not complete or had not been updated regularly. Systems were not sufficient to ensure that staff had had all of the required checks or completed necessary training.

Arrangements for managing patient records were not effective – patient records were not held securely and staff had not completed information governance training.

Risks to patients from items in areas accessible to patients had not been appropriately managed.

The registered person had failed to take appropriate action on risks identified by the NHS England infection control team.

Arrangements for monitoring patient satisfaction were not in place meaning that the registered person was not aware of the deteriorating patient satisfaction rates.

This was in breach of regulation 17(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 Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Staff had not received relevant recent safeguarding training at a suitable level for their role. This was in breach of regulation 18(2) 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Recruitment procedures were not operated effectively to ensure that persons employed were of good character, as DBS checks were not being obtained in line with regulation.

This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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: • ensure the proper and safe management of medicines (prescription forms were not monitored, medicines were not securely stored or properly monitored) • take appropriate action to assess the risk of, prevent, detect and control the spread of infections, including those that are health care associated (staff had not received training, relevant policies and procedures were not in place, sterile equipment was not monitored, the premises were not adequately cleaned). This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.