

Torridon Road Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Torridon Road Medical Practice on 11 February 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 an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect, but that they were not always involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to make an appointment but that urgent appointments were available on 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- The practice must ensure that appropriate cold chain processes are followed where refrigerator temperatures are outside of safe range.

Summary of findings

- The practice must review its level of staffing to ensure that there is sufficient resource in place for the level of work being undertaken.
- The practice must review processes for dealing with results and letters to ensure they are managed promptly.
- The practice must ensure that it addresses feedback from patients in relation to accessing appointments and how caring clinicians are during appointments.

The areas where the practice should make improvements are:

- The practice should retain relevant information on all personnel files.
- The practice should review the complaints process including previously managed complaints to determine whether or not they were correct to not uphold the complaint.
- Review how they identify carers to ensure they receive appropriate support and information.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- We noted several errors in letters, and staff told us that there was insufficient staffing resource at the practice.
- The practice had not followed national guidance where medicines had been stored outside of temperature range.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average for every domain except management of diabetes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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

Requires improvement



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example, 73% of patients said the last nurse they spoke to was good at treating them with care and concern. This is more than 10% lower than CCG or national averages.
- The majority of patients that we spoke to said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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 to services where these were identified.
- Patients said they found it difficult to make an appointment to make an appointment. Urgent appointments were available daily.
- 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. However, in the three complaints that we reviewed, the practice did not provide the patient with the correct information.

Requires improvement



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. However, the partners in the practice did not have time to deliver the practices vision and values.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Requires improvement



Summary of findings

- The practice had not undertaken workforce planning to determine the level of staffing required in the practice. However, on the basis of feedback from patients and staff, and what we saw on the day of the inspection, staffing levels at the practice were insufficient.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and but did not always demonstrate that they complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. As with all of the patient groups, the level of staffing and the difficulty in accessing appointments had a detrimental impact on the practice's ability to deliver care to this group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. As with all of the patient groups, the level of staffing and the difficulty in accessing appointments had a detrimental impact on the practice's ability to deliver care to this group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators in QOF was lower than the CCG and national average. The practice had scored 73% with a total achievement of 63 of 86 points. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 62%, compared to 78% nationally.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. As with all of the patient groups, the level of staffing and the difficulty in accessing appointments had a detrimental impact on the practice's ability to deliver care to this group.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). As with all of the patient groups, the level of staffing and the difficulty in accessing appointments had a detrimental impact on the practice's ability to deliver care to this 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 to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



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. As with all of the patient groups, the level of staffing and the difficulty in accessing appointments had a detrimental impact on the practice's ability to deliver care to this group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Requires improvement



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). As with all of the patient groups, the level of staffing and the difficulty in accessing appointments had a detrimental impact on the practice's ability to deliver care to this group.

- 83% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results for 2014/5 showed the practice was performing below the level of local and national averages. Three hundred and five survey forms were distributed and 108 were returned. This represented one per cent of the practice's patient list.

- 34% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

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 which were all positive about the staff in the practice. However, five of the 13 respondents stated that appointments could be difficult to access.

We spoke with 10 patients during the inspection. Some of the patients said they were happy with the care they received and thought staff were approachable, committed and caring. Seven of the ten patients said that they struggled to get through on the telephone and had difficulty accessing appointments. Several also said that they could wait a long time to be called to their appointment.

Torridon Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a further CQC inspector and a GP specialist adviser.

Background to Torridon Road Medical Practice

Torridon Road Medical Centre is based in the London Borough of Lewisham. The practice has two partners (one male and one female who work full time at the practice and manage the site. The practice comprises a converted house with a significant annex area. The address of the practice is 80 Torridon Road, London, SE6 1RB.

The practice is based in an area of mixed demographics, with some areas of high deprivation. There is a high level of ethnic diversity among the practice population and there are a significant number of patients for whom English is not their first language.

The practice has a list size of approximately 10,500. The practice employs one salaried GP. At the time of the inspection, the practice was looking to appoint a further salaried GP, and cover was being provided by 1.5 whole time equivalent long term locums. There were also two practice nurses, one who was employed by the practice and one who was a long term locum. Both nurses worked part time. There was a practice manager and an administrative team who combined reception and administrative roles.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures, and diagnostic and screening procedures at one location.

The practice is open between 8:00am and 8:00pm Monday to Friday. Appointments are from 8:00am to 8:00pm daily.

The practice had not been inspected prior to this inspection

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 11 February 2016. During our visit we:

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

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

- Is it safe?

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

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

- Older people
- People with long-term conditions
- 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 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw in a significant event from November 2015 that it had been investigated, presented at a clinical meeting for discussion as to whether or not changes were required, and learning had been shared at the next all staff meeting.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 relevant to their role. GPs and nurses were trained to child protection level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- In some cases, arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. However, we saw that for a week the maximum temperature recorded for one of the refrigerators in which vaccines was above eight degrees Celsius. The practice had not followed best practice guidance when this had occurred.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, in two of the files that we reviewed the practice had not retained proof of identification, nor had they signed a confidentiality document.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. However, on the day of the inspection we noted that there was an eight day backlog on acting on routine tasks.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Insufficient arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a list size of 10,500 with three full time GPs. The practice acknowledged that they had fewer GPs than was required, and they were in the process of recruiting one further GP, but this had proven to be difficult. This was reiterated by staff that we spoke to who told us that the GPs in the practice worked very long hours, and several staff told us that they considered that the practice was understaffed both in terms of clinical and non-clinical staff. This lack of staff resource was evidenced in a review of correspondence. We looked at a sample of

approximately 20 letters, and noted three of the letters contained errors, one of which was potentially serious. Although this had been picked up, when we discussed this with staff they said one of the reasons for errors was insufficient time to proof read due to the high level of work.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89.9% of the total number of points available, with 5.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier in QOF for diabetes, but in other areas was in line with national averages. Data from QOF and other information provided by the practice showed:

- Performance for diabetes related indicators in QOF was worse than the CCG and national average. The practice had scored 73% with a total achievement of 63 of 86 points. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 62%, compared to 78% nationally. The practice could not show how improvement was being driven in this area.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average with a total QOF achievement of 97%.

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 78%, similar to the national average of 83%).

- Performance for mental health related indicators was similar to the CCG and national average with a total QOF achievement of 100%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93%, compared to a national average of 88%.

Clinical audits demonstrated quality improvement.

- We saw two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example, we could see where medications had been changed to be in line with best practice in medicines audits.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and suitable for those with a learning disability. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 71 % to 94%.

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

Some of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, patients also said that appointments were difficult to access, and waiting times could be high.

We spoke with 10 patients at the practice. Of the 10 patients that we spoke to, most were complimentary about the care that they had received. Four patients told us that some of the doctors in the surgery lacked empathy, and a further two patients reported that doctor's explanations were unclear.

Results from the national GP patient survey showed that some patients felt they were treated with compassion, dignity and respect. However, overall the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 73% said the GP gave them enough time (CCG average 83%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)

- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 73% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

We spoke to senior staff at the practice to determine what action had been taken in response to this survey to address the feedback, and we were told that no formal action plan was in place.

Care planning and involvement in decisions about care and treatment

Some patients told us they generally felt involved in decision making about the care and treatment they received, and that 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. However, three of the patients that we spoke to said that this was not always the case. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 66% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%)
- 60% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%)

We spoke to senior staff at the practice to determine what action had been taken in response to this survey to address the feedback, and we were told that no formal action plan was in place.

Are services caring?

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

Notices in the patient waiting room 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 0.8% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

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 offered a 'Commuter's Clinic' daily from 6:30pm until 8:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.

Access to the service

The practice is open between 8:00am and 8:00pm Monday to Friday. Appointments are from 8:00am to 8:00pm daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 34% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 73%).

- 53% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

People told us on the day of the inspection that they were not always able to get appointments when they needed them. We spoke with 10 patients at the practice. Six of these patients told us that appointments could be difficult to access, and that offer multiple attempts were required to get through to the practice on the telephone.

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.
- We saw that information was available to help patients understand the complaints system, such as in the patient waiting room and on the practices website.

We reviewed three complaints received in the last 12 months and found that although they had in some cases been managed in line with the practices policies, in all three cases the explanations provided to patients were not in line with what the investigation had found. In the first case the investigation found that a nurse had provided a patient with incorrect, and potentially distressing information. The practice had not apologised for the nurse providing this information and the complaint was marked as rejected. In the second case where a patient had complained about a delay in referral, the practice had rejected and closed the complaint without fully ascertaining the cause of the delay. In the third case, the practice had apologised to the patient and learning points had been put in place, but the complaint was marked as rejected.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. However, the practice did not have a robust strategy in place to deliver the vision and values. At the time of the inspection the practice was not sufficiently staffed to deliver the quantity of work.

Governance arrangements

The practice had an overarching governance framework which in some areas supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, the practice had not undertaken work force planning to determine the level of staffing required.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable. However, staff told us that because the partners in the practice were so busy, they did not always have sufficient time to listen to members of staff.

The provider was aware of but did not always comply with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, although the partners sometimes did not have the time to commit to meeting with them.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- 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.

Continuous improvement

Are services well-led?

Requires improvement 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The practice had received feedback from patients that they were not providing person centred care, but had taken insufficient action to address this.</p> <p>This was in breach of regulation 9 (1)(3)(a)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 practice did not ensure that cold chain processes were robust.</p> <p>The practice did not do all that was reasonably practicable to ensure that routine checks were managed promptly.</p> <p>This was in breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

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:

The practice did not do all that was reasonably practicable to ensure that adequate staffing was in place to provide safe care.

The practice did not do all that was reasonably practicable to ensure that adequate staffing was in place to provide safe care.

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.