

The Project Surgery

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Project Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Project Surgery on 15 August 2016. Overall the practice is rated as good.

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 generally assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, we did find administrative staff had been given the responsibility of checking and recording fridge temperatures without this being underpinned by the necessary training.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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:

- Review and improve the systems and processes in place, specifically in relation to the safe storage and

Summary of findings

management of vaccines, to ensure they are established and operate effectively and that they enable the assessment, monitoring and mitigation of the risks relating to the health, safety and welfare of service users and others.

- Establish a suitable system to ensure the monitoring and usage of blank prescription forms and pads.
- Consider and mitigate the risks to patient care that may arise due to the lack of clinical cover between the hours of 12pm and 3pm, in particular to ensure patients are informed about alternative available services.
- Ensure staff files contain copies of all records necessary to be kept in relation to persons employed in the carrying on of the regulated activity, specifically in relation to employment history and interview records.

The areas where the provider should make improvement are:

- Ensure staff receive such appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform, specifically in relation to the safe storage and management of vaccines.
- Review the provision and location of the crash bag to ensure the items within it are safely stored and do not pose a risk to those using the premises.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Risks to patients were generally assessed and well managed. However, not all of the practice's processes and practices kept patients safe. For example in relation to the safe storage and management of vaccines.
- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- 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 good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice arranged a cancer awareness day which was supported by the local palliative care and bowel cancer screening teams.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a 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. However we saw examples of policies not being followed in practice, for example in relation to fridge temperature recording and ensuring staff were fully competent to carry out their roles.
- 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 complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 good for the care of older people.

- 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.
- Where appropriate older patients were assessed for an avoiding unplanned admission care plan for which there was a dedicated appointment slot every session.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Same day appointments were available with the health care assistant.
- Quality and Outcomes Framework (QOF) performance in 2014/15 for diabetes related indicators was 92% which was above the CCG average of 86% and the national average of 81%.
- Longer appointments and home visits were available when needed.

Good



Patients had access to a self-monitoring blood pressure machine so patients with hypertension or diabetes could measure their blood pressure any time during the practice's opening hours.

Families, children and young people

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

Good



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.
- Same day appointments were available for emergency contraception.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Telephone post-natal checks were offered where appropriate.
- 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 good for the care of working-age people (including those recently retired and students).

- 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.
- Patients we spoke with who worked preferred being able to have their consultation over the phone as they did not have to take time off work to attend the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice did not register patients who were homeless but referred them to a local practice which had been set up specifically to meet the healthcare needs of homeless patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



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 good for the care of people experiencing poor mental health (including people with dementia).

- 79% 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 (01/04/2014 to 31/03/2015) which was comparable to the CCG average of 84% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The community psychiatric nurse undertook sessions in the practice as part of CCG arrangements.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 361 survey forms were distributed and 89 were returned. This represented 2% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and 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 CCG average of 66% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards most of which were positive about the standard of care received. Patients referred to being satisfied with the service and the standards of cleanliness and hygiene at the practice. A few patients said they were dissatisfied with telephone consultations and preferred to be seen face to face. Others were dissatisfied about the service they received at reception.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the friends and family test showed 92% of respondents would recommend this practice.

The Project Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and Practice Manager specialist adviser.

Background to The Project Surgery

The Project Surgery is a GP practice located in Plaistow in the east end of London. Plaistow is a town in the London Borough of Newham and the practice is a member of the Newham Clinical Commissioning Group (CCG). The practice is housed within a purpose built building situated within a large housing estate. It is easily accessible by public transport and by car, although parking on surrounding streets is limited.

Newham's population is one of the most ethnically diverse in London. In 2009, 65% of residents were recorded as being non-white. Of these 21% were Pakistani or Bangladeshi, 18% were Black, 11% were Indian and 14% were either of mixed ethnic origin or from another non-white ethnic group. The population distribution of the practice area shows a higher than average proportion of patients aged 20 to 44.

Newham residents have lower life expectancy and higher rates of premature mortality than other Boroughs in London and the average for England as a whole. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease and the levels of diabetes are among the highest in the country. Newham is the third most deprived local authority area in England. The area has a higher percentage than national average of people whose

working status is unemployed (13% compared to 5% nationally) and a lower percentage of people over 65 years of age (7% compared to 17% nationally). The practice's locality is in the second most deprived decile out of ten on the deprivation score.

The practice was set up in 2003 as a community surgery with funding from the urban regeneration fund at the request of residents. The practice is staffed by a principal GP (female, five sessions per week), three salaried GPs (all female, working a total of 15 sessions per week), an advanced nurse practitioner, a practice nurse and a healthcare assistant (all female). Non-clinical roles included a practice manager, a reception manager and three reception/administrative staff, all of whom worked part time.

The practice is a training practice, although there were no trainee GPs at the time of our inspection.

The practice is open from 8am to 6.30pm Monday to Friday. Surgery times are from 9am to 12pm and then 3pm to 6pm every day except Monday when the surgery time starts at 8.30am and Friday when it ends at 6.30pm. The practice operates extended hours from 6.30pm to 9pm every weekday except Thursday when extended hours are from 2.30pm to 9pm and from 9am to 1pm on Saturday and Sunday in conjunction with other local practices. Outside of these hours patients were directed to the local urgent care centre or the NHS 111 service.

The Project Surgery is registered with the Care Quality Commission to provide the following regulated activities from 10 Lettsom Walk, London, Newham E13 0LN: Treatment of disease, disorder or injury; Family planning; Maternity and midwifery services; Diagnostic

and screening procedures. Services are provided under a Personal Medical Services contract.

Detailed findings

The practice was not inspected under our previous inspection regime.

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 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 8 October 2015. During our visit we:

- Spoke with a range of staff (insert job roles of 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. The practice recorded all incidents on an incident log. We saw that incidents were investigated appropriately and in a timely manner and learning was shared with all staff at monthly staff meetings. The process for recording incidents supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events at monthly meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Significant events were discussed at monthly whole team meetings. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been an incident where a receptionist had forgotten to transfer the phone lines over to the GP out of hours service at the end of the day. The incident had been investigated and it was concluded that this incident had occurred when there was only one member of staff on reception as their colleague was on leave. As a result, the practice had introduced a policy whereby when there was only one person on reception, a senior member of staff had to call the practice at the end of the day to ensure the phone line had been transferred. This was especially important as high risk patients may not be able to contact the out of hours GP if the phone line had not been transferred.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. However, not all of the processes and practices kept patients safe.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The nurse was trained to child protection or child safeguarding level 2 and GPs to level 3. We saw evidence that patients known to have safeguarding issues were discussed at clinical team meeting.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP 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.
- The arrangements for storing vaccines which required refrigeration did not keep patients safe. The practice had two fridges, one of which was the main fridge (large) used for the storage of vaccines. The other fridge (small) was used for extra storage as and when required. On the day of the inspection we found that both fridges were displaying temperatures outside of the safe range of between two and eight degrees Celsius. The temperature record for the large fridge showed that on

Are services safe?

the day of the inspection the maximum temperature was recorded at 13 degrees Celsius. For the smaller fridge we looked at a sample of records going back four years. These showed that for various, extended periods of time the maximum temperatures recorded for that fridge ranged from eight degrees to 22 degrees Celsius. For example, the records showed the maximum temperature had been 22 degrees Celsius consistently from 28 October 2015 to 16 November 2015, 20 June 2016 to 22 July 2016 and 25 July 2016 to the day of our inspection. There had also been an 11 day period in October 2015 where no maximum or minimum readings had been recorded. We raised this with the lead GP who was unaware of these anomalies. We were told the large fridge was the main fridge and the smaller one was only used to store excess stock during flu season for example. It was not in use on the day of our inspection. According to the practice's cold chain policy, the relevant member of staff should have contacted the lead GP or any other GP on realising the temperature reading was above 8 degrees Celsius. Neither fridge had an external thermometer for calibration or digital data loggers which would have provided an alternative source of temperature data for cross checking. The practice took immediate action to quarantine the vaccines and following the inspection we received confirmation that appropriate steps had been taken to report and investigate the incident.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Local pharmacies informed the practice about prescriptions that were not collected. The receptionists also monitored prescriptions that were not collected to ensure appropriate action was taken. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored however there was no system in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to

administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (A PSD is the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed two personnel files and found they were incomplete. For example, there was either no curriculum vitae or interview summary on those files. However there was evidence of training that had been undertaken.

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. Health and safety risk assessments were conducted annually.
- The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms and extinguishers were checked regularly. The practice manager and health care assistant were fire marshal and staff were aware of the fire procedure. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). These had been carried out within the last six months. Actions had been identified and followed up.
- 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. Administrative and reception staff were trained to cover all of the relevant roles to ensure there was always sufficient staff available.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- We found that the practice kept a "crash bag" in a corner of the reception area, between the seats where patients sat. The contents of this bag included the defibrillator, oxygen cylinder, scissors and razors.

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 patients' needs.
- The practice was represented at local Clinical Commissioning Group (CCG) meetings which was a forum where guidelines and standards were discussed.

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 90% of the total number of points available with 7% 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 not an outlier for any QOF (or other national) clinical targets. Data from April 2015 to March 2015 showed:

- Quality and Outcomes Framework (QOF) performance in 2014/15 for diabetes related indicators was 92% which was in line with the CCG average of 86% and above the national average of 81%.
- Quality and Outcomes Framework (QOF) performance in 2014/15 for mental health related indicators was 87% which was in line with the CCG average of 86% and the national average of 92%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of antidepressant prescribing had been carried out. For the first cycle, in August 2015, eight patients were identified and of those eight, there was no record of the severity of depression. It was also found that three patients were not complying with their medication. An action plan was put in place to ensure the severity of depression was recorded and that patients should be put on repeat dispensing due to high levels of non-compliance. Following the second cycle carried out in December 2015, showed an improvement. Eight patients (different patients from the first cycle) were identified and it was found that for two of those eight, the severity of depression was not recorded but those two patients had diagnoses other than depression. It was also found that all but one of those eight were complying with their medication. Other treatment had been recommended for that patient but they had declined to receive it.

Information about patients' outcomes was used to make improvements such as the early identification of pre-diabetic patients and the initiation of appropriate medical intervention which helped to prevent those patients developing full diabetes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- However, we did find administrative staff had been given the responsibility of checking and recording fridge temperatures without this being underpinned by the necessary training.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example meetings with the health visitor took place every two months where any safeguarding issues or concerns about

children could be discussed. Primary healthcare team meetings (which included social workers and district nurses) and meetings with the palliative care team took place regularly.

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 patient records audits.

Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- The practice maintained a register of patients receiving palliative care to ensure their needs were identified and met.
- The practice maintained a register of patients which included those with a learning disability. All of these patients had care plans in place and received an annual review. They also had care plans in place for people at risk of unplanned admissions to ensure their needs were prioritised and to reduce their likelihood of being admitted. We saw information about annual health checks for patients with a learning disability on display in reception. This was in a suitable "easy read" format.
- The practice's computer system alerted staff to patients who required extra support.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 69% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 13% to 97% (compared to the CCG average of 6% to 94%) and five year olds from 81% to 100% (compared to the CCG average of 82% to 93%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that generally members of staff were courteous and very helpful to patients and treated them with dignity and respect. However during the inspection we observed one occasion when a patient attend the practice with a young child requesting a doctor to see their child who was unwell. The receptionist did not request any details from the patient and informed the patient they could not be seen at that time and that they had to return later in the day. No triaging of the patient took place, nor did the member of staff seek advice from a clinician or direct the patient to an alternative service. We raised this with the lead GP who informed us that there was no clinical cover available at the practice between the hours of 12pm and 3pm, however they recognised that the member of staff should have first sought clinical advice especially as the patient in question was a child.

- 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.

We received 25 comment cards most of which were positive about the standard of care received. Patients referred to being satisfied with the service and the standards of cleanliness and hygiene at the practice. A few patients said they were dissatisfied with telephone consultations and preferred to be seen face to face. Others were dissatisfied about the service they received at reception.

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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 78% 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 91% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.

Are services caring?

- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had a hearing loop and sign language interpreters were available through a local service.

- The practice had an electronic screen which alerted patients by name when it was their turn to be seen.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (1% of the practice list). 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. For example, the practice arranged a cancer awareness day which was supported by the local palliative care and bowel cancer screening teams. The aim of the day was to raise awareness about the importance of cancer screening and to encourage patients to attend. We saw posters on display inviting patients with dementia to take part in research programmes.

- There were longer appointments available for patients with a learning disability.
- 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 and were referred to the local travel clinic for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice did not have a male clinician available. Patients we spoke with did not express any concerns about this.
- The practice did register homeless patients although homeless people in the locality were generally referred to a specially designated practice.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Surgery times were from 9am to 12pm and then 3pm to 6pm every day except Monday when the surgery time started at 8.30am and Friday when it ended at 6.30pm. The practice operated extended hours from 6.30pm to 9pm every weekday except Thursday when extended hours were from 2.30pm to 9pm and from 9am to 1pm on Saturday and Sunday in conjunction with ten other local practices. This service was provided by the local GP co-operative and operated on an appointment only basis. Telephone calls to

the practice when it was closed were automatically diverted to the local co-operative. Outside of these hours patients were directed to the local urgent care centre or the NHS 111 service.

Every initial GP appointment conducted by telephone. Patients telephoned the practice to request an appointment. Their details were taken by a receptionist and they were told they would be contacted by a GP. The GP would then call the patient back to ascertain if their issue could be managed over the phone. If medication was required the prescription was sent to the patient's choice of pharmacy for them to collect. If a face-to-face consultation was necessary this was arranged for the same day. We saw information on display in reception about the appointment system.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Home visits were arranged by the patient contacting the practice as early as possible during each session to make a request. This was followed by the GP telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

- 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, for example in the practice's complaints leaflet, complaint form available at reception and on the practice's website.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about the appointment system the patient was contacted and offered an explanation and clarification as to how the system worked. It was also emphasised to staff that they must ensure patients understand that although the first assessment was always carried out by a clinician over the telephone, a same day, face to face appointment would be made available where there was a clinical need.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework, however this did not always support the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- 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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However consideration needed to be given to the mitigation of the risks to patient care that may arise due to the lack of clinical cover between the hours of 12pm and 3pm.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the provider. All staff were involved in discussions about how to run and develop the practice, and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been consulted by the practice about ways to decrease the number of appointments being wasted due to patients failing to attend. Subsequently the practice, in collaboration with the PPG, decided to change the appointment system to mainly telephone appointments, with the provision of face to face appointments where there was a clinical need.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion at regular practice meetings. 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

There was a 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. For example, the practice was running a Patient Champion pilot. This involved the practice identifying patients living with different health conditions who were willing to share the benefit of their experience with other patients who had the same conditions. We spoke with one of the Patient Champions during the inspection who was able to articulate the value of this programme in helping patients to understand their condition and how to manage it. Information about this programme was provided on the practice website.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person failed to have systems and processes established and operated effectively to enable them to 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, specifically in relation to the safe storage and management of vaccines.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>