

# Triangle Group Practice

## Quality Report

2 Morley Road

London

SE13 6DQ

Tel: 020 8318 7272

Website: [www.trianglegrouppractice.co.uk](http://www.trianglegrouppractice.co.uk)

Date of inspection visit: 9 August 2017

Date of publication: 04/10/2017

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	8
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Triangle Group Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We inspected this practice in February 2014, before ratings were introduced, and found issues with arrangements to prevent and control the spread of infection, with access to emergency medicines and with how medicines stored in the practice. We checked in September 2014 and found that the provider had made the required improvements.

We carried out an announced comprehensive inspection at Triangle Group Practice on 24 August 2016.

We rated the practice as inadequate for providing safe services as the arrangements in respect of infection control management, vaccine management, keeping people safe from abuse, risk management and arrangements for emergencies were not adequate. The system for reporting and learning from serious incidents was not clear. There was not a consistent failsafe system to ensure that patients referred to hospital for urgent consultations received a timely appointment.

We rated the practice as requires improvement for providing effective and well led services:

- Staff had not all completed mandatory training and improvements were needed to how clinical audit was used.
- Consent was not being recorded appropriately and some aspects of the practice's care of patients with diabetes, as reflected in the Quality and Outcomes Framework were below average.
- Arrangements to monitor and improve quality and identify risk were not effective.
- There was no system to ensure that actions agreed at clinical meetings were completed.
- Audits were not being repeated to check for improvement.
- Many of the practice policies were overdue a review. Staff were not aware of some policies or could not locate them.

Under 1% of the practice population had been identified as carers, so that they could be offered information, advice and support.

The overall rating for the practice was requires improvement.

# Summary of findings

The previous reports can be found by selecting the 'all reports' link for Triangle Group Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection on 9 August 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Action had been taken on all of the issues identified at the previous inspection; those we required and those we recommended.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been tightened, with stronger arrangements in place to keep people safe from abuse, address fire and other risks and to take action in the event of medical emergencies. Arrangements for vaccine management and infection control had been improved, but were not fully embedded.
- There was a clear system for learning from significant events, and there was an effective system to follow up on referrals for urgent consultations received a timely appointment and that results were received, reviewed and acted upon swiftly.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- There was a system in place to review and update policies, and staff were aware of the policies in place and how to access them.
- Arrangements were in place to ensure that actions from all meetings were followed up.
- Two audits had been repeated and there was some evidence that audit was leading to quality improvement.
- More patients had been identified as carers, so that they could be offered information, advice and support.

However, there were some areas that required further attention:

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients. Further details can be found in the requirement section at the end of the report.

In addition the provider should:

- Monitor the improvements made to ensure that they are consistently embedded. For example, vaccine fridge checks, the new consent form, and checks of the defibrillator.
- Consider ways to improve the uptake of childhood immunisations.

**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?

At our previous inspection on 24 August 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of infection control management, vaccine management, keeping people safe from abuse, risk management and arrangements for emergencies were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 9 August 2017, although there were still some aspects that needed attention.

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

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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.
- The practice systems, processes and practices to minimise risks to patient safety were generally well defined, but some were not completely embedded – for example, daily checks of the vaccine fridge or cleaning checks.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

**Requires improvement**



### Are services effective?

At our previous inspection on 24 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff training needed improving. Consent was not being recorded appropriately and some aspects of the practice's care of patients with diabetes, as reflected in the Quality and Outcomes Framework were below average.

These arrangements had significantly improved when we undertook a follow up inspection on 9 August 2017. The provider is now rated as good for providing effective services.

The practice is rated as good for providing effective services.

**Good**



# Summary of findings

- Data from the 2015/16 Quality and Outcomes Framework showed some patient outcomes were below the national average. The practice showed us unvalidated data from 2016/17 that showed that these had improved.
- Uptake of childhood immunisations was below the national target. The practice was aware of this and hoped that it would improve with the imminent addition of a health care assistant to the nursing staff.
- Staff were aware of current evidence based guidance.
- Clinical audits had been repeated and demonstrated some improvement.
- Staff had the skills and knowledge 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.
- Arrangements for recording consent had improved, although the changes had not been fully embedded.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice remains rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the in line with other practices for the various aspects of care. The practices performance in several aspects had improve since the last survey results (published in 2016).
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice remains rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had added all of its appointments to the online booking system, and provided easy access to same day appointments, which particularly supported working people and those with children.

Good



# Summary of findings

- Patients we spoke with 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 evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

At our previous inspection on 24 August 2016, we rated the practice as requires improvement for providing well-led services as arrangements to monitor and improve quality and identify risk were not effective. Audits were not being repeated to verify improvement. Many of the practice policies were overdue a review. Staff were not aware of some policies or could not locate them.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 9 August 2017. The practice is now 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included strengthened arrangements to monitor and improve quality and identify risk. Arrangements for vaccine management and infection control had been improved, but were not fully embedded.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



# Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients who may need palliative care as they were approaching the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Previously the practice was below average for some indicators of care as measured by the Quality and Outcomes Framework. The most recent QOF data (supplied by the practice, not yet validated or published) showed that the practice was likely to be in line with average for the year 2016/17.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.



# Summary of findings

## Families, children and young people

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

Good



- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

## 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).

Good



- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 2017. The results showed the practice was performing in line with local and national averages. Three hundred and forty-two survey forms were distributed and 97 were returned. This represented less than 1.5% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 72% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

- 78% 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 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 28 comment cards which were all positive about the standard of care received, with no suggestions for improvement apart from replacement of the practice nurse, which was imminent.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Triangle Group Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Triangle Group Practice

Triangle Group Practice is based in Lewisham, south east London, close to Ladywell railway station. There is public car parking available opposite the practice and the area is well served by public transport.

The practice operates from premises that were converted in 1990. There is step free access into the premises and to all floors.

The surgery is based in an area with a deprivation score of 3 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the average English GP practice, slightly more patients are unemployed.

There are approximately 7070 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 59, and fewer patients aged 60+ than at an average GP practice in England.

Four doctors work at the practice: one male and three female. Two of the doctors are partners and there are two salaried GPs (who are female). The practice provides 29 GP sessions per week.

At the time of the inspection the practice did not have a practice nurse in post. A new practice nurse had been recruited and was due to start in post the day after the inspection.

A counsellor visits the practice once a week, a dietician visits once every two weeks and a bereavement counsellor attends as and when required.

The practice is open 8am to 6.30pm Monday to Friday. The practice opens at 7am on Tuesday and stays open until 8pm on Wednesday. Appointments are available with GPs on Monday from 9am to 12.30pm and 3.30pm to 6pm, on Tuesday from 7am to 2pm and 3pm to 6pm, on Wednesday from 9am to 12pm and 3pm to 8pm, and on Thursday and Friday from 9am to 12.30pm and 3.30pm to 6pm.

When the practice is closed cover is provided by a local out-of-hours care provider.

The practice offers GP services under a General Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide surgical procedures, diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Triangle Group Practice on 24 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services, and required improvement for providing effective and well led services.

We issued requirement notices to the provider in respect of safety and good governance.

# Detailed findings

We undertook an announced comprehensive inspection of Triangle Group Practice on 9 August 2017 to check that action had been taken to comply with legal requirements. All of the previous reports are available by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice.

We carried out an announced visit on 9 August 2017. During our visit we:

- Spoke with a range of staff (GP partner, two salaried GPs, practice manager, three non-clinical staff members) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 24 August 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of infection control management, vaccine management, keeping people safe from abuse, risk management and arrangements for emergencies were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 9 August 2017, although there were still some aspects that needed attention. The practice is now rated as requires improvement for providing safe services.**

### Safe track record and learning

There was a system for reporting and recording significant events. This had been improved since we inspected in August 2016, when we found that the system for reporting and learning from serious incidents was not clear, and analysis and recording of follow up not sufficiently thorough.

- 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 incident recording form 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a delayed diagnosis of a life limiting condition, the practice tightened their processes for monitoring referrals.

### Overview of safety systems and processes

When we inspected in 2016, the practice did not have clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. We found that these were in place at this inspection.

- Arrangements for safeguarding 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 clear lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and all other staff were trained to level two.
- Unlike when we inspected in 2016, information from other professionals regarding vulnerable people at risk of abuse was recorded in a way that it was easily accessible to all clinicians, including locum staff.
- 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).

When we inspected in 2016, we found that the practice maintained appropriate standards of cleanliness and hygiene, but that staff had not all received training appropriate to their role, audits were not comprehensive and where issues were identified they were not all followed up.

On this inspection, we observed the premises to be generally clean and tidy, although there was some surface dust at high and low levels in a room used for minor surgery and in a patient toilet. There were cleaning schedules and monitoring systems in place.

- The practice nurse who was the infection prevention and control (IPC) clinical lead at the time of the last inspection had left the practice. The new practice nurse, who was due to start in post the day after the inspection, was to be the new infection control lead.

## Are services safe?

- There was an IPC protocol and staff had received up to date training. An IPC audits had been undertaken and we saw evidence that action was taken to address improvements identified as a result.
- The practice told us that they had plans to change their cleaning contractor

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Unlike at the time of the last inspection, blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- When we last inspected, one vaccine fridge was very full, with no space for air to circulate to keep the vaccines at the correct temperature. Fridges were checked every day the practice was open to make sure that the temperature was in the correct range to keep the vaccines safe and effective. The records showed that fridge temperatures were out of range on two occasions in 2015 with no action recorded and staff we asked were not aware of the issue. On this inspection we saw evidence that action had been taken in response to fridge temperatures outside the recommended range. However, as the practice nurse had left, the practice manager was completing the fridge temperature checks. The practice manager did not work on Wednesdays and fridge temperatures had not routinely been checked in the six weeks that practice had been without a practice nurse. The new practice nurse was to do the checks (4 days a week, with the practice manager doing day 5).

Before we left the practice manager had created a policy that documented this and that in the absence of both the nurse and practice manager, reception staff were to do the checks.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- Since the last inspection, the practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

When we inspected in 2016, there was no oxygen or defibrillator and there were not emergency medicines to deal with some commonly occurring medical emergencies. There were no risk assessments to justify these decisions.

At this inspection, we observed that the practice had adequate arrangements to respond to emergencies and major incidents.

## Are services safe?

- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator on the premises, and oxygen and adult and children's masks. A first aid kit and accident book were available. The defibrillator was functional, and had been checked several months earlier (when other equipment in the practice was checked and calibrated); the practice intended the defibrillator to be checked annually. The children's masks were stored separately to the oxygen. The practice added checking the defibrillator to the monthly emergency medicines check system, and moved some children's masks to with the oxygen, before we left the practice.
- The practice had a comprehensive business continuity plan 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

**At our previous inspection on 24 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff training needed improving. Consent was not being recorded appropriately and some aspects of the practice's care of patients with diabetes, as reflected in the Quality and Outcomes Framework were below average.**

**These arrangements had significantly improved when we undertook a follow up inspection on 9 August 2017. The provider is now rated as good for providing effective services.**

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 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 (2015/16) were 93% of the total number of points available, compared to the local average of 94% and the national average of 95%.

Data from 2015/16 showed:

- Performance for diabetes related indicators was below the national average for some indicators.

- 62% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 71% and the national average of 78%.
- 82% of patients with diabetes had well controlled blood pressure, compared to the local average of 71% and the national average of 78%.
- 62% of patients with diabetes had well controlled total cholesterol, compared to the local average of 71% and the national average of 80%.

The practice performed above the national average for the percentage of patients who had received a review of their asthma. 86% of patients had received a review, compared to the national average of 76% and the local average of 76%.

- Performance for mental health related indicators was comparable to the national average.
  - 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 88% and the national average of 89%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 87% and the national average of 90%.
- 88% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 85% and the national average of 84%.

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. In 2014/15, the practice overall rate of clinical exception reporting (5%) was in line with local and national averages (8% and 10%).

Rates for individual indicators were also comparable to or lower than local and national averages. The exception rate for asthma reviews, for example, was 2% (8 out of 424 patients excepted), compared to a local average of 5% and a national average of 8%.

# Are services effective?

## (for example, treatment is effective)

The QOF results for the year 2016/17 have not yet been published, but the practice showed us their (unvalidated) submission. These showed improvement in the areas of performance that were below average in 2015/16. For example,

- 71% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less.
- 72% of patients with diabetes had well controlled total cholesterol.

Last time we inspected there was some quality improvement activity, but the practice was not repeating audits to assess, monitor and improve the quality and safety of services. At this inspection, we found that there was more evidence that quality improvement activity was improving patient care:

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored. One audit was a review of broad spectrum antibiotic use, and other a review of minor surgery carried out (including infection rates).
- The audit of broad spectrum antibiotic prescribing showed that the practice was still not prescribing in line with guidance, although a smaller proportion of prescriptions of broad spectrum antibiotics were inappropriate than at the first audit. Since the second audit, the practice had discussed the issue in a clinical meeting and ensured that all GPs had a copy of the latest guidelines in their consulting rooms, and the audit was scheduled to be repeated.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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 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 and nurses. All staff had received an appraisal within the last 12 months.
- 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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

# Are services effective?

(for example, treatment is effective)

## 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.
- Unlike when we last inspected, the form to record written consent now included details of the condition being treated. We saw some completed examples, as well as some that had not been fully completed.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were referred to dieticians and for smoking cessation advice.

The practice's uptake for the cervical screening programme was 67%, which was comparable with the CCG average of 69% and the national average of 72%. There were failsafe systems 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. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the national target. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice performance was below the 90% target in all four areas (scoring 80 – 85% for each target). These measures can be aggregated and scored out of 10, with the practice scoring 8.3 (compared to the national average of 9.1).

Practice staff told us that they were aware that their immunisation uptake rates were below average, and found it difficult to achieve good rates with a relatively transient patient population (approximately 10% turnover per year). In addition to a new practice nurse, the practice had also recently recruited a health care assistant, who was due to start in post at the end of August 2017. Practice staff told us that they hoped that the extra resource would allow them to improve their care, particularly in areas where the performance was lower than average.

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. The number of patients who received an NHS health checks increased, from 40 in 2015/16 to 101 in 2016/17. 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

**At our previous inspection on 24 August 2016, we rated the practice as good for providing caring services.**

**The practice is still rated as good for providing caring services.**

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced, with no negative comments at all. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 14 patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 92%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The results of the national GP patient safety survey had improved in all of these areas since the results published in 2016.

### 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

## Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 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 experienced 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.

A bereavement counsellor visited the practice to offer specialist support.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 24 August 2016, we rated the practice as good for providing responsive services.**

**The practice is still rated as good for providing responsive services.**

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered evening appointments on a Wednesday and early morning appointments on a Tuesday to support patients who could not attend during normal opening hours.
- The practice held an open session for any patient who needed urgent consultations every weekday afternoon from 3pm to 5.30pm (3.30pm on Monday), these sessions were used particularly by parents, as it meant that (where appropriate) children could be seen without missing school.
- To make it easier for patients to book appointments, the practice made all appointments (including those available on the day) available to book online. This benefited working patients who may not be able to call easily during their working hours.
- 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 vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had a lift and fitted an automatic door and installed a dropped height section of counter in reception to make it easier for patients with mobility problems to access the surgery.

### Access to the service

The practice was open 8am to 6.30pm Monday to Friday. The practice opened at 7am on Tuesday and stayed open until 8pm on Wednesday. Appointments were available with GPs on Monday from 9am to 12.30pm and 3.30pm to 6pm, on Tuesday from 7am to 2pm and 3pm to 6pm, on Wednesday from 9am to 12pm and 3pm to 8pm, and on Thursday and Friday from 9am to 12.30pm and 3.30pm to 6pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 72% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 72% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 82% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

GPs telephoned 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

# Are services responsive to people's needs?

(for example, to feedback?)

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 a system 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, with a leaflet in reception.

We looked at four of the seven complaints received in the last 12 months and found that these were satisfactorily handled, with openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice added all appointments to the online booking system after complaints about the ease of booking appointments.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 24 August 2016, we rated the practice as requires improvement for providing well-led services as arrangements to monitor and improve quality and identify risk were not effective. Audits were not being repeated to verify improvement. Many of the practice policies were overdue a review. Staff were not aware of some policies or could not locate them.**

**We found arrangements had significantly improved when we undertook a follow up inspection of the service on 9 August 2017. The practice is now rated as good for being well-led.**

### 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 clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. There was a process in place to review and update these, and we saw examples of policies which had been updated.
- Practice meetings were held which provided an opportunity for staff to learn about the performance of the practice.
- There was some clinical and internal audit activity, which demonstrated some improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been tightened, with stronger arrangements in place to

keep people safe from abuse, address fire and other risks and to take action in the event of medical emergencies. Arrangements for vaccine management and infection control had been improved, but were not fully embedded.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty. The practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were comprehensive and were available for practice staff to view. We noted the practice had arranged an annual Christmas dinner and day trips to Bruges and Paris.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought 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 told us that they had been involved with improving patient access to appointments.
- the NHS Friends and Family test, complaints and compliments received

- staff through staff meetings, appraisals and discussion. 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 an increasing focus on learning and improvement within the practice.

Staff were engaged with the local practice network and were keen to adopt innovative solutions to solve problems. The practice put all of their appointments onto the online system to make it easier for patients to book, and was asked to share their experience, and the positive impact on patients, with the local practice network.

The practice participated in research with a nearby university, for example a study into methods of increasing activity levels to improve health.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. In particular:</p> <ul style="list-style-type: none"><li>• Arrangements to prevent and control infections were not effective: there was no infection prevention and control lead and the arrangements for ensuring cleanliness had not ensured a consistent quality of cleaning.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>