

Sunbury Health Centre Group Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sunbury Health Centre Group Practice on 8 December 2015. Overall the practice is rated as requires improvement.

The practice was rated as requires improvement for providing safe, effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including all of the population groups.

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

- There was an open and transparent approach to safety. However, the system in place for reporting and recording significant events was not robust enough and there was no recorded evidence of lessons learnt or if this was shared with the wider staff group.

- Risks to patients were not always assessed or well managed. For example, Disclosure and Barring Service checks for staff working as chaperones, health and safety checks and completing regular fire drills.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they did not always find it easy to make an appointment. However, patients were able to see or speak with a GP in an emergency on the same day.
- The practice understood patient concerns in relation to the access of timely appointments and had increased appointments available each week following the appointment of additional clinical staff. However, the building the practice occupied did not allow them to increase the number of clinical rooms

Summary of findings

used and they were therefore currently unable to offer any more appointments with GPs or nurses due to lack of capacity. The practice was aware that the building was no longer suitable for the number of patients and had developed plans to address these issues but these were dependent on support and the adequate funding from NHS England

- The practice had good facilities and was equipped to treat patients.
- There was a clear leadership structure and staff felt supported by management.
- The practice had proactively sought feedback from patients and had an active patient participation group. Feedback from staff and patients was acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had a number of policies and procedures to govern activity. The practice held regular meetings and issues were discussed at staff and clinical team meetings.

The areas where the provider must make improvements are:

- Improve processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure systems are in place for disseminating information received from Medicines and Healthcare products Regulatory Agency to all appropriate staff members.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff and that DBS checks are in place for those staff members that act as chaperones.

- Ensure that blank prescription forms are tracked and stored securely within the practice.
- Ensure that all staff have completed relevant training as required by the practice for basic life support, fire safety, infection control, information governance and safeguarding vulnerable adults and ensure evidence of this is recorded.
- Ensure that systems and processes are reviewed to complete referrals in a timely manner.
- Carry out regular fire drills.
- Ensure staff have regular appraisals.

In addition the provider should:

- Continue to review patient access to non-urgent appointments.
- Take action to address identified concerns from staff members in relation to the effectiveness of the cleaning from the outside contractor (the cleaning company was not employed by the practice but by NHS Property Services).
- Ensure that provisions are made to safeguard patients where there is a delay in DBS checks being completed for new members of staff.
- Ensure there is a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.
- Review and implement systems for assessing and monitoring health and safety risks including those assessments carried out by the building owner (NHS Property Services). For example, legionella assessments, health and safety and regular fire drills.

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 as there are areas where it should make improvements.

- Staff understood their responsibilities to raise concerns, however we were told of incidents which had not been reviewed as a significant event. Learning from significant events was not effectively reviewed and investigations were not thorough enough. Lessons learned were not communicated widely enough to support improvement.
- The practice did not always have well defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, the practice had failed to disseminate information received from Medicines and Healthcare products Regulatory Agency to all appropriate staff members and staff had not received training in safeguarding vulnerable adults.
- Although risks to patients who used services were assessed, some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the tracking of blank prescription pads, not conducting regular fire drills and we identified gaps in staff training.
- Not all staff who acted as chaperones had received a criminal record check from the Disclosure and Barring Service (DBS)
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The appointment of new staff was supported by recruitment checks.
- Procedures for dealing with medical emergencies were robust. Emergency medicines were stored in a central location.
- Staffing levels were maintained to keep patients safe.
- The practice was clean and tidy. Staff informed us of concerns with the cleaning through an outsourced provider organised by the NHS Property Services. The practice staff therefore had their own arrangements in place to ensure appropriate hygiene standards were maintained.

Requires improvement



Are services effective?

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

Requires improvement



Summary of findings

- Data showed patient outcomes were at or above average for the locality.
- Good health was promoted by the practice including help to self-manage long term conditions and offered a range of services including travel immunisations.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Systems were in place to maintain continuity of care to patients with diabetes which avoided fragmentation of care.
- Clinical audits demonstrated quality improvements.
- We found gaps in staff appraisals and training was not up to date for information governance, fire safety, infection control or safeguarding vulnerable adults.
- Administrative systems in dealing with patient referrals did not ensure correspondence was dealt with in a timely and effective manner. However, we saw evidence that the practice had reviewed the system and was in the process of outsourcing this service in order to speed up the process.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- We observed good relationships between patients and staff.

Good



Are services responsive to people's needs?

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

- The practice 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.
- The practice understood patient concerns in relation to the access of timely appointments. However, the building the

Requires improvement



Summary of findings

practice occupied did not allow them to increase the number of clinical rooms used and therefore were currently unable to offer any more appointments with GPs or nurses due to lack of capacity. The practice was able to show us three potential plans (that were awaiting funding and approval) of how the practice was planning to increase the number of rooms available and therefore increase the number of appointments that patients would be able to access daily.

- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was equipped to treat patients.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, the complaints policy did not contain information regarding advocacy or the Ombudsman and still made reference to the Primary Care Trust which has been replaced with Clinical Commissioning Group. Learning from complaints was not shared with all staff.

Are services well-led?

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

- The practice had gone through a year of change with a senior partner and the practice manager leaving. Staff told us they felt encouraged by the recent changes that had taken place and the direction the practice was moving in.
- It 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 this.
- 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.
- 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.
- All staff had received inductions and attended staff meetings and events but not all staff had received regular appraisals.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked in partnership with the practice.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people.

The practice was rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:-

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice offered continuity of care with a named GP.
- Patients were discussed at bi-weekly clinical meetings with other healthcare professionals to discuss any patient concerns.
- It was responsive to the needs of older patients, and could offer same day telephone appointments with a GP or a home visit when required.
- The practice had a register of older patients with complex medical needs or who were at high risk of hospital admission.
- The health care assistant maintained a register of housebound patients to ensure that flu vaccinations and chronic disease management was up to date.
- Important information was recorded as alerts on patients notes.
- Patients were encouraged to have their flu vaccination to prevent severe flu related illnesses.
- The practice looked after a large nursing home and conducted weekly ward rounds with a dedicated GP who also attended throughout the week as required.

Requires improvement



People with long term conditions

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

The practice was rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:-

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- Nurses had received the appropriate training in order to take ownership and review the needs of all diabetic patients. Systems were in place to maintain continuity of care to patients with diabetes which avoided fragmentation of care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check that 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.
- The healthcare assistant screened patients for pre-diabetes and was able to monitor patients identified and give information in how to make lifestyle changes.

Families, children and young people

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

The practice was rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:-

- 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 patients who had a high number of A&E attendances.
- The practice had a child protection lead GP who was also the Clinical Commissioning Group lead for maternity, children and young patients and ensured that practice policies held relevant information.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health and school nurses who shared the health centre building.
- The practice ensured that children needing emergency appointments would be seen on the day or were offered a same day telephone appointment to discuss any concerns.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

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

The practice was rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:-

- 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 and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- The practice offered early morning appointments from 7:20am Monday to Friday.
- Electronic Prescribing was available which enabled patients to order their medicine online and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

Requires improvement



People whose circumstances may make them vulnerable

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

The practice was rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:-

- The practice could offer longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations
- Translation services were available for patients who did not use English as a first language. We also saw advertised a sign language service for those patients who had a hearing impairment and the practice provided an auditory loop in the practice.

Requires improvement



Summary of findings

- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients who had carers were flagged on the practice computer system and were signposted to the local carers support team.
- 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. However, staff had not received training in safeguarding vulnerable adults.
- Information was not routinely shared with out of hours and ambulance services to help improve patient care and safety for those most at risk.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The practice was rated as requires improvement for providing safe, effective and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:-

- 84% of patients diagnosed with dementia, had their care reviewed in a face to face meeting in the last 12 months. The national average score was also 84%.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months. The national average score was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was in some areas performing below average when compared to local and national averages. 322 survey forms were distributed and 145 were returned.

- 32% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 74% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 83% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 36% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 52% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

The practice was aware that as the front desk opened at 7am some patients queued in order to access appointments for that morning. It had put in place online booking of appointments and an automated telephone booking system in order that patients had alternative routes to book appointments. It had also increased the number of telephone lines in to the practice and the number of reception staff to answer calls at busy times of the day. The practice was working with the patient participation group in order to improve this service and was open to ideas to address the situation.

Other, results showed that:-

- 93% said the last GP they saw or spoke to was good at listening to them (CCG average 89%, national average 89%).
- 88% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 85%, national average 86%).
- 98% had confidence and trust in the last GP they saw or spoke to (CCG average 95%, national average 95%).

- 87% say the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Prior to our inspection we reviewed comments recorded on NHS Choices and the national GP patient survey. We noted that there were lots of comments in relation to the access of appointments. The practice was able to explain and evidence to us that the building they occupied did not belong to them and they were only able to use 45% of the rooms available due to another organisation renting the other areas. Each clinical and treatment room was continually in use and due to no extra work space being available was unable to increase the number of clinical staff or the hours they worked. The practice had originally been designed to meet the needs of 6,000 patients and with continued housing development the practice was now offering services to nearly 18,300 patients. It had been recognised that the building was now unable to offer the required facilities to its patients and the practice had requested support from NHS England in order to address these concerns but as yet this had not happened. We also saw evidence from the patient participation group, who were supporting the practice, of corresponding with NHS England asking for support and approval of proposed plans from the practice.

The practice was able to show us three potential plans to address the situation depending on support, approval and funding by NHS England. This included adding extra clinical and treatment rooms by adding portcabins and by finding a more appropriate building, including the potential of building a new practice on the existing site. The practice was in talks with NHS England Area Team and Clinical the Commissioning Group (CCG) to secure the required funding.

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 33 comment cards which contained positive comments about the practice; however some also told us that access to appointments could be a problem. We also spoke with five patients on the day of the inspection including a member of the patient participation group.

Summary of findings

Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, and told us that they were listened to. Patients told us they were given advice about their

care and treatment which they understood and which met their needs. They told us they always had enough time to discuss their medical concerns and felt confident in their treatment.

Areas for improvement

Action the service **MUST** take to improve

- Improve processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure systems are in place for disseminating information received from Medicines and Healthcare products Regulatory Agency to all appropriate staff members.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff and that DBS checks are in place for those staff members that act as chaperones.
- Ensure that blank prescription forms are tracked and stored securely within the practice.
- Ensure that all staff have completed relevant training as required by the practice for basic life support, fire safety, infection control, information governance and safeguarding vulnerable adults and ensure evidence of this is recorded.
- Ensure that systems and processes are reviewed to complete referrals in a timely manner.
- Carry out regular fire drills.

- Ensure staff have regular appraisals.

Action the service **SHOULD** take to improve

- Continue to review patient access to non-urgent appointments.
- Take action to address identified concerns from staff members in relation to the effectiveness of the cleaning from the outside contractor (the cleaning company was not employed by the practice but by NHS Property Services).
- Ensure that provisions are made to safeguard patients where there is a delay in DBS checks being completed for new members of staff.
- Ensure there is a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.
- Review and implement systems for assessing and monitoring health and safety risks including those assessments carried out by the building owner (NHS Property Services). For example, legionella assessments, health and safety and regular fire drills.

Sunbury Health Centre 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, a practice manager specialist advisor and a nurse specialist advisor.

Background to Sunbury Health Centre Group Practice

Sunbury Health Centre Group Practice is a surgery offering general medical services to the population of Sunbury on Thames. There are approximately 18,300 registered patients. Sunbury Health Centre Group Practice is a training practice for FY2 GPs.

At the time of the inspection the practice had only registered for three regulated activities. We noted that maternity and midwifery services and surgical procedures were not included. We spoke with the business manager who had informed us they had recently sent in the required forms to add these activities to their registration. We saw evidence to support this.

Sunbury Health Centre Group Practice is run by seven partner GPs. The practice is also supported by five salaried GPs, a foundation year doctor, five practice nurses, a healthcare assistant, two phlebotomists, a team of administrative / reception staff, an office manager and a business manager.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics and holiday vaccinations and advice.

Services are provided from one location:

Sunbury Health Centre, Sunbury On Thames, Surrey, TW16 6RH

Opening hours are Monday to Friday 7am to 6:00pm. With emergency calls taken until 6:30pm

During the times when the practice is closed arrangements are in place for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients between 0 – 9, 35 – 49 and 85+ years of age than the national and local Clinical Commissioning Group (CCG) average. The practice population also shows a lower number of 10 – 34 year olds than the national and local CCG average. There are a slightly higher number of patients with a long standing health condition and a lower number with health care problems in daily life, as well as a lower than average number of patients with caring responsibilities. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health Watch and the NHS North West Surrey Clinical Commissioning Group. We carried out an announced visit on 8 December 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration staff and the business manager.

CQC comment cards were placed in the practice reception area so that patients could share their views and experiences of the service before and during the inspection visit. We reviewed 33 comment cards completed by patients. We observed staff and patient interactions and talked with five patients including one member of the patient participation group. We reviewed policies, procedures and operational records such as risk assessments and audits.

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- 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 (QOF) 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

Staff we spoke with told us they would inform the business manager and lead GP of any incidents; however there was no clear or consistent understanding of what should be included as a significant event. The GPs and staff we spoke with gave us examples of where incidents had been discussed but had not been raised as a significant event. Non clinical staff told us of an incident where a patient had collapsed in the car park and we noted that a significant event had not been raised for this incident. These events were discussed at partner meetings. However, lessons learnt from events were not recorded or shared with all relevant staff to improve patient safety and minimise further incidents. The practice GPs and business manager were aware of the need to improve their incident and significant event reporting, monitoring and learning system and were reviewing this process.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. However, we did not see evidence of the adequate dissemination of information of medicines and device alerts issued by the Medicines & Healthcare Products Regulatory Agency (MHRA) to all clinical staff.

The practice could not demonstrate to us they had managed safety incidents consistently over time or evidence a safe track record. Further development was required to ensure the practice could demonstrate a safe track record over the long term.

Overview of safety systems and processes

Systems were generally in place to keep patients safe, although some aspects required strengthening. For example, training in safeguarding vulnerable adults, information governance and infection control, the tracking and recording of blank prescription pad numbers and DBS checks of staff performing chaperone duties.

- Safeguarding children and vulnerable adults 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. Staff demonstrated they

understood their responsibilities and all had received safeguarding children training relevant to their role. GPs were trained to Safeguarding level 3. However, staff had not received training for safeguarding vulnerable adults.

- A notice in the waiting room advised patients they could request a chaperone, if required. Staff who acted as chaperones had received training for the role but not all had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that the practice had applied for some staff to undergo these checks but were waiting on the results for several members of staff. We also noted that two staff who acted as chaperones did not have a DBS check applied for.
- The property was owned by NHS Property Services who were responsible for the management, up keep and the cleaning of the building. Staff we spoke with told us that they had concerns in relation to the cleanliness of the building. They told us that they themselves cleaned treatment rooms to ensure a high standard of infection control and had produced cleaning plans for members of staff to follow. They told us that their concerns had been raised with the landlord but had not been adequately addressed.
- A practice nurse was the infection control clinical lead. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, not all non-clinical staff had received infection control training.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We found the practice had not ensured that the serial numbers of prescriptions were routinely recorded. Blank prescription pads were stored within a locked cabinet in a room that could also be locked. However, we noted that the cabinet and door were not routinely locked during the day and that the room was sometimes left empty and could be accessible to patients.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed personnel files and found that most contained the appropriate recruitment checks required prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, we saw that not all staff had the appropriate checks through the Disclosure and Barring Service. We also noted the practice had used a locum GP whose DBS check had been delayed prior to them starting employment. We did not see evidence that provisions had been made to safeguard patients prior to receiving the DBS check results.

Monitoring risks to patients

There were some procedures and systems in place for monitoring and managing safety risks to patients, staff and visitors. The landlord of the building carried out checks of the building, including servicing of the fire extinguishers, the fire alarm system and legionella testing. Although the business manager had requested the information from the landlord NHS Property Services, at the time of the inspection, records were not available to show that essential health and safety checks had been carried out at the required intervals. Following the inspection, we received written assurances that all essential checks had been carried out.

We were able to see evidence that all portable electrical equipment had been tested and displayed stickers indicating the last testing date. The practice had ensured that clinical equipment was checked and calibrated to ensure the equipment was safe to use and was working properly.

We did not see evidence of any further risk assessments in place to monitor safety of the premises, with the exception of infection control audits. This included assessments for health and safety or the practising of fire drills.

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 that enough staff were on duty. Staff we spoke with told us that the practice had employed more staff recently which had improved the situation of required cover for leave or unplanned sickness.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. Staff we spoke with were aware of what to do in an event of a fire but had not received updated fire awareness training or had practised a recent fire drill.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We noted that annual basic life support training had been delayed and was now overdue. However, we saw that this had been booked for January and all staff were required to attend.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- In the event of power failure or building damage staff were able to use an emergency contact number for NHS Property Services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 98.2% of the total number of points available, with 9.1% exception reporting which was in line with the CCG and national average. The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. Data from 2014/2015 showed;

- The percentage of patients with hypertension having regular blood pressure tests was in line with the CCG and national average. The practice QOF score was 80% with the CCG average being 83% and the national average 84%.
- Performance for diabetes related indicators were above the clinical commissioning group (CCG) and national average. The practice QOF score was 95% with the CCG average as 87% and the national average 89%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100%, with the CCG average 96% and national average 96%.
- Performance for cancer was better than the CCG and national average. With cancer related indicators at 100% in comparison with the CCG average of 98% and the nation average of 98%

- Performance indicators for dementia were 100% with the CCG average being 95% and the national average being 95%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients outcomes. We reviewed clinical audits which had been completed in the last two years. We noted several audits where improvements had been implemented. There were also several audits that had been repeated to ensure continued improvement. Findings were used by the practice to improve services. For example, the practice had completed an audit for monitoring pre-diabetes in patients. Those patients shown to have pre-diabetes were encouraged to attend for monitoring and advice in order to delay the progression of diabetes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, staff we spoke with and files we reviewed showed that not all staff training was up to date. For example, basic life support, safeguarding vulnerable adults, fire safety, information governance and infection control.

- All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).
- The practice had an induction programme for newly appointed non-clinical members of staff which included new staff shadowing long standing staff members. New staff underwent a probationary period in which their competencies were reviewed.
- 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, administering vaccinations and taking samples for the cervical screening programme.
- Staff had access to appropriate on-going support during meetings, one-to-one ad-hoc meetings, clinical supervision and facilitation and support for the revalidation of doctors.

Are services effective?

(for example, treatment is effective)

- Staff told us that they had received regular appraisals but were aware that some were now overdue. They told us that this was due to the practice manager leaving and a new business manager starting their position. They were also aware that changes were being made to the appraisal forms as it had been discussed that these were no longer adequate

Coordinating patient care and information sharing

The practice had recognised and had received comments from patients in relation to the delay of sending referrals. We spoke with the business manager regarding the situation. They informed us that urgent referrals were sent within two weeks, but the sending of other referrals had been delayed. We were told that staff were currently working on referrals dating from 4th November 2015. A delay of 5 weeks in sending a referral letter is much longer than in similar practices. However, the practice told us that it had plans in place to outsource referral letters to provide a better service. This resource had only been in place one week at the time of the inspection and had yet to make any impact on the backlog. The business manager also informed us that extra staff were being employed to clear all outstanding referrals.

The practice did not have systems in place to routinely communicate with out of hours or ambulance services for the sharing of information of the most at risk patients. For example, those with palliative care needs.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients needs and to assess and plan on-going care and treatment. We saw evidence that palliative care meetings with district nurses and community matrons took place every six weeks. These meetings were used to discuss patients with complex and palliative care needs and ensured that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, 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 where appropriate recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives or long-term conditions. Patients were then supported by the practice as well as signposted to external services. The practice nurses could support patients with reviews for diabetes or asthma and could conduct cervical smears, blood test and vaccinations. We saw evidence that the nurses had been trained to take on these duties.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 95%, which was comparable to the CCG average of 98% and the national average of 97%. There was a policy to offer 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 screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, 90.5% of children under 24 months had received the MMR vaccination with the national average being 89.5%. Flu vaccination rates for the over 65s were 73% the same as the national average, and 51% of patients from the at risk group had received their flu vaccination compared to the national average of 52%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room.
- The reception desk and waiting area were separate which helped with patient confidentiality.
- We noted that the practice had installed an electronic booking in system.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 33 completed cards and all were positive about the care received from the GPs and nurses. Patients said they felt the practice offered a helpful and caring service and treated them with dignity and respect. We also spoke with five patients on the day of our inspection including a member of the patient participation group. All told us they were satisfied with the care provided by the GPs and nurse and said their dignity and privacy was respected. Comment cards also 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 the national and CCG averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 74% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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 or slightly above the local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 81%).

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients.

Staff told us that translation services were available for patients who did not have English as a first language. The practice had a hearing loop and could offer a sign language service for those patients who had a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and patient website told patients how to access a number of support groups and organisations. The practice's computer system alerted staff if a patient was also a carer. We saw information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, that their usual GP contacted them or sent them a sympathy card. We noted that bereavement advice was also on the practices website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Prior to our inspection we reviewed comments recorded on NHS Choices and the national GP patient survey. We noted that there were lots of comments in relation to the access of appointments. The practice was able to explain to us that the building in which they occupied did not belong to them and they were only able to use 45% of the rooms available due to another organisation renting the other areas. Each clinical and treatment room was continually in use and due to no extra work space being available was unable to increase the number of clinical staff or the hours they worked. The practice had originally been designed to meet the needs of 6,000 patients and with continued housing developments the practice was now offering services to nearly 18,300 patients. There had been a recognised need that the building was now unable to offer the required facilities to its patients. The practice was able to show us three potential plans to address the situation depending on approval and funding by NHS England. This included adding extra clinical and treatment rooms by adding portacabins and by finding a more suitable building with the potential of building a new practice on the existing site. The practice was in talks with NHS England Area Team and Clinical the Commissioning Group (CCG) to secure the required funding.

- The practice offered appointments from 7:20am every day.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- Home visits were available for older patients / patients who would benefit from these.
- The practice was accessible for patients with services located on the ground floor.
- There were disabled facilities, hearing loop and translation services available.
- When all appointments were full for the day and patients felt they needed to be seen, they were offered alternatives. The practice offered telephone consultations with the duty GP who gave advice and if necessary arranged for the patient to be seen at the practice.

Access to the service

The practice was open between 7am and 6pm Monday to Friday. Appointments were from 7:20am to 12pm every morning and 3pm to 5:30pm daily. In addition to appointments booked on the day, pre-bookable appointments could be booked up to eight weeks in advance. Patients were offered telephone appointments with the duty doctor for urgent appointments and when necessary could then be offered a face to face appointment. Telephone consultations and home visits were also offered to patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. However, patients told us on the day that they were able to get urgent appointments when they needed them. We noted that the practice had a high number of patients that failed to attend their appointments. The practice had not reviewed this information to see if there was any trends to patients not attending.

- 50% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 34% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 36% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 52% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

The practice was aware that as the front desk opened at 7am some patients queued in order to access appointments for that morning. It had put in place on-line booking of appointments and an automated telephone booking system in order that patients had alternative routes to book appointments. It had also increased the number of telephone lines into the practice and the number of reception staff to answer calls at busy times of the day. The practice was working with the patient participation group in order to improve this service and was open to ideas to address the situation.

Information was available to patients about appointments on the practice website. This included how to arrange

Are services responsive to people's needs?

(for example, to feedback?)

urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. However, the complaints policy and leaflet did not contain information regarding advocacy or the Ombudsman and still made reference to the Primary Care Trust which ceased to exist in April 2013 and was replaced by the Clinical Commissioning Groups.

We saw that information was available to help patients understand the complaints system. We saw that information was in the practice leaflet, on the practice website and on display in the waiting area. A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Complaints were discussed at the partners meetings but learning was not routinely shared with other members of staff.

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 consistent and personalised primary care. Due to changes which had happened in the last year, the practice was working on a new mission statement. The partners had recognised the need to change and develop further to improve the outcomes for patients and staff.

It had recently assessed staffing levels, recruitment processes and employment packages to recruit new staff and retain staff in key roles. The business manager had restructured the reception roles and promoted staff to new roles, including an office manager, reception supervisors and a nurse manager. The practice was developing plans to improve the premises and increase appointment capacity. It was working with the patient participation group and the local Clinical Commissioning Group to analyse and improve patient access. It had recognised where extra resources were required to address back logs in referrals. Some of the actions had either not had time to be implemented or fully embedded at the time of our inspection but demonstrated that the practice had an awareness of the need for change.

Governance arrangements

The practice had gone through a year of change with a senior partner and the practice manager leaving. A new business manager had been employed and one of the senior partners had taken on the role of Managing Partner and had become involved in the progression of the practice. We noted that staff felt encouraged by the changes that had taken place and the direction the practice was moving in. Although it was recognised that more work was required to strengthen structures and procedures in place.

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

- 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 which is used to monitor quality and to make improvements
- However, arrangements for identifying, recording and managing risks, issues and implementing mitigating actions needed to be strengthened. For example, the dissemination of safety alerts to all relevant staff and the learning from significant events needed to be reviewed.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. There was also evidence that the practice responded appropriately to patients who had been affected by incidents, significant events or complaints. We saw that patients were supported, given truthful information and when appropriate given an apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We also noted that a recent team away day had been held and another was planned for 2016.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were 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

Are services well-led?

Good 

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

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and helped to submit proposals for improvements. For example, the PPG was working with the practice in order to help achieve funding required to improve the building facility.
- The practice together with the PPG had held open meetings to its patients in order to provide an update on the practice and its plans for the building and to answer any questions that patients may have regarding this.

The last open meeting had been held in October 2015 and we reviewed the minutes of this meeting. We saw evidence that over 40 patients had attended and a presentation was given on the building, its restrictions, recent changes including new staff, electronic prescribing and lunch time reception opening times. The presentation also included the applications for funding to improve facilities and ended with a questions and answer session for patients.

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not completed regular fire drills</p> <p>The provider had failed to ensure that hand written blank prescriptions were tracked through the practice at all times.</p> <p>This was in breach of Regulation 12(1) and (2)(b)and(g) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Not all staff had received or were supported to undertake appropriate training as required by the provider. Not all staff had received an annual appraisal.</p> <p>This was in breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

The provider had failed to have systems and processes to complete patient referrals in a timely manner.

The provider did not have in place a robust process for reporting and learning from incidents or significant events. Actions taken or learning was not disseminated to all relevant staff.

The provider had no clear process for disseminating safety alerts received from Medicines and Healthcare products Regulatory Agency (MHRA)

This was in breach of **Regulation 17 (1) and (2) (a) (b)** of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

Service users must be protected from abuse and improper treatment by the implementation of systems designed to protect service users. Staff must receive safeguarding vulnerable adult training that is relevant and a suitable level for their role and updated at appropriate intervals.

The provider had not completed a Disclosure and Barring Service (DBS) check for staff who acted as chaperones.

This was in breach of **Regulation 13 (1) (2)** of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).