

Riley House Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



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 Riley House Surgery on 2 June 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However we only found evidence of reviews and investigations from February 2016.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Data showed patient outcomes were low compared to the national average.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of practice specific policies and procedures to govern activity, but some were only recently implemented.

The areas where the provider must make improvements are:

- Ensure all non-medical prescribers have valid Patient Group Directions in place.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there is a robust system for recording and retaining staff appraisals.

In addition the provider should:

Summary of findings

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.
- Continue to embed the new significant event policy and complaints policy and ensure learning is shared with staff and patients are formally notified of the outcome as required.
- Review the infection control audit and formalise the action plan.
- Review the system for recording and reordering of emergency medicines.
- Review and improve patient satisfaction scores in relation to care, treatment and access to the service.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events. The system was newly implemented and we were unable to find evidence that investigations were thorough and lessons were learned prior to February 2016.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and appropriately signed patient group directions (PGDs) were not on file for one of the practice nurses.

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.

- Data showed patient outcomes were low compared to the national average. We did see evidence of improvement to patient outcomes on the day of our inspection, however these figures have not yet been published.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence of appraisals and personal development plans for some staff.

Requires improvement



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of newly implemented 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 and identify risk.

The practice proactively sought feedback from staff and patients. The patient participation group was active.

Good



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 provider was rated as requires improvement for providing safe, effective and caring; and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out NHS health checks for patients aged 40–74.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below national and local averages. For example, performance against dementia indicators.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, effective and caring; and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 73% compared to the CCG average of 79% and the national average of 80%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review were in place and patients are being recalled as required to ensure their health and medicines needs were being met.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for providing safe, effective and caring; and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice..

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 86% compared to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates for the standard childhood immunisations were mixed. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 34% to 92% compared to a national average of 73% to 95%.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, effective and caring; and was overall rated as requires improvement. The issues identified overall as requires improvement 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, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. For example, patient satisfaction in regards to practice opening hours and accessing the practice by phone were lower than the national average.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, effective and caring; and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective and caring; and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing below local and national averages. A total of 337 survey forms were distributed and 104 were returned. This represented 1.2% of the practice's patient list.

- 43% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%.
- 63% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 51% 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 73% national average of 79%.

The practice showed us evidence of a patient survey they sent out with the aim seeking patient feedback to help improving patient satisfaction. At the time of our inspection the patient survey was not complete.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received, three of the comment cards mentioned it was difficult to book routine appointments.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure all non-medical prescribers have valid Patient Group Directions in place.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there is a robust system for recording and retaining staff appraisals.

Action the service **SHOULD** take to improve

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

- Continue to embed the new significant event policy and complaints policy and ensure learning is shared with staff and patients are formally notified of the outcome as required.
- Review the infection control audit and formalise the action plan.
- Review the system for recording and reordering of emergency medicines.
- Review and improve patient satisfaction scores in relation to care, treatment and access to the service.

Riley House Surgery

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 second CQC inspector and a practice manager specialist adviser.

Background to Riley House Surgery

The Riley House Surgery practice is located in Enfield, North London within the NHS Enfield Clinical Commissioning Group. The practice holds a Personal Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including alcohol support, childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal, minor surgery, risk profiling and case management, Rotavirus and Shingles Immunisation and unplanned admissions.

The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and family planning.

The practice had a patient list size of approximately 9,200 at the time of our inspection.

The staff team at the practice included three GP partners (one female and two male), one salaried GP (male), two GP locums (males), one practice manager and one advanced

nurse practitioner (female) two practice nurses (female) and one locum nurse (male). The practice had 11 administrative staff. There are 28 GP sessions and 28 nurse sessions available per week.

The practices opening hours are:

- Monday to Friday 8:30am to 6:30pm

Appointments are available at the following times:

- Monday to Friday from 9:00am to 12:00pm and 13:30pm to 6:15pm
- Extended hours are offered Saturday from 9:00am to 12:00pm

Outside of these times patients are advised to phone 111 for medical advice.

To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice was inspected under the old methodology in October 2013 when we found issues with infection control and medicines management. We carried out a further inspection in May 2014 and found the required improvements had been made.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 June 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The system was put in place a month prior to our visit and staff demonstrated a clear understanding of the system. We saw evidence that the practice was adhering to their system however time was needed to fully embed the new process.

- 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).
- We saw evidence that from February 2016 when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events from February 2016.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed a significant event regarding the docman system failing following an internal office move (docman is a clinical document management system). We saw evidence that the practice worked to their significant event policy, identified what went wrong and took appropriate actions to correct the issue.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and nurses were trained to child safeguarding level 2. Administration staff were trained to child safeguarding level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, although there was no formal action plan in the audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine

Are services safe?

including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis). On the day of inspection we found that PGDs were not in place for one of the nurses. The practice took immediate action on the day of inspection to put PGDs in place.

- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment for all staff with the exception of one practice nurse. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was no formal mechanism in place for the reordering and recording of emergency medicines. For example, on the day of our inspection there was no hydrocortisone in the kit (hydrocortisone is a steroid used for a variety of emergency medical conditions. We saw evidence that this had been reordered by one of the GP partners but it was not formally documented).

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 82.8% of the total number of points available (exception reporting rate 6.3%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for several QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 69% compared to the CCG average of 74% and the national average of 78%.
- Performance for mental health related indicators was below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 65% compared to the CCG and national average of 88%.

- Performance for hypertension related indicators was below the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 69% compared to the CCG average of 81% and the national average of 84%.
- Performance for dementia related indicators was below the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 57% compared to the CCG and national average of 84%.
- The practice informed us of their ongoing work to improve performance against these indicators by recalling patients with these conditions to review their care plans and reviewing coding on the clinical system. On the day of inspection we saw evidence of an improved position for all indicators (this data has not yet been published).
- There was evidence of quality improvement including clinical audit.
- There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, we reviewed a completed audit regarding the prescribing of antibiotics. The first audit identified a total of 830 acute courses of antibiotics were prescribed. Through patient education about viral illness, self-care and telephone monitoring of patients the second audit identified 627 antibiotic prescriptions, a reduction of 25%. The practice told us they would continue to monitor the number of antibiotic prescriptions and conduct audits to ensure a further reduction is achieved.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. We were unable to locate any evidence of professional qualifications or identification for one member of staff. The practice took immediate action and following the inspection we were provided with all relevant qualifications, proof of indemnity insurance, proof of identification and all training certificates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All clinical staff had received an appraisal within the last 12 months. We were told that all non-clinical staff had also received appraisals within the last 12 months. On the day of inspection we saw evidence that seven of the eleven non-clinical members of staff had appraisals 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients 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 and patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to

Are services effective?

(for example, treatment is effective)

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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 34% to 92% and five year olds from 82% to 92%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 66% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice took the following actions to improve patient satisfaction scores:

- Increased the use of regular GP locums to handle acute cases and free up appointments with the partner GPs.
- Increased the number of nurse appointments available per week.
- Held a bi-weekly meeting with all reception staff focusing on customer care.

The practice sent a comprehensive survey to patients, at the time of our inspection the practice had received 48 responses although the survey was not complete. Of the 48 responses received patient satisfaction showed improvement from the GP patient survey results. For example, 44 of 48 patients (92%) surveyed felt that GPs at the practice were good at treating them with care and concern

Care planning and involvement in decisions about care and treatment

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

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

Are services caring?

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

An example of improved patient satisfaction from the ongoing patient survey is that 45 respondents out of 48 (94%) felt that GPs at the practice are good at involving them in decisions about their care.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

- The practice also employs two members of staff that are fluent in the two main languages of their patient population.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Saturday morning until 12:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday and 9:00am to 12:00pm on Saturday. Appointments were from 9:00am to 12:00pm every morning and 13:30pm to 6:15pm daily. Extended hours appointments were offered at the following times on Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 48% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice increased the number of receptionists answering the phone in an effort to improve patient

satisfaction in this area, the survey results show an improvement. To further improve patient access to the practice by phone, the practice have contracted with a new provider to upgrade the telephone system. The new system was not yet in place at the time of our inspection. The ongoing patient survey showed an improvement in relation to patient satisfaction around contacting the practice by phone. A total of 28 respondents of 48 (58%) felt it was easy to reach the practice by phone.

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

The practice had a system in place to assess:

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

Cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The formal system was implemented one month prior to our inspection and we saw evidence that complaints from March 2016 had been handled in accordance with the new system. We saw evidence that learning from complaints was discussed at practice meetings.

- Its newly implemented 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 in the form of a notice in the reception area.

We looked at six complaints received in the last 12 months and found lessons were learnt 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, we reviewed a complaint about a delay in a repeat prescription being issued. The practice reviewed the

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

workload of the prescribing team and as result a redesign of the administration team was underway. We saw evidence of the redesign on the day of inspection and staff spoke positively about the new way of working.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had made improvements to the governance systems and an overarching governance framework which supported the delivery of the strategy and good quality care was in place. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The structure had recently been reorganised to enable strong team working, staff told us they were happy with the changes and felt positive about the new way of working.
- Practice specific policies were implemented and were available to all staff. Staff demonstrated a strong understanding of these policies on the day of inspection.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff spoke positively about the new way of working in the practice and

the newly implemented policies. The partners held a weekly informal lunch meeting for all staff to allow the team the opportunity to provide feedback about the new policies and ways of working.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings. These included both clinical and non-clinical staff. Staff told us it was an opportunity to share information and drive improvement in the quality of care patients receive at the practice. Staff told us that where external meetings had taken place such as multidisciplinary discussions information that was useful was shared via email in order to keep all staff involved in decisions that had been made or changes within the local CCG.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, 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.

- The practice was in the process of gathering 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. On the day of inspection we saw evidence of these meetings

- The practice had gathered feedback from 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. They 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The 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.</p> <ul style="list-style-type: none">• They failed to ensure nurses were properly authorised to administer medicines. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered provider did not always ensure that persons employed received appropriate support, training, mentoring and appraisal as was necessary to enable them to carry out the duties they were employed to do.</p> <p>This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> |

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The provider had failed to maintain all the information required in respect of persons employed or appointed for the purposes of a regulated activity, as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This was in breach of Regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.