

High Road Family Doctors

Quality Report

119 High Road
Benfleet
Essex, SS7 5LN
Tel: 01268 753591
Website: www.highroadfamilydoctors.co.uk

Date of inspection visit: 02 December 2015
Date of publication: 28/01/2016

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?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to High Road Family Doctors	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Road Family Surgery on 02 December 2015. 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, reviews and investigations were not always thorough enough. People did not always receive a verbal and written apology in a timely manner.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver care and treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they were able to make an appointment with a named GP and that 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.
- The practice regularly engaged with other agencies to discuss patient needs, for example multidisciplinary meetings; however patient records were not always updated with care plans.
- Risks to patients were assessed and managed.
- Data showed patient outcomes were high for the locality. Audits had been carried out; we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, according to the GP patient survey, published in July 2015, not all felt cared for, supported or listened to by GPs.
- The practice had a number of policies and procedures to govern activity.
- Non-clinical staff had not received infection control training despite handling medical specimens. Clinical

Summary of findings

waste was being stored in a locked cupboard; however bags were being left on the floor, and not stored in a suitable container. The practice did not have a completed Legionella risk assessment in place.

- Not all clinical staff had a thorough understanding of the Mental Capacity Act (2005), or Gillick competency.
- The practice did not have arrangements in place to deal with bereavement and patients would not be routinely contacted following a bereavement.
- The practice did not have a PPG in place and had only received limited feedback from patients from one survey completed by the practice in the last 12 months and the GP patient survey.
- There was not an effective system to ensure referrals to secondary care were completed accurately and in a timely manner, despite a history of complaints regarding referrals being missed or delayed.
- The practice held emergency medical equipment and drugs, however this was not all kept together and not all staff knew the location.
- There was insufficient leadership capacity within the practice. There was not an effective system to share information between all staff in the practice.

The areas where the provider must make improvements are:

- Investigate incidents thoroughly and ensure that people affected receive reasonable support and a verbal and written apology in a timely manner and that all incidents are recorded in sufficient detail.
- Take action to address identified concerns with infection prevention and control practice.
- Put systems in place to ensure all clinicians are kept up to date with the Mental Capacity Act (2005) and Gillick competency.

- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure all patient records are kept up to date with care plans when these have been amended, for example, at multidisciplinary meetings.
- Ensure all staff are able to locate emergency medical equipment in a timely manner
- Implement a system that ensures all referrals to secondary care are completed in an accurate and timely way.
- The practice had not informed the Care Quality Commission of the extended absence of one of the registered people as is required by law.

In addition the provider should:

- Have suitable arrangements in place to deal with bereavement.
- Establish a system of communication between all staff in the practice.
- Increase their engagement with patients and respond to patient feedback.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not always thorough enough or adequately recorded and lessons learned were not communicated widely enough to support improvement. People always received a verbal and written apology; however this was not always in a timely manner in line with their policy.
- All staff had received appropriate training for safeguarding children and had a good understanding. Staff had not received vulnerable adult training but did understand how to respond appropriately to any concerns.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented fully to ensure patients were kept safe. Emergency medical equipment was not stored together for easy access and not all staff were aware of the location, when we spoke to the provider about this we were told they understood and would take steps to resolve this, such as getting a resuscitation trolley to store all the equipment on. Not all staff felt they were competent in using the emergency equipment, for example the paediatric defibrillator pads. Two members of staff had received infection control training; non-clinical staff who handled specimens had not received infection control training however they had a basic understanding of what measures they should take. Clinical waste was not being stored appropriately at the time of our inspection; the provider did take some action to resolve this on the day of our inspection.
- Staffing levels and skill mix were planned, implemented and reviewed and recent staff shortages had been managed quickly and adequately.

Are services effective?

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

Requires improvement



- Data showed patient outcomes were at or above average for the locality.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for reception staff, however the practice manager and nurses had not received appraisals or personal development plans.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Care plans were not routinely updated following these meetings.
- There was a lack of consistency in how people's mental capacity was assessed and recorded and how Gillick competency was understood.
- The practice did not have an effective system to ensure referrals to secondary care were processed in a timely manner; failings in their method had resulted in several complaints and significant events.

Are services caring?

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

- Data published in July 2015 showed that patients rated the practice lower than others for some aspects of care, for example, the percentage of patients who felt their GP was good at listening to them was below CCG and national averages.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, the GP patient survey showed not all felt cared for, supported and listened to by GPs.
- 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.
- Information was shared with other services to plan care and treatment.
- Patient's privacy and confidentiality was respected at all times.
- The practice did not have a bereavement policy and families were not always contacted to offer support.

Requires improvement



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example the practice, after discussions with the CCG had chosen to close it's list due to staffing levels.
- Most patients said they found it easy to make an appointment with a named GP 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had limited engagement with its patients. The practice did not have a Patient Participation Group.
- Results from the national GP patient survey published in July 2015 showed that patients satisfaction with how they could access care and treatment was below local and national averages.

Are services well-led?

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

- It had a vision and a strategy but did not have detailed or realistic plans in place to achieve the vision values and strategy. There was a leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues of concern to them.
- There was a system for identifying and managing significant issues but learning from these was not always shared or learned from, for example referrals had been missed or delayed on several occasions but this trend had not been recently discussed or systems changed to drive improvement.
- The practice had a number of policies to govern activity.
- The practice had recently sought feedback from patients through one patient survey in the last 12 months regarding closing the practice list. At the time of our inspection they did not have an active patient participation group (PPG).
- New staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- The practice did not have any succession plans in place, despite both GPs acknowledging, during our inspection, that this was needed.

Inadequate



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 provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the CCG and national averages.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 97.7% of the
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and an annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These care plans were not always added to patient records.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

requires improvement for safe, effective, caring and responsive and inadequate for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 comparable to CCG averages for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals by most staff, this could be improved with increased understanding of Gillick competency.
- Cervical screening rates were above the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The age profile of patients at the practice is mainly those of working age, students and the recently retired, weekend appointments were available through the local GP alliance.
- SMS messaging was being used to remind patients of appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients with a learning disability.
- It offered longer appointments for people with a learning disability.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable 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.
- Staff had not received vulnerable adult training but had an understanding of how to recognise and respond to any concerns.

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 provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- < >
The practice achieved 100% of the Quality Outcomes Framework (QOF) points for mental health, this was above CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There was no evidence of advance care planning for patients with dementia when they were seen for their reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 published in July 2015 showed the practice was performing below local and national averages in a number of areas. The practice was above local and national averages for patients finding receptionists to be helpful. 274 survey forms were distributed and 99 were returned, this was a response rate of 36.1%

- 58.3% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73.3%.
- 93.3% found the receptionists at this surgery helpful compared to a CCG average of 87.5% and a national average of 86.8%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86.8% and a national average of 85.2%.
- 92.9% said the last appointment they got was convenient compared to a CCG average of 93.3% and a national average of 91.8%.

- 62.7% described their experience of making an appointment as good compared to a CCG average of 73.6% and a national average of 73.3%.
- 24.2% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 74.3% and a national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were mostly positive about the standard of care received, especially from the nurses. Negative comments included the ability to get through on the phone and access to appointments. We also received some negative comments about GP attitudes.

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

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Investigate incidents thoroughly and ensure that people affected receive reasonable support and a verbal and written apology in a timely manner and that all incidents are recorded in sufficient detail.
- Take action to address identified concerns with infection prevention and control practice.
- Put systems in place to ensure all clinicians are kept up to date with the Mental Capacity Act (2005) and Gillick competency.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

- Ensure all patient records are kept up to date with care plans when these have been amended, for example, at multidisciplinary meetings.
- Ensure all staff are able to locate emergency medical equipment in a timely manner
- Implement a system that ensures all referrals to secondary care are completed in an accurate and timely way.
- The practice had not informed the Care Quality Commission of the extended absence of one of the registered people as is required by law.

Action the service **SHOULD** take to improve

In addition the provider should:

- Have suitable arrangements in place to deal with bereavement.

Summary of findings

- Establish a system of communication between all staff in the practice.
- Increase their engagement with patients and respond to patient feedback.

High Road Family Doctors

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was made up of a CQC Lead Inspector and a GP specialist advisor.

Background to High Road Family Doctors

High Road Family Surgery is a small practice located in Benfleet, Essex. At the time of inspection the practice had a list size of 3795; this list was closed at the time of our inspection due to staffing levels.

The practice has two male GPs, two female nurses, a practice manager, five receptionists and a cleaner.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8:30am to 11:30am every morning and 3:30pm to 6:30pm daily, with the exception of Thursday afternoons when appointments are not available. The practice told us they would see patients at this time if it was an emergency. The practice is able to offer patients appointments at weekends through the GP Alliance, these appointments were at an alternative location with locum GPs.

When the practice is closed patients are directed to the 111 service

Why we carried out this inspection

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

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

How we carried out this inspection

We carried out an announced visit on 02 December 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and receptionists and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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?

Detailed findings

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 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system, however there was no evidence that this form was being routinely used.
- The practice carried out an analysis of the significant events, the information was only shared with those directly involved with the incident so learning from significant events was limited.
- National patient safety reports were circulated to staff that may be affected by the information.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information and an apology. This information was not disseminated across all staff to increase learning outcomes.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff and a deputy lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Children level 3. Staff had not received vulnerable adult training; however there was a good understanding of identifying concerns and who to contact to discuss these concerns further.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received or had applied for 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).

- The practice maintained appropriate standards of cleanliness and hygiene. The premises were visibly clean and tidy. The practice nurse was the infection control clinical lead and liaised with other practice nurses to keep up to date with best practice. There was an infection control protocol in place and the practice nurse and practice manager had received training. There was no record of non-clinical staff receiving infection control training despite the requirement for them to handle medical specimens; however they had a basic understanding of steps to take for infection prevention and control. An infection control audit was undertaken in November 2015 and we saw evidence that action was taken to address any improvements identified as a result. Clinical waste was collected once a week but was stored on the floor of a locked under stairs cupboard rather than in a suitable container; we advised the provider of this who took some action and found a suitable container to use.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a cold-chain policy in place for the storage of vaccines and fridge temperatures were recorded in accordance with the policy. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system 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.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. 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.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and had recently carried out a fire drill. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, although they did not have the relevant data sheets for hazardous substances kept on the premises, infection control. The practice had a legionella policy which explained what legionella is but a risk assessment had not been carried out.
- 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. The long term absence of a GP had been covered with the use of locum GPs.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was a panic button in reception for staff to raise an alarm.
- All staff received basic life support training. There were emergency medicines available in the treatment room on the first floor as well as an additional anaphylaxis kit on the ground floor,
- 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.
- The various emergency drugs and pieces of equipment were not stored together, making them difficult to locate in an emergency situation; we discussed this with staff who agreed to source a resuscitation trolley to make this easier.
- 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.

Arrangements to deal with emergencies and major incidents

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

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 peoples' needs.
- The practice received and distributed national safety alerts appropriately.

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 from 2014/2015 were 97.9% of the total number of points available, with 8.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice achieved 97.7% of the total number of points available for diabetes compared to the CCG average of 81.5% and the national average of 89.2%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92.3% which was better than the CCG average of 79.4% and the national average of 83.6%.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the total number of points available for mental health compared to the CCG average of 86.5% and the national average of 92.8%.
- The dementia diagnosis rate was above to the CCG and national average.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve patient care. For example, recent action taken as a result included improvements in the medical management of diabetes.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire procedures, health and safety and confidentiality.
- The practice could demonstrate role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of non-clinical staff were identified through appraisals. Clinical staff were largely responsible for their own training although this was supported by the practice. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Reception staff had received appraisals within the last 12 months, the nurses and practice manager had not received appraisals within the last two years.
- Staff received training that included: safeguarding children, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had not received vulnerable adult training.
- The practice was a training practice for nurses. At the time of our inspection there were not student nurses attached to the practice.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services, for example when referring people to other services. The practice had a system for referrals which relied on the secretary being available to make the referral to services they felt appropriate based on the patient's condition. The referral was then checked and signed by the GP. There was no backup system in place should the secretary be absent and several complaints and significant events related to delays in referrals. When we spoke to the practice about this we were informed they had changed the referral system, on investigation we found this was two years ago so was not in response to the more recent issues surrounding referrals.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis but care plans were not routinely reviewed and updated with information following these meetings.

Consent to care and treatment

Staff did not always fully understand how to gain and record patient's consent to care and treatment in line with legislation and guidance.

- Staff did not show a full understanding of 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 did not always demonstrate a full understanding of how to carry 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, there was not always clear documentation of how capacity was assessed.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The nurses had level 2 smoking cessation training and were also able to signpost patients to organisations offering dietary advice.

The practice had a failsafe 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 88.9%, which was above the CCG average of 86.5% and the national average of 81.8%. There was a policy to send reminders to 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:

- The percentage of childhood PCV booster vaccinations given to under two year olds was 95.7% compared to the CCG percentage of 96.5%.
- The percentage of childhood MMR Dose 1 vaccinations given to under five year olds was 100% compared to the CCG percentage of 96.7%.

Flu vaccination rates from 2013/2014 for the over 65s were 78.28%, and at risk groups 60.33%. These were above national averages which were 73.24% and 52.29% respectively.

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

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 people dignity and respect.

- Treatment rooms adjoined to consulting rooms maintained patients' privacy and dignity during examinations, investigations and treatments. Where treatments rooms were unavailable, curtains were provided.
- 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was also a sign in reception offering this facility.

The majority of the 22 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff, especially nurses and receptionists were helpful, caring and treated them with dignity, respect and compassion. Negative comments included the ability to get through on the phone and access to appointments. We also received some negative comments about GP attitudes.

The practice did not have an active patient participation group (PPG). At the time of our inspection they were attempting to set up a virtual group.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect by the practice nursing team but not by the GPs. The practice was below average for its satisfaction scores on consultations with doctors and above average for its satisfaction scores on consultations with nurses. For example:

- 73.1% said the GP was good at listening to them compared to the CCG average of 83.2% and national average of 88.6%.
- 81.2% said the GP gave them enough time compared to the CCG average of 84.3% and national average of 86.6%.

- 87.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95.2%.
- 71.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.5% and national average of 85.1%.
- 98.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90.4%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.4% and national average of 97.1%.

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 mostly positive.

Results from the national GP patient survey published in July 2015 showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 70.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.9% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76.6% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. This was a telephone translation service and had been used on several occasions with good effect.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, there was no policy in place to offer support or to contact them. GPs told us they may contact the family if they had close involvement with the patient.

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, for example they were aware that the growing number of patients in care homes was putting additional pressure on them. At the time of our inspection they had not engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services for these patients but agreed at the time of our inspection that they would contact the CCG.

- The practice offered weekend appointments available at an alternative location through the GP Alliance, a local initiative.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were accessible facilities for people with a physical disability, a lift, a hearing loop and translation services were available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8:30am to 11.30am every morning and 3:30pm to 6:30pm daily, with the exception of Thursdays when the practice did not offer afternoon appointments. Weekend appointments were available at an alternative location through the GP Alliance. In addition to pre-bookable appointments that could be booked with no limitations, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that patients satisfaction with how they could access care and treatment was below local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 63.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 74.9%.
- 58.3% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73.3%.
- 62.7% patients described their experience of making an appointment as good compared to the CCG average of 73.6% and national average of 73.3%.
- 24.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.3% and national average of 64.8%.

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, the practice manager, who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system e.g. on posters located in the waiting area and in the patient information leaflet.

We looked at 24 complaints received in the last 12 months and found the investigations were not always recorded in sufficient detail. Most of the complaints were verbal, there was not always evidence of an apology being offered or written complaints being dealt with in a timely manner. There was no evidence of sharing these complaints with staff other than those directly affected and therefore trends had not been identified or learning shared to improve services. We spoke to the practice about this at the time of our inspection and were told that complaints were discussed annually at a practice meeting.

Are services well-led?

Inadequate 

(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 vision to deliver quality care and promote good outcomes for patients, this vision did not include strong leadership or management to safeguard the practice's future.

- The practice had a statement of aims and objectives which was displayed in the waiting areas and staff were aware of the values. There were no detailed or realistic plans in place to achieve the aims and objectives or strategy.
- The practice did not have a business plan in place and had not undertaken any succession planning despite a long-term absence of a member of clinical staff.

Governance arrangements

The practice had a limited governance framework which supported the delivery of patient care, however this was not robust or embedded.

- There was a staffing structure and staff were aware of their own roles and responsibilities, however there was a disconnection between the leadership and the management when it came to governance.
- There were some practice specific policies however they were not all implemented and while they were available to all staff, there was not a system in place to ensure they had been read, understood and actioned by staff
- There was an understanding by the practice management that there were areas of concern within the practice but there was no evidence of robust plans in place to tackle these issues.
- A programme of clinical audits was used to monitor some aspects of care quality and to make improvements, however these were not specifically targeting areas of concern for the practice or its patients.
- There were policies and procedures for identifying, recording and managing risks, issues and implementing mitigating actions. These risks and issues were not always managed in line with the practice policy and there was no effective system for sharing this information.

Leadership, openness and transparency

The partners were visible in the practice however staff told us there was a lack of communication between the partners themselves and between the partners and staff which they felt did not promote openness or transparency. This displayed a lack of leadership and the inability to operate effectively as a cohesive team.

The provider was aware of and complied with the basic requirements of the Duty of Candour, however the practice had not informed the Care Quality Commission of the long term absence of the registered provider as required by law.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology, although this was not always in a timely manner as stated in the practice policy.
- They kept written records of written correspondence; this was not always in sufficient detail to give a thorough account of the incident and did not always record verbal communications.

There was a basic leadership structure in place from the practice manager down; non-clinical and nursing staff felt they worked as a team to provide patient care but told us this could be improved with better communication, especially with the GPs who were not displaying strong leadership skills.

- Staff told us that the practice held regular clinical meetings but rarely had practice meetings for all staff.
- Staff told us they had the opportunity to raise any issues with the practice manager and confident in doing so and felt supported if they did.
- Staff said they felt respected and valued by the team but felt the practice had been under pressure due to the long-term absence of a member of staff. Staff commented that they felt the GP partners did not communicate well or work together to improve services.

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

The practice had gained limited feedback from patients, the public and staff. It sought patients' feedback when specific issues needed addressing

Are services well-led?

Inadequate 

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

- It had gathered feedback from patients through one survey regarding the closure of the patient list. There was not an active PPG, however the practice manager was trying to encourage a virtual PPG.
- There was insufficient evidence to show the practice had implemented suggestions for improvement in response to patient feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues but not the partner GPs. Staff felt practice meetings and more communication would enable them to feel involved and engaged to help improve how the practice was run.

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 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>We found that the registered person had not protected patients against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. Not all staff had a sound understanding of the Mental Capacity Act 2005 or Gillick competency. The registered provider had not ensured a safe and effective referral system to ensure patients received a timely referral to secondary care. Significant events were not being recorded thoroughly so that learning could be shared with staff. The registered person had not ensured that clinical waste was being stored appropriately. The registered person had not ensured that staff were able to access emergency equipment and emergency drugs efficiently or that all staff felt competent in using this equipment. This was in breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. The provider had not ensured the safe storage of clinical waste or that a legionella risk assessment had been completed. There were not sufficient systems and processes provided to access, monitor and improve the quality and safety of the service. The provider had not ensured records were up to date with relevant care plans as discussed with other agencies, e.g. at multi-disciplinary meetings. There was not an effective</p>

This section is primarily information for the provider

Requirement notices

communication system in place for all practice staff to share information regarding the provider. The provider had limited feedback from service users as they did not have a PPG or an alternative method of regularly obtaining feedback.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014