

The Whitehorse Practice

Quality Report

87 Whitehorse Road,
Croydon, CR0 2JJ
Tel: 02086841162
Website: www.thewhitehorsepractice.nhs.uk

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Whitehorse Practice on 31 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of relevant checks through the Disclosure and Barring Service or a risk assessment to identify if one was required for non-clinical staff acting as chaperones.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Complete DBS checks or risk assess if these checks are required for staff trained to carry out chaperone duties.
- Ensure all electrical equipment in the practice is safe to use.

Summary of findings

- Ensure appropriate recruitment checks are undertaken prior to employment for all staff.

The areas where the provider should make improvement are:

- Assess the need for and consider carrying out regular fire evacuation drills.
- Ensure practice plans are regularly reviewed and updated.
- Develop a business plan and strategy for the practice.
- Consider more robust arrangements for recording and disseminating actions and outcomes from clinical meetings, including clinical standards and best practice guidelines.
- Ensure the practice quality improvement programme includes regular clinical audit.
- Ensure health care assistants understand and follow processes and procedures for escalating concerns.
- Review how they inform patients of the availability of a room for private conversations if required.

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 safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, except with regards to having the relevant checks made through the Disclosure and Barring Service (DBS) for non-clinical staff carrying out chaperone duties and portable electrical appliance testing.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance, however the practice did not always monitor that these guidelines were followed, for example through risk assessments, audits and random sample checks of patient records.
- Clinical audits demonstrated quality improvement; however the practice should implement a programme of quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care; however the practice had recognised these areas for improvement through their own patient surveys and had put in place an action plan to improve.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered phlebotomy clinics four mornings a week and hosted a welfare rights advisor in the practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available for those who needed them.
- The practice visited a local nursing home alongside a community pharmacist and consultant geriatrician twice yearly.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had put in place measures to improve diabetes care performance including a diabetes workshop to improve awareness of diabetes risks and improve wellbeing for patients. We saw evidence that these measures had improved patient outcomes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available until 8.00pm on Wednesday evenings.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including 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. For example, the practice accommodated a local welfare rights advisor in house monthly for their patients and others in the community.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Performance for mental health related indicators was comparable to or better than 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 83% compared to the CCG average of 85% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 98% (CCG 87%, national 90%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% (CCG 85%, national 84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or lower than local and national averages. Four hundred and ten survey forms were distributed and one hundred and three were returned. This represented 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Comments included how kind and caring staff were, that the practice provided an excellent service and that reception staff were helpful and friendly. Some of the comment cards were written by patients with mental health conditions and deaf patients who were also complimentary about the service provided.

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

The Whitehorse Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Whitehorse Practice

The Whitehorse Practice provides primary medical services in Croydon to approximately 7,800 patients and is one of 58 member practices in the NHS Croydon Clinical Commissioning Group (CCG).

The practice population is in the second more deprived decile in England with higher than CCG and national average representation of income deprived children and older people. The practice population has lower than local and national average life expectancy. There are more children under 18 years of age than the CCG and national average and a lower percentage of patients over 65 years of age.

The practice had surveyed the ethnicity of the practice population and main languages patients spoke, 37% of patients identified as Black, 28% White, 26% Asian and 9% as having mixed or other ethnicity. There are 83 languages spoken at the practice with English, Tamil, Urdu, Polish French and Twi being the most commonly spoken first languages.

The Whitehorse Practice is a two storey modern building comprising of seven consultation rooms, four on the ground floor and three on the first floor. The practice has two separate patient waiting areas located on each floor with Reception on the ground floor.

Also on the first floor are two administration offices, a staff room, a meeting room, a staff toilet, a patient toilet and a kitchen. Disabled access is available to the ground floor only via the side entrance.

The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice operates as a partnership with three full time female GP partners. There is one part time male salaried GP and one part time female salaried GP. The doctors provide 32 clinical sessions per week.

The nursing team consists of one part time female nurse practitioner and three part time female practice nurses. The practice also employs one part time female health care assistant.

There are 11 administrative and clerical staff including one full time practice manager, one part time senior receptionist and six part time receptionists, one part time senior medical secretary and two part time administrators.

The practice is open between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational and appointments are available between 8.00am and 6.30pm. The practice does not open at weekends. The practice has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directs patients to the locally agreed OOH provider.

Detailed findings

The Whitehorse Practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning, maternity and midwifery services, and the treatment of disease, disorder or injury.

The practice has had two previous inspections in February and July 2014 and met the required standards on both occasions.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 March 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager 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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents 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 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.

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, the practice put in place a log book for incoming and outgoing mail and other correspondence so that they could have an audit trail and follow up process for incoming and outgoing correspondence. This was the result of an investigation into an incident whereby a patient did not receive a letter from the practice requesting them to attend the practice to discuss a hospital discharge letter. The practice had not seen any similar incidents since putting in place this process.

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 protection or child safeguarding level 3. Nurses were trained to child protection or child safeguarding level 2 or level 3 and non clinical staff were trained to child protection or child safeguarding level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All clinical 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). However non clinical staff acting as chaperones had not had DBS Checks and the practice had not risk assessed if this was needed. The practice told us that following the inspection these staff would not carry out chaperone duties until the appropriate checks had been carried out.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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 training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, including replacing fabric chairs with wipeable chairs.
- 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 (PGD) had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed four personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification was not available on file for all staff, with references and qualifications also inconsistently recorded. Evidence of registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were recorded for clinical staff.
- However we found that there were limited systems in place for monitoring and reviewing results and outcomes from HCA home visits, for example there was no evidence that a patient with lower than normal blood pressure was referred to a GP, or that GPs were regularly reviewing the visits, their outcomes and actions.

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 alarm tests, however had not carried out a fire evacuation drill since 2014. Clinical equipment was checked to ensure it was working properly, however other electrical equipment had never been checked to ensure the equipment was safe to use (Portable Appliance Testing, PAT).

- 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. All the medicines we checked were in date and stored securely.

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. The practice told us the plan had recently been reviewed, however we saw that the date of the plan had not been revised to reflect this. The practice added a date to the plan to rectify this at the time of the inspection.

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, including weekly clinical meetings. However the minutes of these meetings were not always made available to all relevant staff and actions and outcomes were not always recorded.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However the practice did not always monitor that these guidelines were followed, for example 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 91% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators were low compared to 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 54%, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%.
- 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 57% (CCG 76%, national 81%).
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 79% (CCG 90%, national 94%).

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 78% (CCG 78%, national 78%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% (CCG 87%, national 88%).

The practice had recognised that diabetes performance needed to be improved and had put in place a number of measures including running a diabetes workshop for patients. The workshop covered topics such as medication, foot and eye health, diet and weight management and exercise and the benefits of leading a healthy lifestyle. The workshop also highlighted the risks associated with poorly managed diabetes. Ten patients attended the workshop which received positive feedback. The practice saw marked improvement in the blood sugar levels of 6 patients who attended the workshop.

The practice also showed us QOF data submitted for 2015/16. Whilst this data had not been verified, noticeable improvement could be seen, including:

- 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 had improved from 54% to 65%.
- 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 had improved from 57% to 69%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2015 to 31/03/2016), had improved from 79% to 90%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less had improved from 78% to 82%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months had improved from 90% to 95%.

Performance for mental health related indicators was higher than the national average overall. For example;

Are services effective?

(for example, treatment is effective)

- 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 83% compared to the CCG average of 85% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 98% (CCG 87%, national 90%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% (CCG 85%, national 84%).

There was evidence of quality improvement including clinical audit.

- The practice provided evidence of three audits that had been undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The practice had audited the prescribing of antimicrobials as this had been noted as higher than Clinical Commissioning Group (CCG) and national averages. The practice audited against prescribing guidelines and found that in the first audit cycle, eight out of 14 prescriptions were in line with guidelines. In the second audit cycle this had improved to 10 out of 14 and the practice aimed to improve this further.

Effective staffing

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

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

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff had also completed fire safety awareness 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.

GPs and nurses from the practice visited a local nursing home twice yearly alongside a community pharmacist and consultant geriatrician. Patients received mental and physical health checks, care plan and medication reviews and vaccines.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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 recently bereaved.
- Patients were signposted to the relevant service for their condition, for example we saw evidence of patients being referred to specialist weight management services and exercise referral programmes and we saw that these services were effective in reducing weight and improving health indicators.

- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone and written 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 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 84% to 95% and five year olds from 77% to 95%.

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, however this service wasn't directly advertised.

All of the 28 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 77% 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%.

- 86% 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%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 63% of patients said that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 74% 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%.

The practice recognised the positive and negative aspects of the GP patient survey data and had recently led their own patient survey data which highlighted similar areas for improvement. The practice had started a three month action plan to address areas identified including customer service refresher training for all reception staff, reviewing patient booking to increase the number getting an appointment with their preferred GP and further training for GPs on giving bad news. The practice were also continuing to recruit permanent nursing staff rather than using locum nursing staff.

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

Are services caring?

- 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.

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 70 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered phlebotomy clinics four mornings a week where patients can have blood samples taken without the need for visiting a hospital or other health service separately. The practice also hosted a welfare rights advisor in house on a monthly basis. This service was available to practice patients and other people in the community and offered advice and support on a range of issues including welfare services, housing, and benefits.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 8.00pm, predominantly 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.
- There were disabled facilities and translation services available.
- The practice did not have a hearing loop installed at the time of the inspection, but we saw evidence that a hearing loop had been ordered. Staff told us that they would communicate in writing with patients who had difficulty hearing.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.00am to 12.30pm every morning and 2.00pm to 6.30pm daily. Extended hours appointments were offered on Wednesday evenings from 6.30pm to 8.00pm. 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.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had not identified the telephone system as an issue previously and on the day of the inspection we did not find any evidence that supported the GP patient survey data when talking to patients and reviewing comment cards. 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 by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information available in leaflet format in reception and via the practice website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For

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

example, a complaint was made after the practice had run out of vaccine when a patient arrived with their child for a pre-booked vaccine appointment. The practice investigated the complaint and identified increased demand for the vaccine due to a high profile news story and problems with supply as a result. The practice recognised that they should have informed the patient there wasn't enough vaccine

and rebooked the appointment which they did when new supplies were received. The practice reminded all appropriate staff of the need for good stock control and for advising the practice manager when there were supply issues. The practice told us there had not been any similar incidents since.

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 did not have a mission statement but staff knew and understood the vision and values of the practice.
- The practice did not have a robust strategy and supporting business plans which were regularly monitored and reflected the vision and values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

However, the practice quality improvement programme did not include regular clinical audit and arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust.

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.

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.

However, the practice told us that they had not had cause to use the systems in place under the duty of candour and so we couldn't verify this.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the 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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were involved in developing the practice's three month action plan to address issues identified in a patient survey. The action plan included courses for GPs on how to break bad news and a course for reception staff in customer service.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The registered person did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.• The provider had not completed DBS checks for staff who acted as chaperones and had not completed a risk assessment to consider if this was required.• The provider had not carried out checks on portable electrical appliances to ensure they were safe to use. <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 Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <ul style="list-style-type: none">• Staff recruitment records did not demonstrate the provider had carried out the required checks prior to new staff starting work. <p>This was in breach of regulation 19(1)(b)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>