Dulwich Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dulwich Medical Centre on 05 November 2015. Overall the practice is rated as requires improvement.

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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about how to complain was available and easy to understand.
- 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 monitored outcomes for patients with long-term physical and mental health conditions. They had taken action to improve the level of care for these patients through the employment of staff with specific responsibilities. Clinical audits were used to check the progress of the improvement programme.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed but not all risks had been well managed. For example, risks relating to emergency medicines and Control of Substances Hazardous to Health Regulations (COSHH; 2002) had not been adequately addressed.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. The provider had not adequately responded to patient feedback.

Summary of findings

- Appointment systems were not working well and patients found it difficult to understand how to make an appointment and access services in a timely manner.

The areas where the provider must make improvements are:

- Analyse and respond to feedback received from patients as part of a process of driving improvements in care and service.
- Monitor and audit the appointments system in order to drive improvement in the quality of access for patients as well as communicate more effectively with patients around changes to the appointments system, including the triage process and access to emergency appointments.
- Carry out a Disability Discrimination Act audit to identify whether or not all reasonable adjustments to the premises have been made for wheelchair users and those with limited mobility.
- Review the emergency medicines list and associated response protocols to ensure that all relevant medicines are kept and are easily and immediately available for use in an emergency.
- Carry out an assessment of substances that may potentially be hazardous to health in line with the Control of Substances Hazardous to Health Regulations (COSHH; 2002) with a view to preventing or reducing exposures to these substances.
- Engage clinical staff in a formal appraisal process and ensure that all members of staff have a personal development plan in place.

The area where the provider should make improvements are:

- Review the complaints process to ensure that all relevant information is recorded and that complaints are acknowledged and responded to in a timely manner.

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?

Requires improvement

The practice is rated as requires improvement for providing 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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

However, we also found that risks to patients who used services were not always accurately assessed. For example, emergency medicines were not all stored in one, easily accessible location and some relevant emergency medicines had not been stocked. Substances that may potentially be hazardous to health had not been assessed in line with the Control of Substances Hazardous to Health Regulations (COSHH; 2002) with a view to preventing or reducing exposure to these substances.

Are services effective?

Requires improvement

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

- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- However, we noted that not all of the staff had had formal appraisals and personal development plans in place.

Data also showed that some patient outcomes were below average for the locality, including those for diabetes care, dementia care and mental health care. We found that the practice had taken some action to improve these services through the employment of additional staff with specific responsibilities for caring for these patients. These staff members were monitoring and auditing patient outcomes to determine the impact of their strategies for improving care.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. There were some concerns identified by the practice in relation to the level of care provided. However, we found that the practice had taken reasonable steps to address these concerns prior to the inspection.

- Additional psychological or emotional support was well-coordinated through the community psychiatric nurse working at the practice. However, during our inspection we found that not all patients felt cared for, supported and listened to.
- The practice had engaged two Patient Liaison Officers within the past two months with a view to improving staff relationships with patients. Administrative and reception staff had also recently received training in patient care.

We also saw on the day of the inspection that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to review the provision of services.
- However, appointment systems were not working well. Patients did not understand how to make an urgent appointment and reported that they could not get through on the phone to make an appointment. There was insufficient information available to help patients understand the services available to them. The practice did not systematically audit the appointments system to determine the extent of patients' concerns.
- The practice had not carried out a Disability Discrimination Act audit to identify and consider what reasonable adjustments could be made to the premises to accommodate the needs of disabled patients. The practice had received some negative feedback via the Patient Participation Group (PPG) regarding parking for those with a disability or difficulty gaining access to the practice. This was being reviewed by the practice.
- Information about how to make a complaint was readily available and there was a designated lead for handling complaints. However, we found that not all complaints were responded to in a timely manner and some relevant documents related to complaints had not been routinely kept.

Summary of findings

Patients reported considerable difficulty in accessing a named GP and poor continuity of care. We found that the practice had taken action to address these concerns through a staff recruitment strategy. However, this recruitment drive was, as yet, unsuccessful.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The lead GP had a vision and strategy to deliver high-quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which included arrangements to monitor and improve quality and identify risk. However, not all risks had been adequately assessed and mitigated. This included the supply of emergency medicines and monitoring of substances potentially hazardous to health.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG) but could not demonstrate that they had adequately analysed and responded to feedback from patients about the quality of the service. In particular, concerns about the appointments system and access for disabled patients had not been appropriately addressed through a system of audits and risk assessments.
- All staff had received inductions but not all staff had received regular performance reviews.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice offered proactive, personalised 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.

However, the percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages. The practice had taken action to improve their performance in this area through the provision of an additional Saturday flu clinic and a series of invitation reminders.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. Patients with long-term conditions had a named GP and were offered a structured annual review to check that their health and medicines needs were being met. However, the practice's performance in carrying out these reviews was sometimes below the CCG or national average. There were, however, some examples of good practice:

- Pharmacist staff had lead roles in chronic disease management and were working towards improving the care of people with long-term conditions.
- The practice had taken action to improve diabetes care through a system of six-monthly audits to monitor whether or not individualised action plans had an impact on patients' outcomes.
- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as good for the care of families, children and young people. The provider was rated as requires improvement for safety, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

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

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- Although the practice offered extended opening hours for appointments from Monday to Friday, patients consistently reported difficulties with making routine appointments and accessing care.

People whose circumstances may make them vulnerable

Requires improvement

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 safety, effective, responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- It offered longer appointments for people with a learning disability.

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 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)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Performance for mental health-related indicators and for dementia-care indicators was below the national average. For example, 42% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the preceding 12 months compared to the CCG average of 76% and national average 77%.

. There were, however, some examples of good practice:

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had employed a community psychiatric nurse to specifically support and co-ordinate care for patients experiencing mental health issues.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 02 July 2015. The results showed the practice was performing below local and national averages. 402 survey forms were distributed and 84 (21%) were returned.

- 66% found it hard to get through to this surgery by phone compared to a CCG average of 26% and a national average of 27%.
- 75% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 74% said the last appointment they got was convenient (CCG average 87%, national average 92%).
- 44% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 45% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards. The majority of comments cards were complimentary about the level of care and treatment received from clinicians. However, 18 out of 25 cards contained some negative feedback. Eleven out of 18 negative comments related to difficulties with making an appointment.

We also spoke with five patients during the inspection. Three out of the five patients stated that they were unhappy with the appointments system, although some recent improvements in access had been noted. The patients we spoke with were positive about the quality of care received from the doctors, nurses and pharmacists working at Dulwich Medical Centre.

Areas for improvement

Action the service MUST take to improve

- Analyse and respond to feedback received from patients as part of a process of driving improvements in care and service.
- Monitor and audit the appointments system in order to drive improvement in the quality of access for patients as well as communicate more effectively with patients around changes to the appointments system, including the triage process and access to emergency appointments.
- Carry out a Disability Discrimination Act audit to identify whether or not all reasonable adjustments to the premises have been made for wheelchair users and those with limited mobility.
- Review the emergency medicines list and associated response protocols to ensure that all relevant medicines are kept and are easily and immediately available for use in an emergency.
- Carry out an assessment of substances that may potentially be hazardous to health in line with the Control of Substances Hazardous to Health Regulations (COSHH; 2002) with a view to preventing or reducing exposures to these substances.
- Engage clinical staff in a formal appraisal process and ensure that all members of staff have a personal development plan in place.

Action the service SHOULD take to improve

- Review the complaints process to ensure that all relevant information is recorded and that complaints are acknowledged and responded to in a timely manner.

Dulwich Medical Centre

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 advisor, a second CQC inspector, and a practice manager.

Background to Dulwich Medical Centre

The Dulwich Medical Centre is located in East Dulwich in the London Borough of Southwark. The practice serves approximately 10,000 people living in the local area. This is a relatively affluent area of London, although there remain pockets of deprivation. The local population is culturally diverse. There is a larger than usual number of working-age people with young children living in the immediate area.

The practice operates from a single site, but is part of a larger healthcare organisation which runs another practice in the local area. The Dulwich Medical Centre is situated in a two-storey purpose-built premise with a range of consulting rooms on both floors.

There is a lead GP and seven salaried GPs and a clinical director working at the practice. There is also an area practice manager, an assistant practice manager, a primary care pharmacist and a junior pharmacist, a practice nurse, a health care assistant and a community psychiatric nurse, as well as reception and administrative staff. This is a training practice, although there were no GP trainees working at the location at the time of our inspection.

The practice books appointments up to four weeks in advance. There is also a duty doctor every day that triages patients to determine if they need to be seen immediately. Patients who are assessed as needing a same day appointment are either seen by the duty doctor at the practice's own premises or booked in to an extended primary care centre in Peckham. The extended primary care centre is available from 8.00am to 8.00pm, seven days a week. Appointments at the practice's own premises are available from 8.00am until 7.00pm, Monday to Friday. Out-of-hours care is also available at other times from a provider based in East Dulwich.

The Dulwich Medical Centre is contracted by NHS England to provide Personal Medical Services (PMS). They are registered with the Care Quality Commission (CQC) to carry out the following regulated activities: Family planning; Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery services; Surgical procedures.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 05 November 2015. During our visit we:

- Spoke with a range of staff (GPs, nurses, managers, receptionists and pharmacists) and spoke with patients who used the service.
- 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?

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff had been given additional training in how to manage agitated or aggressive patients following an incident in the reception area. Patients at higher risk for this type of behaviour were clearly identified in the administrative office and staff were made aware when these patients would be attending for appointments. The incident and the actions put in place were discussed at a staff meeting.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements 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 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 relevant to their role. However, we noted one case where a GP had not trained to the correct level and provided us with evidence of training to level 1 only, and this had been completed on the day after the inspection.
- Arrangements to maintain 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 up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There were two pharmacists employed by the practice who, with the support of the local CCG pharmacy teams, ensured prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- There was a dedicated fridge for storing vaccines. However, we found that this had a broken lock and a temperature probe cable which could potentially interfere with the seal of the fridge door. A safety sign to indicate that the fridge must not be unplugged was also not shown. A log book monitoring the temperature of the fridge was kept daily and temperatures had remained within the recommended range. The practice had identified the need to renew the vaccine fridge and a new fridge was on order.

There were one area where we found that there were safe systems in place, but improvements to safety could still be made through the use of an appropriate risk-minimisation process:

- We reviewed five 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. (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, we found that it was not the practice's policy to carry out a DBS check for non-clinical members of staff. A full risk assessment had not been carried out to determine whether or not different members of the non-clinical staff team may require a DBS check dependent on their role.

- However, there was a chaperone policy in place which described the type of training, and background checks, staff would need prior to acting as chaperones. A notice in the waiting room advised patients that nurses or reception staff would act as chaperones, if required. One new member of the administrative team confirmed to us that they were not acting as a chaperone until they had received training. We noted that the chaperone policy stated that non-clinical staff would not need a DBS check when working as a chaperone because they were not involved in one-to-one care or supervision of patients. Chaperones also would not be left alone with the patient during the examination.

Monitoring risks to patients

Risks to patients were assessed and mostly well managed, although we noted some areas where improvements should be made:

- 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. The practice had up-to-date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and Legionella.
- However, the practice had not carried out a formal assessment of substances stored at the practice which were potentially hazardous to, in line with the Control of Substances Hazardous to Health Regulations (COSHH; 2002), with a view to either preventing or reducing exposures to these substances.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The assistant practice manager had calculated the number of staff needed in relation to the number of appointments that were offered. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- 30 GP locums had been employed in the past year. We checked how locums were managed and supervised with a view to maintaining patient safety. There was an up-to date-locum induction pack and we saw written feedback from locums regarding the good quality of the induction processes and level of support they had received from the practice.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- 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.
- All staff received annual basic life support training.
- 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.
- Staff were aware of the location of the main emergency medicines trolley as well as the oxygen and defibrillator.
- The majority of emergency medicines were available in one of the treatment rooms. However, not all of the emergency medicines were stored in one, convenient location. There was a system for checking and monitoring the medicines and equipment through the use of a log book. However, we noted that not all of the relevant medicines were available for immediate use in response to an emergency. For example, atropine and

hydrocortisone were not available. We discussed this with the lead GP who agreed that a review of the emergency medicines and associated protocols would be carried out to ensure that all relevant medicines were easily available.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice.) The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The results published in 2014/15 showed the practice achieved 77% of the total number of points available and had slightly higher than average (6%) exception reporting. This practice was an outlier for some QOF (or other national) clinical targets including diabetes and dementia care. Data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests (75%) was similar to the national average of 80%.
- Performance for mental health related indicators was similar to, or below, the national average. For example, 64% of people with a mental health diagnosis had a care plan in place that had been reviewed within the past year compared to the national average of 77%.
- Performance for diabetes-related indicators was similar to, or below, the CCG or national average. Overall the practice had met 66% of the target indicators. This was 19% below the CCG average and 22% below the national average.
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the preceding 12 months (42%) was below the CCG (76%) and national average (77%).

The practice had taken action to improve their QOF performance through the allocation of work to different members of the clinical team. One of the pharmacists now took the lead in monitoring QOF performance for long-term conditions. The pharmacist had identified areas for improvement and was acting on this. For example, they had recognised the need to improve diabetes care and were using a system of clinical audits carried out every six months to determine if the actions they had taken had led to an improvement in outcomes for patients. The community psychiatric nurse (CPN) was responsible for monitoring performance in relation to those with mental health needs and learning disabilities.

We discussed how these new staffing responsibilities might lead to improvement in QOF performance with the relevant members of staff. We found that the staff in charge of each area had a good working knowledge of their progress towards QOF targets. For example, the CPN had been working at the practice for the past six months. During that time they had met face to face with 15 out of 18 patients registered with learning disabilities and reviewed their care plans. They had also met with 61 out of 111 patients registered with a mental health condition to agree a care plan, arrange appropriate onward referrals, or the putting in place of additional support systems.

Clinical audits had been used and demonstrated quality improvement. A range of clinical audits had been instigated in the past two years, for example, in relation to antibiotic prescribing and the use of emollient creams. The practice was able to provide us with one example of a completed audit in relation to diabetes care which demonstrated that auditing had been successful in driving improvements in the quality of care. The initial audit of 30 patients with type 2 diabetes whose treatment was not optimised had been carried out in June 2014. Patients were then involved in an individualised action plan including referral to other services and adjustments to their medications. A follow-up audit in February 2015 found that five patients now required no further action. The remaining patients, who could still improve their diabetes care, were assigned additional actions which would be monitored for improvements in a further six months.

Requires improvement

Are services effective?

(for example, treatment is effective)

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, 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of administrative staff were identified through a system of appraisals, meetings and reviews of practice development needs. Administrative staff had had an appraisal within the last 12 months.
- Clinical staff had access to appropriate, ongoing support through the use of one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. However, clinical staff such as nurses and the health care assistant, did not have formal appraisals to discuss their learning needs or review their performance.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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 and that care plans were routinely reviewed and updated. The practice had recently received praise from a local palliative care consultant for its work on co-ordinating care for patients nearing the end of their lives. For example, the consultant noted that clinicians from primary and secondary care held joint visits with patients and attended educational meetings together to review symptom management strategies.

Consent to care and treatment

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

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

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. Patients were then signposted to the relevant service.
- An addiction specialist worked at the practice one day a week to support patients experiencing drug or alcohol problems.

The practice's uptake for the cervical screening programme (2014015) was 80%, which was comparable to the national average of 77%. There was a policy to offer telephone

Requires improvement

Are services effective?

(for example, treatment is effective)

reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages (2014-15). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% and five year olds from 83% to 97%.

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

Flu vaccination rates for the over 65s were 61% (2013-14), and 'at risk' groups 35%. These were below CCG and national averages. For example, the national average for the 'at risk' groups is 52%. We discussed this with the lead GP and practice manager. They told us that they were aware of the need to improve their performance in this area. They had instigated a number of changes with a view to improving vaccination rates. This included the provision of a Saturday morning flu clinic as well as additional phone and written reminders to people in the target groups.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- 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.

Results from the national GP patient survey showed the practice was average, or below average, for its satisfaction scores on consultations with doctors and nurses. For example, the following results were in line with the CCG and national averages:

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 80% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.

There were also some results indicating below average performance:

- 73% said the GP gave them enough time (CCG average 82%, national average 87%).
- 66% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 75% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

We spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The majority of CQC comment cards we received were positive about the clinical staff and the level of care they experienced. However, there was some negative feedback which related to the poor attitude of reception staff, the inability to see the GP of choice, and a lack of continuity of care. We noted that some of the complaints received in the past year related to poor staff attitude.

We discussed these mixed reports on the level of care with the lead GP and practice manager. They told us they had taken action to improve the level of service and staff communication skills. For example, reception staff had been given additional in-house training about how to work with patients in a polite and consistent manner. The practice had also introduced two 'Patient Liaison Officers' in the reception team who were responsible for eliciting concerns from patients and resolving these promptly on the day they occurred. We spoke with one of the Patient Liaison Officers who told us they took additional time to sit with patients in the waiting area if they were experiencing any difficulties and to record feedback about patients' care and treatment experiences. This was a new initiative implemented in the past two months. The practice manager would review data collected by the Patient Liaison Officers with a view to identifying areas for action and improvement.

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. The majority of patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey in relation to involvement in planning and making decisions about care were below local and national averages. For example:

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%).

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. 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, a 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.

The community psychiatric nurse told us she liaised with the GPs and nurses to identify carers or recently bereaved families who may have been in need of additional psychological support. She arranged face-to-face meetings with these families and referred them on to other support services, as necessary.

Requires improvement

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, one of the GPs employed at the practice was the safeguarding lead for the CCG. Therefore, they were engaged in setting priorities in relation to the local health need and reviewing systems for keeping patients safe.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered earlier (from 8.00am) and later (until 7.00pm) opening hours on weekdays for working patients who could not attend during normal opening hours.
- 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 disabled toilet facilities and a hearing loop.
- Staff told us that translation services were available for patients who did not have English as a first language.

However, we received feedback from members of the Patient Participation Group (PPG) that some patients with limited mobility had felt that their needs were not being met in terms of access to the service. For example, there was not a designated disabled parking bay in the car park and the reception desk height was too high to accommodate wheelchair users. These issues had been raised at a PPG meeting, and the practice manager had stated that they would raise these concerns with the lead GP, but no action had been taken by the practice in response to this feedback at the time of the inspection. The practice manager told us that there had not been a Disability Discrimination Act audit of the practice's premises in order to systematically identify and consider what reasonable adjustments could be made to the premises to accommodate the needs of disabled patients.

Access to the service

The practice was open between 8.00am and 7.00pm, Monday to Friday with appointments available throughout those times. Extended-hours surgeries were offered between 8.00am and 8.30am and between 6.30pm and 7.00pm on weekdays. Appointments could be booked up to four weeks in advance. Information about opening hours were displayed at the practice. However, we noted that the website button labelled 'opening times' led to a blank web page.

Urgent appointments were also available for people that needed them either at the practice or through referral to an extended primary care centre in the local area. The system for arranging an urgent appointment was in line with a policy implemented by the CCG in November 2014. There was a duty doctor working Monday to Friday. They triaged patients by contacting them over the phone to determine their level of need. If the duty doctor determined that the patient needed to be seen on the same day they then arranged to see the patient on the practice premises, in their own home, or booked an appointment for the patient to attend the extended primary care centre.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 34% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 44% patients described their experience of making an appointment as good (CCG average 67%, national average 73%.
- 45% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).
- 29% with a preferred GP usually got to see or speak to that GP (CCG average 54%; national average 60%).

We reviewed the appointments system to identify the next available appointments. We found that there were routine appointments available within 10 days. A limited number of appointments had also been kept free for those with higher needs, such as those with long-term physical or mental conditions. These appointments were available within three days. This showed that there were pre-bookable appointments available within a reasonable time frame.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

However, the feedback we received from patients via comments cards, conversations with members of the PPG, and discussions with patients on the day of the inspection indicated that people were dissatisfied with the appointments system. Patients did not understand how to make an urgent appointment, could not get through on the phone to make an appointment, and said they had to wait a number of weeks for a pre-bookable appointment. Some patients also commented that their appointments were delayed when they attended the practice so that they spent long periods of time waiting to be seen. We also reviewed responses to the practice's own satisfaction survey for the past two months, as well as data collected via the 'Friends and Family Test'. These sources of information also highlighted patients' concerns with the appointments system.

We asked the lead GP and practice manager about how they had responded to these issues. They told us that the changes implemented by the CCG to the urgent-care appointments system had not been effectively announced to patients by the CCG prior to implementation. The practice itself had not responded effectively to patients' confusion around this topic. The practice had produced its own leaflet to inform patients about these changes, and created a new role of patient liaison officer. However, patients still did not understand the system at the time of our inspection, which was one year after the introduction of the change. This demonstrated that the steps taken by the practice had not been effective.

The lead GP and practice manager told us that they had made some changes to the appointments system in response to feedback. For example, they had recently changed the system for pre-booking appointments by ensuring that new appointments were released on a weekly rather than monthly basis. They also ensured that an additional member of the reception staff was available to answer phones in the morning in order to improve telephone access. However, they did not systematically audit the appointments system to identify specific problems. For example, the phone lines were not monitored to understand waiting times or to identify how frequently the phone lines were full. There was no systematic audit of the duty doctor or regular appointments book in order to understand where problems occurred with a view to driving improvements.

We also investigated why patients may have found it difficult to see their GP of choice and were reporting problems with continuity of care. In addition to the results from the GP patient survey on this topic, we also received some negative feedback from patients on the day of the inspection which related to a lack of continuity of care. Patients commented that they were generally unable to see their preferred GP and had noted that clinical staff turnover was high. These issues were also highlighted in complaints received by the practice over the past year.

We found that the salaried GPs were working part time and were therefore not available on every day of the working week. We also noted that the practice had relied on locum staff support regularly over the past year. For example, there had been 30 different locum GPs at the practice in the past year. We discussed how this might impact on the quality of care with the lead GP. They noted that one of their GPs was on maternity leave and would be returning to work shortly which would help to improve some of the issues around continuity of care. They also told us that some of their higher-risk patients were now being regularly supported by the community psychiatric nurse who had been in place at the practice for the past six months. They also showed us that they had been working to recruit more salaried GPs, or a new GP partner, over the past year, but that the recruitment process had been slow and, thus far, unsuccessful.

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 assistant practice manager) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information about how to make a complaint was displayed on the reception desk, in the leaflet given to new patients, and on the practice website.

The practice provided us with a summary of complaints showing that 32 had been received in the past 12 months. We found that the majority of complaints were

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

satisfactorily handled and dealt with in a timely way. Individual cases were discussed at weekly clinical meetings in order to disseminate lessons learned and actions taken to improve the service. An annual review exploring trends in complaints had been discussed at a practice meeting in October 2015. However, we also noted some cases where the response time was delayed and not in line with the practice's policy. We also noted that not all of the relevant documentation had been kept in the complaints file in line with the policy. For example, minutes of any meetings or phone calls where the complaint was discussed had not been kept.

Are services well-led?

Requires improvement

(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 mission statement and staff knew and understood the practice values. The practice did not have a written business development strategy. However, the lead GP was developing plans for the practice, for example, in terms of staff skill mix and maintenance to premises, which they were able to describe clearly. We noted that a strategy for improving the care of patients with long- term physical and mental health conditions had been put in place via the employment of pharmacy and nursing staff with responsibilities for managing these patients.

Governance arrangements

Governance issues were discussed at regular staff meetings where the lead GP and practice management team were present. There was a governance framework which supported the delivery of the strategy and the provision of 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.

We noted some areas where improvements in governance arrangements should be made:

- There were systems in place for developing an understanding of the performance of the practice. However, this did not extend to the carrying out of an appraisal of clinical staff performance.
- There was a programme of clinical and internal audit which was used to monitor quality and to make improvements, although this had not encompassed a systematic assessment of current access arrangements in response to patient feedback.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However this had not identified and covered all of the potential risks to staff and patients such as the availability of medicines that might be required in an emergency, and the control of substances potentially hazardous to health (COSHH).

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They worked towards providing quality and compassionate care. The lead GP partner worked at the practice one day a week and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept records of written correspondence. However, we noted that records of verbal interactions were not always kept.

Staff felt supported by management:

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

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

The practice sought feedback from patients, the public and staff.

- There was an active patient participation group (PPG) which met on a regular basis. However, members of the clinical team did not routinely attend these meetings. Feedback from the PPG was largely negative. They did not feel that their views were sought in a timely manner or that issues they raised were adequately considered or responded to.

Are services well-led?

Requires improvement

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

- The practice had recently engaged two Patient Liaison Officers with a view to improving the wider patient feedback systems. The Liaison Officers had started to actively engage patients in completing satisfaction surveys, although the results of these had yet to be analysed and acted on.
- The practice also gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There were systems in place to provide staff with opportunities to learn and improve on their performance within the practice. The practice team had identified areas for development with a view to improving outcomes for patients. For example, the practice had successfully worked with the local prescribing advisor to ensure that prescribing of medicines was always in line with best practice guidance. The local palliative care team were also complimentary about the co-ordination of care between primary and secondary services. The lead GP had diversified the staff skill mix through the employment of a community psychiatric nurse and two pharmacists. They anticipated that this would improve the care of patients with long-term physical and mental health conditions.

However, we also found that the lead GP had not placed the same emphasis on improving patient care in relation to the use of routine appointments. A large amount of negative patient feedback had been received about the appointments system. This had not led to demonstrable change in practice, for example, through a thorough, quantitative evaluation of the problem with an auditing trail and associated comprehensive action plan. Communication around changes to the appointment system had been poor, as demonstrated by the continuing lack of patient understanding in relation to this topic.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not done all that was reasonably practical to mitigate risks relating to the health, safety and welfare of people using the service. Regulation 12 (2) (b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had failed to ensure systems were in place for listening and acting on patients' views and for patients to feel involved in their care and treatment. Regulation 17 (2) (e)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider had not ensured systems were in place for all staff to receive an annual appraisal. Regulation 18 (2) (a)