

Dr G C Ord-Hume and Partners

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

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 Dr G C Ord-Hume and Partners on 22 December 2015. Overall the practice is rated as Inadequate. Our key findings across all the areas we inspected were as follows:

- Pathology results were not appropriately handled in the practice.
- Risks to patients were assessed and generally well-managed, with the exception of those relating to recruitment checks.
- Data showed that some patient outcomes were low for the locality. Although some audits had been carried out, the practice did not evidence that audits were driving improvement in performance to improve patient outcomes.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Staff felt supported by management. The practice proactively sought feedback from patients, but did not always act upon this.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that a robust system is in place for the review and action of pathology results.
- Carry out full clinical audits and re-audits to improve patient outcomes.
- Ensure new and existing staff receive the training, learning and development necessary for them to fulfil the requirements of their role, including training in adult safeguarding.

Summary of findings

- Ensure an infection control audit is undertaken, and that any subsequent areas identified for improvement are actioned.
- Ensure work to minimise risk from legionella infection is carried out.
- Address the patient survey results to improve the patient experience and apply understanding to the future direction of the practice.

In addition the provider should:

- Review and update procedures and guidance.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population

group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give patients who use the practice the reassurance that the care they get should improve.

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 inadequate for providing safe care, as there are areas where improvement must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not always thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was no robust system in place to ensure that pathology results were reviewed and actioned appropriately when GPs were absent.
- Staff reported that fire drills and fire alarm testing were carried out regularly, there were no records to support this.
- Recruitment checks which included checking full employment history, satisfactory conduct in previous employment in the form of references, and proof of identification were inconsistent.
- There was a clinical lead for infection control; however, there was a lack of infection control review and audit by the practice to ensure high standards were maintained.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made.

- Data showed that patient outcomes relating to diabetes and mental health were low for the locality. The practice achieved 72% of the available points for diabetes, which was 15 percentage points below the clinical commissioning group (CCG) average, and 17 percentage points below the England average.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- There were gaps in the training needed by staff to carry out their role. For example, staff had not received training in infection prevention control, nor adult safeguarding.

Inadequate



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. Efforts had been made to present information in different languages to meet the needs of the practice population.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

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

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had funded a dedicated nurse to support the health needs of people over 75 years of age.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led, as there are areas for improvement which must be made.

- It did not have a clear vision and staff were not clear about their responsibilities in relation to a vision or strategy.
- The GP partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

Inadequate



Summary of findings

- The practice proactively sought feedback from patients and had a patient participation group (PPG). Members of the PPG were not clear about the role of the PPG.
- Not all staff had received inductions and received regular performance reviews or attended staff meetings and events.

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had employed a nurse and health care assistant specifically to offer home visits and health checks to patients who were over 75 years.
- The percentage of patients aged 65 years or over who received a seasonal flu vaccination this was comparable to clinical commissioning group (CCG) and national averages.
- The practice had signed up to the admission avoidance service which identifies patients who are at risk of inappropriate hospital admission. At risk patients were reviewed every three months at partners meetings.

Inadequate



People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified.
- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national average. The practice achieved 72% of the available points, which was 15 percentage points below the CCG average, and 17 percentage points below the England average.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Inadequate



Summary of findings

Families, children and young people

The practice was rated as inadequate for safety, effective and well-led, and good for caring and responsive. 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 accident and emergency.
- 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.
- 75% of eligible patients received cervical screening, which was 6 percentage points below the CCG average and 7 percentage points below the England average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The practice was rated as inadequate for safety, effective and well-led, and good for caring and responsive. 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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Inadequate



People whose circumstances may make them vulnerable

The practice was rated as inadequate for safety, effective and well-led, and good for caring and responsive. 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 including those with a learning disability.

Inadequate



Summary of findings

- It offered longer appointments and annual health checks for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable children. Staff were aware of their responsibilities regarding information sharing, documentation of child safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, there was an absence of protocols to follow for vulnerable adults.

People experiencing poor mental health (including people with dementia)

The practice was rated as inadequate for safety, effective and well-led, and good for caring and responsive. 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.

- 68% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan review in the preceding 12 months, which is below the national average of 88%.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing mainly below local and national averages. 460 survey forms were distributed and 104 were returned, which is approximately 1% of the practice population.

- 55% of patients found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 72% and a national average of 73%.
- 90% of patients found the receptionists at this practice helpful compared to a CCG average of 87% and a national average of 87%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and a national average of 85%.
- 83% of patients said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 92%.

- 57% of patients described their experience of making an appointment as good compared to a CCG average of 72% and a national average of 7%.
- 40% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 57% and a national average of 65%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients commented on how friendly and helpful staff were and that they felt well supported and listened to by the GPs and nurses.

We spoke with nine patients during the inspection. All of the patients that we spoke to said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Dr G C Ord-Hume and Partners

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 specialist advisor.

Background to Dr G C Ord-Hume and Partners

Dr Ord-Hume and Partners, also known as Alma Medical Centre is located at 68 Alma Road, Portswood, Southampton, SO14 6UX.

The practice is based in a residential area of Portswood, Southampton and is housed in a Victorian era residential style building which the partners rent. The practice has seven GP partners working 38 sessions per week in total, five GPs are female and two GPs are male. There are also eight practice nurses, two health care assistants and three phlebotomists, equivalent to 5.5 whole time equivalent members of staff. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a teaching practice for medical students.

Dr Ord-Hume and Partners is part of NHS Southampton Clinical Commissioning Group (CCG) and provides services under a NHS General Medical Services contract. Dr Ord-Hume and Partners provides care to approximately 10,000 registered patients at this location. The practice population has a higher proportion of working age people

(18-65 years) compared to the average for England. 59% of people registered at the practice have a long-standing health condition, which is higher than the national average of 54%. Dr Ord-Hume and Partners is located in an area of average deprivation compared to the average for England. Practice staff report that approximately one third of the practice population do not speak English as a first language. The practice provides care for four care homes for patients with learning disabilities and provides medical care for patients in a local drug and alcohol rehabilitation unit.

The practice is open between 8.30am and 6pm Monday to Friday. The practice telephones and reception desk are open between these times. Appointments are from 8.30am to 1pm every morning and 2pm to 6pm daily. Extended hours surgeries are offered every Saturday between 9am and 1pm.

Dr Ord-Hume and Partners has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

The service has a branch surgery, Newtown Health Clinic based close to the inner city at Lyon St, Southampton SO14 0LX, with approximately 3000 patients registered. The management of both locations is organised at 68 Alma Road. Staff work across both sites and patients are able to make appointments at both sites. We visited 68 Alma Road as part of this inspection.

The practice was previously inspected on 29 November 2013 and found to be compliant.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

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 the 22 December 2015. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, practice manager, receptionists, administrative support staff, and phlebotomists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning.

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We found that learning was not consistently shared with all relevant staff. For example, a patient was mistakenly given a vaccine for influenza twice. This was discussed with the member of staff concerned and a review was carried out by the practice. We were told by the practice that changes to policies and procedures were made, however there was no documentation to confirm this.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

Overview of safety systems and processes.

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but these were not consistently safe and effective:

- Investigation and test results were not always reviewed and actioned by clinical staff in a timely way. There was no robust system for the checking of pathology results by clinical staff. We found approximately 30 results, which were highlighted as 'red flags' (indicative of an abnormal result), which had not been reviewed or actioned for two months. We randomly selected three of these results for closer review and found that patients were put at potential risk due to inaction by the practice.
- The practice immediately acknowledged this issue and took steps to rectify the inaction of 'red flag' results. A clinician immediately reviewed and appropriately actioned each result. The practice was asked to provide an action plan setting out steps to prevent the situation happening again, which it provided within 24 hours.
- There was a lead member of staff for safeguarding. The lead GP 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. All GPs were trained to safeguarding level 3 for children. We were told by the practice that they had attended child and adult safeguarding training. However, staff training records did not support this.

- Arrangements to safeguard children from abuse reflected relevant legislation and local requirements and policies. These were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a child's welfare.
- A notice in some of the waiting rooms advised that patients could request a chaperone. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GPs was the infection control clinical lead and was supported by a practice nurse. There was an infection control protocol in place. There was no evidence that annual infection control audits were undertaken to identify whether improvements were needed in infection control practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a robust system to ensure that 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 clear protocol with regard to the repeat prescribing of medications and the prescribing of high risk medications.
- We reviewed five personnel files, three of which related to staff employed since the practice registered with the Care Quality Commission, and found that safe

Are services safe?

recruitment checks were not consistently undertaken prior to employment. Proof of identification was absent in two files, evidence of satisfactory conduct in previous employment in the form of references was absent in three files and employment history was not complete in two files. Consequently the practice was unable to reassure themselves that the risks of employing these staff were minimal.

Monitoring risks to patients.

Risks to patients were assessed, but not consistently well managed.

- There was a health and safety policy available, although this had not been recently reviewed and updated. Staff reported that the practice had up to date fire risk assessments and carried out regular fire drills, but could not provide evidence to support this.
- A recent check for legionella had been carried out in October 2015 (legionella is a bacteria which can cause breathing problems). Recommendations to minimise risk by disinfecting water storage tanks had not yet been implemented by the practice. The work to do this was booked for January 2016
- A recent safety check of clinical equipment, including calibration (a test used to check the equipment measures accurately), had been completed in July 2015.
- Safety checks on electrical portable appliances had not been conducted since 2013.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure that enough staff were on duty. Administrative staff had the opportunity to learn different roles, and were able to provide cover for each other during any absences.

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. Reception staff had access to a panic button.
- 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.
- Emergency medicines and equipment were available. However, not all staff we spoke to knew of their location. The equipment was stored on a high shelf that was not easily accessible to staff, meaning there was a risk access to the equipment could be delayed in the event of an emergency.
- All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 87% of the total number of points available, which is 7 percentage points below the Clinical Commissioning Group (CCG) average and 6 percentage points below the average for England.

The practice had 8% exception reporting. Data from 2014 to 2015 showed a deterioration from the previous year and the current results show:

- Performance for diabetes related indicators was worse than the CCG and national average. The practice achieved 72% of the available points, which was 15 percentage points below the CCG average, and 17 percentage points below the England average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice achieved 93% of the available points, which was 4 percentage points below the CCG average, and 5 percentage points below the England average.
- Performance for mental health related indicators was worse than the CCG and national average. The practice achieved 77% of the available points, which was 14 percentage points below the CCG average, and 16 percentage points below the England average.

- Performance for dementia indicators was above the CCG and national average. The practice achieved 100% of the available points, which was 7 percentage points above the CCG average, and 5 percentage points above the England average.

There was an absence of evidence to suggest that low patient outcomes, according to some QOF indicators, were being actioned so that improvements could be made and monitored.

There was no robust plan for clinical audit. There had been two clinical audits in the last year, one of which was a completed cycle. This was a CCG led audit where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, following a completed audit of Pregabalin prescribing, (Pregabalin is a medication used to treat epilepsy and pain), supported by the CCG, an improvement of 19% of patients prescribed the appropriate dose was made.

We reviewed A&E admissions during November 2015 for patients registered at the practice. We found evidence that these admissions were discussed in practice meetings.

Effective staffing.

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

- The practice had a local role-specific induction programme for newly appointed non-clinical members of staff. However it did not include 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, administering vaccines and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of GPs. There were gaps in the training that staff received. For all staff, there was no

Are services effective?

(for example, treatment is effective)

evidence of training in vulnerable adult safeguarding, infection control or information governance awareness. For example, of 33 members of staff, six had received fire safety training.

- GPs had access to and made use of locality training and updates.

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 and medical records. 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that care plans, where they existed, were reviewed and updated.

Consent to care and treatment.

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

- Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance.
- When providing care and treatment for children and young people, carried out assessments of capacity to consent in line with relevant guidance.
- Clinical staff we spoke with could demonstrate an understanding of assessing a patient's mental capacity to consent to care or treatment, where this was in question.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention.

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

- These included 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 mental health support. Patients were then signposted to the relevant service.
- Smoking cessation advice was promoted in the practice and available from a local support group.
- The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 75%, which was 6 percentage points below the CCG average and 7 percentage points below the England average. Staff provided telephone reminders or letters for patients who did not attend for their cervical screening test. The computer system also alerted staff to patients where screening had been missed so they could discuss this with the patient. 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 96% to 98% and five year olds from 80% to 99%. Flu vaccination rates for the over 65s were 73%, comparable to the national average of 73%. Flu vaccination rates for at risk groups were 48% which is below the national average of 54%. The practice computer system alerted staff to patients where vaccination had been missed so they could discuss this with the patient.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy.

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

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

All of the 22 patient CQC 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We also spoke with two members of the patient participation group. The patient participation group is made up of people registered at the practice, who provide the patient's perspective to the practice team. Patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 91% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment.

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

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

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language, and we observed staff offering this service to patients. We saw notices in the reception areas informing patients this service was available. We observed staff speaking to patients in languages other than English. The practice welcome and checking in screen was available in seven different languages. Practice leaflets were also available in different languages.

Patient and carer support to cope emotionally with care and treatment.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, Marie Curie support for terminal illness, alcohol support groups, mental health awareness and diabetes support groups.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. There was a system in the practice that alerted all staff to the death of a patient and the circumstances.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

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

- The practice offered appointments on a Saturday morning until 1pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, complex long-term conditions and mental health issues.
- 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 facilities and accessible access to the practice. Independent access to the practice was limited for wheelchair users, since the entrance door opened outwards and was not automatic.
- Translation services were available, and the practice had produced several of its leaflets in languages other than English.
- The practice actively sought patient feedback and provided patients with different ways to provide feedback. This included offering patients the option of giving feedback via on-site smart technology.

Access to the service.

The practice was open between 8.30am and 6pm Monday to Friday. Telephones were answered from 08.30am, meaning there was no support for patients between 08.00 and 08.30am. Appointments were from 8.30am to 1pm every morning and 2pm to 6pm daily. Extended hours appointments were offered every Saturday from 9am to 1pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Patients could make appointments in person, via the telephone or on-line. Patients told us on the day that they were able to get appointments when they needed them. The practice offered a GP telephone consultation to all

patients with urgent problems who were unable to gain an 'on the day' appointment. The GP would then assess the patient and make an appointment to see them as necessary.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. 104 responses were returned which represented approximately 1% of the practice population.

- 55% patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.
- 57% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 40% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

The practice could not evidence that it had taken action to improve upon these results.

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.

The practice had received one complaint in the previous 12 months. We looked at this complaint, and found this was satisfactorily handled in a timely way. In addition the practice responded to patient feedback submitted via NHS Choices in a timely, appropriate and courteous manner. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, patient concerns with regard to the appointment system were listened to and responded to.

Are services responsive to people's needs?

(for example, to feedback?)

The practice explained the appointment system in their response to patients. The practice was re-adjusting the availability of appointments for patients to meet a demand for more appointments in the afternoon.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy.

The values and aims of the practice were not clearly visible. Staff at the practice told us they did not have a formal mission statement. The practice did not have a written business plan.

Governance arrangements.

The practice had governance arrangements; however, we found that they were not always effective. This meant that there were risks to patient safety and led to missed opportunities to improve patient care because the delivery of care had not been planned or monitored in many areas.

For example we found that:

- The practice did not have a clear programme of audit which could be used to drive improvements to patient outcomes. Few audits were completed. Audit programmes were not monitored for completion, unless the audit was supported directly by the Clinical Commissioning Group.
- Staff training had not been planned and monitored for completion by all members of staff.
- The practice did not closely monitor the individual practice of clinicians. This meant that on occasion patients were put at risk with respect to the lack of review of patient's results.
- Practice specific policies were implemented and were available to all staff via a shared drive; these had been reviewed in 2013. There were no dates listed to indicate when the next review was needed on the policies such as for repeat prescribing and for safe handling and storage of medicines.
- Actions from GP partner meetings were minuted and reviewed at subsequent meetings.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership, openness and transparency.

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. However, members of the nursing team said they did not regularly met with the GP partners to discuss patients and best practice. There was a good approach to team working. The practice manager had been in post for five months, and staff reported that significant improvements had been made since this

appointment. For example, the practice manager had implemented an appraisal system for non-clinical employed members of staff and had developed a system to support staff training. Staff said they were able to request training to assist them in developing and maintaining their role. We saw evidence that the practice manager was making improvements in the practice, however the practice still needed significant improvement overall.

The practice had systems in place for identifying notifiable safety incidents. When there were unexpected or unintended safety incidents:

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

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

The practice had suitable systems in place to gather feedback from patients to demonstrate that their views were valued. However, not all changes were made in response to these to the service provided. For example, the practice had not addressed low patient feedback relating to accessing an appointment. 59% of patients feel they normally had to wait too long to be seen and 16% were not able to get an appointment to see or speak to someone the last time they tried. These results were lower than the clinical commissioning and national averages. We noted that comments on NHS Choices had been responded to and information was displayed in the waiting area about how patients could feedback on the service provided.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which submitted proposals for improvements to the practice management team. For example, the practice acted upon a request to supply chairs with arms for the waiting room and provide a disabled parking bay at the front of the practice. However, members of the PPG told us they met irregularly, and did not have a clear sense of purpose or future direction.

The practice had also gathered feedback from staff through appraisals and discussion. Staff told us they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they would not hesitate to give

Are services well-led?

Inadequate 

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

feedback and discuss any concerns or issues with colleagues and management. For example, staff had felt supported by management in relation to personal issues and felt able to discuss poor clinical practice openly.

- Staff told us that the practice held regular team meetings; however non-clinical members of staff were not routinely involved in these. We could not find evidence to support that staff were routinely involved in discussions about how to run and develop the practice.

Continuous improvement.

The practice was part of local pilot schemes to improve outcomes for patients in the area. For example, it had also employed nursing staff to specifically provide health assessments for people over 75 years of age.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• A robust system was not in place to review and action patient pathology results in an appropriate and timely manner.• Appropriate recruitment checks on staff were not consistently completed.• There was a lack of assessment, prevention and detection of risk with regard to infection control.• Work to minimise risks from Legionella infection had not be conducted. <p>Regulation 12 (1), 12 (2b), (2c) (2h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.</p> <ul style="list-style-type: none">• Effective systems for clinical audits to promote learning and improvement were not in place.• There were no systems in place to enable the registered provider to evaluate and improve their practice.

This section is primarily information for the provider

Requirement notices

- The practice did not have governance systems to monitor the individual practice of clinicians.

Regulation 17(1), 17 (2c) (2f)

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider did not ensure that persons employed received appropriate support, training, professional development, supervision and appraisal as necessary for them to carry out the duties they were employed to perform.

- Not all staff had received training required for their role such as in infection control, fire safety, adult safeguarding, health and safety, information governance awareness and confidentiality.

Regulation 18 (2a)