Bursledon Surgery

Quality Report

Bursledon Surgery
The Lowford Centre
Portsmouth Road
Lowford
Southampton
Hampshire
SO31 8ES
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Website: www.bursledonsurgery.co.uk

Date of inspection visit: 28 June 2016
Date of publication: 20/10/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the provider address of Dr Vivian Ding, Bursledon Surgery, The Lowford Centre, Portsmouth Road, Lowford, Southampton, Hampshire, SO31 8ES on 28 June 2016.

The registered location for this provider is no longer operational and all care and treatment takes place at this address.

Overall the practice is rated as Inadequate.

Our key findings were as follows:

- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff. When incidents and complaints had been identified reviews and investigations were not thorough enough.
- Staff had not been trained in how to safeguard children and vulnerable adults from abuse.
- There were no processes in place for receiving and responding to medicine and safety alerts.
- Robust recruitment processes were not in place and appropriate checks were not carried out for all staff.
- Staffing levels were not always adequate to ensure that all care and treatment was delivered in a timely way.
- Staff had not received training which was relevant to their roles.
- There was no process in place for staff meetings, appraisals and clinical supervision.
- Measures to monitor and improve patient outcomes were inconsistent. Limited audits were undertaken to support quality improvement. The practice did not compare its performance to others or shared learning internally.
- There was no governance structure in place supported by policies and procedures. Staff were unclear about what policies were in place and were not always able to locate them.

Summary of findings

- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

Importantly, the provider must:

- Ensure there are processes for sharing of learning as a result of significant events, incidents and near misses.
- Ensure recruitment records include all necessary employment checks for all staff.
- Ensure staffing is adequate in order to ensure there are no delays to patients receiving appropriate care.
- Ensure all staff have received the relevant training for their role.
- Ensure patient complaints are reviewed and responded to.
- Ensure there are formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

In addition the provider should:

- Ensure patient information is in formats suitable for the patient group.
- Review systems for identifying patients who are also carers and provide them with sufficient support and information.
- Review the complaints received by the practice and develop systems to analysis themes and trends and share learning with relevant staff.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate 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 varying the terms of their registration within six months if they do not improve.

The service 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 service 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?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was an insufficient process for identifying, reviewing and analysing incidents in order to learn from incidents and improve care for patients.
- Staff had not received adequate training in safeguarding children and vulnerable adults from abuse.
- Recruitment processes did not ensure that all relevant checks were carried out prior to staff being employed.
- Disclosure and Barring checks were not carried out prior to staff working unsupervised in the practice.
- Processes in place for the safe management of medicines, within the practice, did not ensure that medicines were handled safely and appropriately.
- Staff had not received training in infection control and the practice did not have sufficient processes in place for monitoring infection control within the practice.
- There were insufficient plans in place for dealing with emergencies and major incidents within the practice. Staff had not received training in basic life support.

Are services effective?

Inadequate

The practice is rated inadequate for providing effective services.

- The practice were unable to demonstrate staff had the skills, knowledge and experience to deliver effective care and treatment, as there were significant gaps in training records. There was an informal, undocumented induction process for staff and an information pack was available which did not contain policies for staff to refer to.
- 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.
- There was no formal process in place for identifying the role specific training that staff needed.
- Staff had not received training in key areas such as infection control, basic life support and safeguarding.
- There was not a robust system of appraisals, meetings and reviews of practice development needs to identify the learning needs of staff.

Summary of findings

- The practice had less than the local percentage of women aged 25 – 64 attending for cervical screening.
- The service had a care navigator providing support to them to provide integrated care between primary and secondary care services.
- The practice provided a shared phlebotomy service for other practices within the local area.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

Requires improvement

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

- Staff were courteous and very helpful to patients and treated them with dignity and respect.
- Consultation and treatment room doors were closed during consultations.
- Conversations taking place at the reception desk could be overheard.
- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.
- There was limited information available for carers.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services.

- The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention.
- The practice had a system in place for handling complaints and concerns however it was not easily accessible and required patients to ask staff how to make a complaint.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well led services.

- The practice did not have a clear vision about how to deliver high quality care and promote good outcomes for patients.
- The practice did not have a robust strategy or supporting business plans to promote improvements within the practice.
- The practice did not have an overarching governance framework to support the delivery of good quality care.

Summary of findings

- There were not robust arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider did not have systems in place to ensure compliance with the requirements of the duty of candour.
- There was not a clear leadership structure in place however staff felt supported by management.
- The practice encouraged and valued feedback from patients.
- There was a process in place for identifying incidents, reviewing, analysing and learning from events, but this was not effective.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective, responsive and well-led care.

The issues identified as inadequate overall affected all patients including this population group.

However, there were some areas of good practice.

- The safety of care for older people was not a priority and there were limited attempts at measuring safe practice.
- There was a care navigator employed who provided support for older people managing their multi-disciplinary care needs.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The provider was rated as inadequate for safe, effective, responsive and well-led care.

The issues identified as inadequate overall affected all patients including this population group.

However, there were some areas of good practice.

- GPs carried out chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last average blood glucose levels were within acceptable limits the preceding 12 months was 77% compared to the clinical commissioning group average of 80% and the national average of 78%.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, effective, responsive and well-led care.

The issues identified as inadequate overall affected all patients including this population group.

However, there were some areas of good practice.

- Children were given same day appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people. The provider was rated as inadequate for safe, effective, responsive and well-led care.

The issues identified as inadequate overall affected all patients including this population group.

However, there were some areas of good practice.

- The practice offered early morning appointments on Mondays and Wednesdays and evening appointments on Thursdays for people who were unable to attend appointments during working hours.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, effective, responsive and well-led care.

The issues identified as inadequate overall affected all patients including this population group.

However, there were some areas of good practice.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff had not had recent training in how to protect vulnerable adults from abuse and were not fully aware of the processes to follow if they suspected people were at risk.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health. The provider was rated as inadequate for safe, effective, responsive and well-led care.

The issues identified as inadequate overall affected all patients including this population group.

However, there were some areas of good practice.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A total of 18 patients were on the register for mental health conditions. Three of these patients did not have an agreed care plan documented in the record, in the preceding 12 months.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line or below with local and national averages. 292 survey forms were distributed and 110 were returned. This represented 3% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.
- As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received two comment cards which were both positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable and caring. They said that it was not always possible to get a same day appointment and they were not sure how to make a complaint.There was no information about the results from the friends and family test for the practice.

Bursledon Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Bursledon Surgery

Burlesdon Surgery is run by a solo registered provider, Dr Vivian Ding, at The Lowford Centre, Portsmouth Road, Lowford, Southampton, Hampshire, SO31 8ES.

There is one female GP, an advanced nurse practitioner and a practice nurse as well as a healthcare assistant and phlebotomist. The practice is supported by a reception and administration team and an office manager. There is no practice manager at the practice.

The practice currently provides services for approximately 3764 patients. The practice had slightly higher than average numbers of patients aged four years and under; and 30-34 years old.

The practice is a teaching practice (teaching practices take medical students and training practices have GP trainees and F2 doctors).

The practice is part of the NHS West Hampshire Clinical Commissioning Group (CCG). Bursledon Surgery serves the whole of Bursledon as well as the surrounding areas of Lowford, Old Netley, Butlocks Heath, Netley and Hamble-Le-Rice, Swanwick, Sarisbury Green and parts of Hedge End and Sholing. The population for this practice is recorded as being in the fourth less deprived decile and patients are predominantly white British.

The practice is open between 7.30am and 1.00pm and 2.00pm and 6.30 pm Monday to Friday. Appointments available between 8.30am to 6.30pm daily. Extended hours appointments are offered at the following times from 7.30am to 8.00 am on Mondays and Wednesdays and 6.30pm to 7.30 pm on Thursdays. When the practice is closed patients are advised to dial 111 for the local out of hours service which is provided by West Hampshire CCG.

Regulated activities are provided from Bursledon Surgery, The Lowford Centre, Portsmouth Road, Lowford, Southampton, Hampshire, SO31 8ES which was visited during the inspection. The original registered location was not being used for the regulated activities and we inspected the provider premises. Since the inspection Burlesdon Surgery has been correctly registered as a location.

The other location is:

Dr Vivian Ding & Partners,7 Manor Crescent, Bursledon, Southampton, Hampshire SO31 8DQ, which is not being used to provide a service.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 June 2016. During our visit we:

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

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was no structure for identifying, reporting and analysing incidents in order to learn from them and prevent them from happening again. Staff told us that there had been an incident recently where a person had collapsed in the waiting area and an ambulance was called. This incident was not documented anywhere such as in the incident book, staff did not understand that this was a reportable incident and were not clear where it should be reported.

There were no incidents recorded since 2013. The practice has a system in place for reporting, recording and monitoring significant events however it was not always followed. A significant event had been reported in December 2015 in relation to a contraception prescribing error. One of the action points from the significant event was that all nursing staff should receive update training in contraception however this had not happened.

The practice did not carry out a thorough analysis of the significant events. We reviewed safety records, significant event reports, and minutes of clinical meetings however the staff were unsure where the incident reporting book was and when it was found, the last incident documented was in 2013. Significant events were not always discussed at clinical meetings and there were not regular staff meetings for all staff to keep informed of significant events.

Overview of safety systems and processes

- The GP had completed safeguarding to level three. Only one of the practice nurses had completed training in safeguarding which was in 2013 which meant that the nurse was overdue an update in their training. No other staff at the practice had recently had any training in safeguarding children or vulnerable adults. Staff were not clear whether there was a safeguarding policy in place and staff did not know if there was a whistle blowing policy at the practice. Staff were unclear on the process for reporting concerns other than raising them with the GP.
- A notice in the waiting room and on the doors of treatment rooms advised patients that chaperones were available if required. Patients said that they knew about the chaperone policy. Not all staff who acted as chaperones were trained for the role and they had not all received a Disclosure and Barring Service (DBS) check or a risk assessment. (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).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Systems and processes were in place for managing prescription forms, which included logging both prescription pads and printer paper.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They did not receive clinical supervision or mentorship and support from the medical staff for this extended role. There had been an occasion where they had prescribed an antibiotic for an infection without seeing the patient, which was not recommended by current guidelines.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, not all of the PGD's were current and up to date. Eight out of the fifteen PGDs held at the practice were out of date. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There were three bottles of medicine which had been opened but not dated when they had been opened therefore it was not clear whether they were being administered in line with the appropriate timescale following date of opening. Staff informed us that they would dispose of these medicines that day.
- The practice did not have a process in place for receiving and responding to medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). There was not a named responsible person at the practice for receiving the alerts to ensure that relevant alerts were reviewed and actioned as necessary.

Inadequate

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was not an up to date infection control protocol in place and not all staff had received up to date training. The infection control lead was unable to locate the last annual infection control audit which had been carried out in May 2015 and it was unclear whether action was taken to address any improvements identified as a result. Following the inspection an action plan was submitted outlining that a new audit would be carried out in July 2016 and that there was a plan for staff to have training in hand washing and infection control procedures as well as new infection control policies and procedures being written and implicated.
- We reviewed four personnel files and found that there was inconsistency with the information obtained when employing new staff. For example, proof of identification, evidence of satisfactory conduct in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) had not always been carried out. The practice nurse did not have a DBS check carried out however; it had been applied for on the day before the inspection. The office manager, who was the newest member of staff also, did not have a DBS check carried out or a risk assessment to determine whether one was needed.
- It was observed during the day that there were not always staff available at reception and patients commented that they were not always able to speak to someone on reception when they needed to and had to wait. Staff told us they were very busy and did not consider there were enough staff available.

Monitoring risks to patients

There were no formal systems in place for monitoring staffing levels. There was no practice manager currently employed at the practice and there were no plans in place to fill the position. There was only one full time GP at the practice who was supported by an advanced nurse practitioner and nursing team. Although there was an office/reception manager, they were not responsible for tasks that would usually be carried out by an office manager. Therefore the GP was responsible for completing those duties as well as their clinical duties. The GP told us that it was difficult to arrange for locums to provide cover for them when it was needed.

The practice had a 'buddy surgery' which provided short term cover for emergencies when they could.The practice used single use equipment which was checked regularly to ensure that it was within the expiry date and safe for use. Larger equipment such as blood pressure monitors were checked annually.

Arrangements to deal with emergencies and major incidents

Staff had not received training in basic life support. The only member of staff with current training was the GP. There were emergency medicines available in the treatment room. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had a defibrillator available on the premises and oxygen with adult and children's masks however staff did not have current training in how to use it safely. There was no business continuity plan in place which made it clear for staff what action they would take in an emergency situation for example in the event of power failure.

Inadequate

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. 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 92% of the total number of points available. Exception reporting was in line with the clinical commissioning group (CCG) and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the national average. Quality and outcome framework reporting exceptions were significantly higher than national and clinical commission group averages, but action to engage patients in their care and treatment was limited.
- Performance for diabetes related indicators was similar or below the national average. For example, the percentage of patients with diabetes, on the register, in whom the last average blood glucose levels were within acceptable limits in the preceding 12 months was 77% compared to the CCG average of 80% and the national average of 78%. Exception reporting for this outcome was similar to CCG and national averages.
- Patients with diabetes on the register who had had a foot examination in the preceding 12 months totalled 90%, compared with the CCG and national average. Exception reporting for this area was 21%, compared with the CCG average of 11% and national average of 8%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 89% and the national average of 88%. However, the practice had only 18 patients on this register, three of whom were excepted from this outcome measure. The exception rate for this area was 17%, compared with the CCG average of 12% and the national average of 10%.
- The number of patients on the dementia register totalled five. We found that only four of these patients had an agreed care plan in place. This was an exception rate of 20%, compared with the CCG average of 7% and the national average of 8%.

There was evidence of quality improvement including clinical audit.

- We noted that audits were carried out in response to CCG guidance and there was limited auditing of practice specific procedures.
- There had been 15 clinical audits in the last two years; one of these was a completed audit that had been full cycle to identify where the improvements made were implemented and monitored. For example, and audit was carried out in April 2015 related to patients who were on a specific heart medicine to check this had been coded onto their records accurately. The results showed that three of the 170 patients had not had their treatment coded correctly. Seven of the patients were new to the practice and their notes were fast track and summarised, to ensure all information was correct.

Effective staffing

- There was no formal process in place for identifying the role specific training that staff needed. Staff had not received training in key areas such as infection control, basic life support and safeguarding. There was no overview of when staff had completed training or were due for updates and refresher training. Records were not kept of when staff had attended informal training sessions or 'lunch and learn' sessions.
- There was not a robust system of appraisals, meetings and reviews of practice development needs to identify

the learning needs of staff. Staff did not have ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation however the GP received support for revalidation. Of the four staff files reviewed, only one had received an appraisal within the last 12 months.

- The GP last had an appraisal in February 2016 and was due for revalidation in April 2019.
- The service was able to refer patients to a care navigator who provided integrated care between primary and secondary care services. The care navigator role was to support patients over 65 however in some more complex cases they also offered support. The care navigator was a CCG initiative and was a resource shared with other practices in the area.
- The practice provided a shared phlebotomy service for other practices within the local area. The practice also provided space for a dermatology clinic run by a specialist from another service in the local area which patients from the practice could be referred to.

Coordinating patient care and information sharing

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

Staff were behind on note summarising which had an impact on patient care as tests and discharge letters were not always available. There was a delay with patient notes, such as the outcome of tests and referrals, being scanned onto their patient records as staff were not able to prioritise the task due to other demands such as taking telephone calls, processing repeat prescriptions and dealing with patients face to face.

The information recorded in patient records was not always thorough. For example, the practice operated a triage system before determining what was the best pathway for patients to take to receive the most appropriate treatment. Records of triage were reviewed however they did not contain full details of the triage and although it was documented that 'red flags' were checked it did not clarify which 'red flags' and whether all appropriate questions were asked. Records of GP consultations were also sparse in places and did not document fully what had been discussed in consultations.

Consent to care and treatment

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and pregnant women. Patients were signposted to the relevant service.

The practice had a larger than average variation for the percentage of women aged 25 – 64 whose notes recorded that a cervical screening test had been performed in the previous five years with a practice uptake of 70% compared to the CCG average of 82% and the national average of 82%. The practice was unable to explain why this had occurred. There was a policy to offer telephone 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. For example, 70% of females aged between 50 – 70 were screened for breast cancer in the last 36 months, compared to the CCG average of 74% and the national average of 72%. The practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

Inadequate

Are services effective?

(for example, treatment is effective)

year olds ranged from 51% to 100% compared to the CCG average of 49% to 99% and five year olds from 96% to 100% compared to the CCG average of 93% to 100%. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- However, we observed that some conversations taking place at the reception desk could be overheard by the entrance to the practice.

Both of the two patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful.We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The practice had a PPG in place which consisted of six members. The PPG had their own notice board in the entrance area. The PPG said that they felt the practice supported them. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average compared to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them however sometimes they had to wait for a long time for the reception area. 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- The practice provided facilities to help patients be involved in decisions about their care.
- Staff told us that translation services were available for patients who did not have English as a first language. Staff also spoke different languages so were able to assist with translation.

Patient and carer support to cope emotionally with care and treatment

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

The practice had a system in place for new patients to inform the practice if they were also a carer however there

Requires improvement

Are services caring?

were no systems for identifying patients if they had become carers whilst they were already registered at the practice. The practice had identified 17 patients as carers (0.5% of the practice list). There was some written information available to direct carers to the various avenues of support available to them however it was not readily available and took staff a while to locate it when they were asked for it.

Staff told us that if families had suffered bereavement, the GP went to visit them to offer their condolences and/or give them advice on how to find a support service.

Inadequate

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 such as employing a care navigator to support joined up multidisciplinary treatment between primary and secondary care services.

- The practice offered extended appointments from 7.30 am to 8 am on Mondays and Wednesdays and 6.30 pm to 7.30 pm on Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation if determined by the practice triage system.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift for patients who were unable to use the stairs.

Access to the service

The practice is open between 7.30am and 1pm and 2 pm and 6.30 pm Monday to Friday. Appointments were available between 8.30am to 6.30pm daily. Extended hours appointments are offered at the following times from 7.30am to 8am on Mondays and Wednesdays and 6.30pm to 7.30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages for opening hours and above local and national averages for access to the service by telephone.

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

This was done by the advanced nurse practitioner taking calls for an hour and a half each morning to assess patients' symptoms and decide on the most appropriate treatment. For example, either offering them an appointment at the practice or advising them to seek more urgent medical attention. Medical students listened into the calls however there was no medical oversight by the GP. There was no evidence available to confirm; whether this was an appropriate system of medical assessment; or whether any evaluation of how appropriate the course of action was.

Listening and learning from concerns and complaints

- The practice has 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.
- The previous practice manager had been the designated responsible person who handled all complaints in the practice however as there were no plans to replace the practice manager, the responsibility was now the office manager's. The GP was not clear on the practice policy for managing complaints and gave examples of an old complaints system.
- Information was available to help patients understand the complaints system however it was not easily accessible and required patients to ask staff how to make a complaint. Patients said that they were unsure about how to make a complaint but that they would ask to speak to the practice manager if they needed to.

We looked at five complaints received in the last 12 months and found that complaints had been recorded and

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

responded to. There were no documented investigations into the complaints received. There was a review form completed for complaints; however these were vague and did not demonstrate if any lessons were learnt from individual concerns and complaints and whether they had been communicated to all staff. There was no analysis of trends and only one of the complaints viewed demonstrated that actions were necessary as a result to improve the quality of care. However, for a complaint received in December 2015, the actions required such as staff completing training in contraception had not been completed

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision about how to deliver high quality care and promote good outcomes for patients.

- The practice did not have a robust strategy or supporting business plans which reflected the vision and values. The GP discussed possible options about how they wanted to take the practice forward however there was no clear plans in place about how that would happen.
- The practice manager had recently left the practice and there were no plans in place for replacing them. There was no clear plan about how the responsibilities of the practice manager would be allocated to others to ensure that they would be carried out.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of the strategy and good quality care.

- There was no structure or robust procedures in place to ensure that there were clearly defined roles and responsibilities for staff. The GP stated that their responsibilities were clinical and the administrative and managerial tasks were the responsibility of other staff.
- The policies which the practice had in place were not current or reviewed for example, the safeguarding vulnerable adult policy was not available at the time of inspection and the recruitment policy did not reflect current legislation or requirements.
- The GP did not have a comprehensive understanding of the performance of the practice and was unable to explain why some of the QOF reporting figures were below average compared to the clinical commissioning group (CCG) and national figures. For example, the practice had a larger than average variation for the percentage of women aged 25 – 64 whose notes recorded that a cervical screening test had been performed in the previous five years with a practice uptake of 70% compared to the CCG average of 82% and the national average of 82%.
- Although clinical audits were completed by medical students as part of the curriculum requirements, there was no further monitoring in place to ensure quality and to make improvements.
- Arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions were not sufficiently embedded so that the provider could be assured that patients were protected from harm. There was conflicting information from staff around how often clinical meetings were held to discuss the learning from incidents and significant events. Meetings were not held regularly and thorough notes of discussions and the outcome of discussions were not kept.
- There was not a robust process in place for identifying incidents, reviewing, analysing and learning from them. There was no programme of regular meetings in place to ensure that significant events and incidents were discussed and shared throughout the practice.
- There was no analysis of complaints to identify themes and trends emerging in order to put actions in place to ensure that lessons were learned and changes were made to improve patient care. For example, there were three complaints since January 2016 which were in relation to patients feeling that staff were not as polite to them as they could have been. These were reviewed individually and the complaints were referred to the individual staff members involved rather than shared across the practice so that all staff could be more aware of how to improve the quality of service that patients received.

Leadership and culture

The provider did not have systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

There was no clear leadership structures in place.

Are services well-led?

Inadequate

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

- Staff told us the practice did not hold regular team meetings but the new office manager had proposed to put in place a structure for staff to have them monthly.
- Staff told us that they could raise any issues that they had however they did not feel listened to.
- Staff said they were not involved in discussions about how to run and develop the practice, and they were kept informed about some things but not others.
- Staff reported that they considered they did not have sufficient time to carry out their role well and effectively. They commented that workload was high and it was not easy to ensure tasks were carried out in a timely manner, such as coding or note summarising.

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

The practice encouraged and valued feedback from patients.

- The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. The PPG met regularly, updated a notice board in the practice with useful information about healthcare services locally and carried out patient surveys although they said they had not carried out a survey recently.
- Staff told us that they hadn't had the opportunity to provide feedback on ways to improve the service but were hopeful that with the introduction of monthly meetings they would be able to make suggestions in future.
- Staff told us that they had reintroduced text message reminders for patient appointments as a result of patient feedback.

Continuous improvement

There was limited focus on continuous learning and improvement. However, the practice had been part of the implementation of the care navigator role, which provided support to patients to minimise the risk of unnecessary hospital admissions.

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 18 HSCA (RA) Regulations 2014 Staffing **The registered person did not provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times.** **Staff did not receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.** **This was in breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person did not operate robust recruitment procedures, including undertaking any relevant checks.** **They did not have a procedure for ongoing monitoring of staff to make sure they remain able to meet the requirements.** **This was in breach of regulation 19 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

Enforcement actions

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 **The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.** **This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

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 **The registered person did not have systems or processes that were established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.** **This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**