

St Martins Medical Centre

Quality Report

Main Practice

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Ruislip

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

Ratings

Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	13
Background to St Martins Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Martins Medical Centre on 23 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews were not thorough enough to prevent a reoccurrence and there was no guidance on what constituted significant events for staff to refer to.
- Some risks to patients had been assessed, however improvements were required to risks relating to recruitment, training, health and safety, fire safety, and infection control.

- Data showed patient outcomes were in line with local and national averages. However, we saw no evidence that clinical audits were driving improvement in performance to improve patient outcomes.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Information about how to complain was available, although it was not easily accessible to patients.
- Urgent appointments were usually available on the day they were requested, and patients could access a male and female GP.
- The practice had some policies and procedures to govern activity, but some were missing or were overdue a review.
- There was a new leadership structure however some staff were not sure of the roles of other staff and did not feel supported by management or involved in how to improve the practice.

Summary of findings

- The practice had sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure risk assessments related to fire safety, the testing of electrical equipment, and infection control are carried out, and action is taken to ensure patients are kept safe.
- Carry out clinical audits and re-audits to inform and improve patient outcomes.
- Ensure staff are supported with professional development and supervision, and receive training to enable them to undertake their role.
- Ensure staff who act as chaperones have received the necessary pre-employment checks and assess their competency to carry out this role.
- Ensure staff receive appraisals so their development needs are identified and acted on.

- Ensure policies and protocols are in place and up to date to assist staff with significant event reporting, infection control, the secure storage and monitoring of prescriptions, repeat prescribing, health and safety, and referrals.

In addition the provider should:

- Ensure information is available for locum staff.
- Address the actions identified in the external clinical risk assessment.
- Review patient feedback, particularly from the national GP patient survey.
- Ensure the practice actively identifies patients who are also carers.
- Ensure patients have easy access to the complaints system and online facilities to book appointments and order repeat prescriptions.
- Ensure translation services are available to patients on request.
- Ensure staff are aware of the vision and strategy for the practice and involve them in making improvements on how the practice is run.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there was no protocol for staff to identify what constituted a significant event. For example, clinical incidents were not deemed significant events.
- Learning from incidents was shared with staff at practice meetings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Some risks to patients had been assessed. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, those relating to recruitment, training, health and safety, fire safety, and infection control.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were similar to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, the practice did not have a system to monitor urgent referrals.
- There was no evidence that clinical audits were undertaken or driving improvement in performance to improve patient outcomes.
- Not all staff felt they were supported in their role as they did not have sufficient time to mentor colleagues or complete training specific to their roles. Some staff had not received an appraisal within the last 12 months.

Requires improvement



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 they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- The practice did not have access to a translation service for patients who did not have English as a first language.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to access the service and make an appointment. Patients confirmed that they could usually see a doctor on the same day and were aware that this might not be with the GP of their choice.
- Results from the national GP patient survey showed patients were less satisfied with the opening hours. The main practice had increased their extended hour clinics to offer greater flexibility for patients to access appointments outside of the practice's normal opening hours.
- There was provision for patients to see a male or female GP.
- Information about how to complain was available and easy to understand, although it was not easily accessible to patients as it was only given to patients during registration and when requested. Learning from complaints was shared with staff during practice meetings.

Good



Are services well-led?

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

- The practice sought feedback from patients and had an active patient participation group (PPG).
- Practice meetings were held regularly and minutes to these meetings were kept.
- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.

Requires improvement



Summary of findings

- There was a documented leadership structure however some staff did not feel supported by management and at times were not sure who to approach with issues. Staff did not feel involved or engaged to improve how the practice was run.
- The practice had some policies and procedures to govern activity, but some were missing or were overdue a review.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust.

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 provider was rated as requires improvement for safe, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of older patients registered at the practice was similar to national averages. Patients over the age of 75 represented 9% (national average 8%), and patients over the age of 85 represented 3% (national average 2%).
- All patients over the age of 75 had a named GP who was responsible for their care, although patients had the choice to see any GP at the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people was in line with local and national averages.
- The practice offered personalised care to meet the needs of the older people in its population. This included working with a primary care navigator who assisted patients over the age of 65 with their social care needs and reducing A&E admissions. Patients were also offered enhanced services such as the shingles and flu vaccinations.
- The practice were involved in a local initiative designed to improve the coordination of care for patients over 75 years. This involved patient risk stratification, proactive care planning, case management in multidisciplinary groups, and improved sharing of medical information between service providers. Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice was part of a local integrated care programme to improve services for vulnerable adults over the age of 65, who required GP care over the weekend.
- The practice were involved in organising an educational event for staff and the locality group on the management of disorders and medicines optimisation in the elderly.

Requires improvement



Summary of findings

People with long term conditions

The provider was rated as requires improvement for safe, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients at the practice with a long standing health condition (53%) was similar to the national average (54%).
- Nationally reported data showed that outcomes for patients with long term conditions was in line with local and national averages. For example, overall performance for diabetes related indicators was similar to the CCG and national average (practice 86%; CCG 86%; national 89%).
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of hospital admission were identified as a priority and discussed at multidisciplinary team meetings.
- Longer appointments and home visits were available when needed.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Children aged zero to four represented 6% of the practice population (national average 6%); children aged five to 14 represented 10% (national average 11%); and those aged under 18 years represented 13% (national average 15%).
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were above the CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.

Requires improvement



Summary of findings

- Antenatal and postnatal checks were available for mothers and babies.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The number of patients in paid work or full-time education was similar to the national average, 64% compared to 60%.
- 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 offered facilities to book appointments and order repeat prescriptions online. There was no direct link from the practice website to do this, however we were told patients were given the information when they requested to use the online booking facilities.
- The main practice offered extended opening hours on Monday evening from 18:30 to 19:30, and Wednesday and Thursday mornings from 07:00 to 08:00. These were pre-booked appointments and were prioritised for working patients who could not attend during normal opening hours.
- There was a range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74 and cervical screening. The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG and national averages of 78% and 82% respectively.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care.

Requires improvement



Summary of findings

- It offered longer appointments for vulnerable patients who may need it. Housebound patients and those who could not access the practice were supported via home visits.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective and well-led, and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- In 2014/15, overall performance for mental health related indicators was below the CCG and national average (practice 89%; CCG 94%; national 93%).
- Performance for dementia related indicators was above the CCG and national averages (practice 100%; CCG 95%; national 95%). The practice carried out advance care planning for patients with dementia, and patients whose care had been reviewed in a face-to-face review in the last 12 months similar to the local and national average (practice 84%, CCG 85%, national 84%).
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients could also be referred to an in-house counsellor who attended the branch practice on a weekly basis.
- Staff had a good understanding of how to support people with mental health needs.
- The practice were involved in organising an educational event on dementia for staff and the locality group.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in 2016 showed the practice was performing in line with or above local and national averages for access to care and treatment. Satisfaction scores for consultations with the doctors was in line with or below local and national averages, whereas satisfaction for consultations with the nurses were above local and national averages. 272 survey forms were distributed and 108 were returned, representing 2% of the practice list.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 85% found the receptionists at this surgery helpful (CCG average 82%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 88% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 75% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 83% said the GP was good at listening to them (CCG average 83%, national average 89%)

- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 96% said the last nurse they spoke to was good at listening to them (CCG average 87%, national average 91%).
- 94% said the nurse was good at treating them with care and concern (CCG average 85%, national average 91%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment. A few comment cards stated that patients were not satisfied with the time it took them to receive a routine appointment (seven to ten days).

We spoke with five patients and received feedback from a member of the patient participation group. These patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Patients confirmed that they could usually see a doctor on the same day and were aware there may be a wait to be seen.

Areas for improvement

Action the service MUST take to improve

- Ensure risk assessments related to fire safety, the testing of electrical equipment, and infection control are carried out, and action is taken to ensure patients are kept safe.
- Carry out clinical audits and re-audits to inform and improve patient outcomes.
- Ensure staff are supported with professional development and supervision, and receive training to enable them to undertake their role.
- Ensure staff who act as chaperones have received the necessary pre-employment checks and assess their competency to carry out this role.

- Ensure staff receive appraisals so their development needs are identified and acted on.
- Ensure policies and protocols are in place and up to date to assist staff with significant event reporting, infection control, the secure storage and monitoring of prescriptions, repeat prescribing, health and safety, and referrals.

Action the service SHOULD take to improve

- Ensure information is available for locum staff.
- Address the actions identified in the external clinical risk assessment.
- Review patient feedback, particularly from the national GP patient survey.

Summary of findings

- Ensure the practice actively identifies patients who are also carers.
- Ensure patients have easy access to the complaints system and online facilities to book appointments and order repeat prescriptions.
- Ensure translation services are available to patients on request.
- Ensure staff are aware of the vision and strategy for the practice and involve them in making improvements on how the practice is run.

St Martins Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Martins Medical Centre

St Martins Medical Centre provides GP led primary care services to around 5,900 patients living in the surrounding areas of Ruislip and Ickenham. St Martins Medical Centre consists of two GP practices: the main practice located at 21 Eastcote Road, Ruislip, HA4 8BE, and a branch practice located at 108 Aylsham Drive, Ickenham, UB10 8UD. The practices are approximately a 20 minute commute on public transport between each other. The branch surgery was visited as part of this inspection. The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice is part of NHS Hillingdon Clinical Commissioning Group (CCG).

The practice staff comprise of two GP partners (male); a salaried GP (female); a long-term GP locum (female); a practice nurse; two trainee health care assistants; a business manager; a development manager; a head receptionist; and a team of reception/administrative staff. The GPs collectively provide 25 sessions per week, and the nurse works 26.5 hours per week.

The main practice and branch practice are located on the ground floor of residential properties. The main practice has three consulting rooms and a treatment room. The branch practice has two consulting rooms and a treatment room. Both premises are accessible by wheelchair.

The main practice is open every weekday from 08:30 to 18:30. Appointments are available from 09:00 to 11:30 and 16:30 to 18:30. Extended opening hours are available from 18:30 to 19:30 on Monday evening, and 07:00 to 08:00 on Wednesday and Thursday mornings.

The branch practice is open every weekday morning from 08:30 to 13:00, and from 15:30 to 18:30 on Monday, Wednesday and Friday. Appointments are available from 09:00 to 11:30 every weekday morning, from 16:00 to 18:30 on Monday, and from 16:00 to 18:00 on Wednesday and Friday.

Appointments can be booked in advance over the telephone, online or in person. The practice opted out of providing out-of-hours services to their patients. If patients telephone the practices from 18:30 to 08:30 they are directed to an out-of-hours provider or the NHS 111 service. The out-of-hours provider would contact the GPs in emergency cases between 08:00 to 08:30.

The number of patients aged zero to four (6%), aged five to 14 (10%) and under 18 (13%) is similar to the national averages (6.0%, 11% and 15% respectively). Patients aged 65+ represent 18% of the practice population, patients aged 75+ represent 9%, and patients aged 85+ represent 3% (national averages are 17%, 8% and 2% respectively).

The percentage of people with a long standing health condition (53%) is similar to the national average (54%), and people with health related problems in daily life (42%)

Detailed findings

is below the national average (49%). The average life expectancy for the practice is 81 years for males (CCG average 80, national 79) and 85 years for females (CCG average 84, national 83).

The service is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

Why we carried out this inspection

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

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

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 23 February 2016. During our visit we:

- Spoke with a range of staff including: the two GP partners; a practice nurse; the developmental manager; the head receptionist; a trainee health care assistant; and two receptionists / administrators.
- Spoke with five patients who used the service.

- Received feedback from a member of the patient participation group.
- Received feedback from a primary care navigator.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 32 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 record significant events and incidents on a form available on the practice's computer system. This was reviewed by a GP partner and discussed at practice meetings.
- The practice carried out an analysis of the significant events. Although the write up to these events were not detailed and did not have a review date to ensure that a repeat of the event was unlikely.

We reviewed safety records, incident reports, complaints and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient with hearing difficulties was upset with the way they had been treated at reception. The incident was discussed with the patient, and staff during two practice meetings. Staff were informed of ways to aid communication with patients with hearing problems, and the patient was given a verbal apology.

We noted that complaints relating to clinical incidents were discussed at meetings, however these were not investigated as significant events. The practice told us they would develop a protocol to help staff differentiate between significant events, incidents, and complaints. We were told safety alerts were received by the GP partners and cascaded to relevant staff, however staff were unable to provide a recent example.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were

accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for child protection and safeguarding vulnerable adults. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training relevant to their role. For example, GPs had received child protection training to level 3, the nurse to level 2, and most non-clinical staff to level 1. Most staff had also received training in safeguarding vulnerable adults. The health care assistant (HCA) had yet to receive safeguarding training through the practice, however they had a good understanding of safeguarding through their HCA training. We were told training would be arranged for the health care assistant and two new non-clinical staff.

- There was a chaperone policy in place and notices in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role however one non-clinical staff member we spoke to was unclear about the role, for example the importance of being able to observe the examination. We also found that some non-clinical staff acting as chaperones had not received a Disclosure and Barring Service check (DBS check) or a risk assessment of their duties. (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).
- We observed the premises to be clean, although administrative areas were cluttered. The seating in the waiting room appeared worn and chairs in the consulting rooms (with the exception of the nurse's room) had fabric cushioning which could not be wiped clean. An infection control lead had been appointed two weeks prior to our visit and had received up to date training. There was an infection control policy in place, although this was not dated and contained details of staff who no longer worked at the practice. We noted most staff had received training, with the exception of two new staff and the health care assistant. There was no evidence of historical annual infection control audits. The newly appointed lead had started an audit for the current year, however this had yet to be finalised.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The health care assistants did not currently administer vaccinations. We did however note that prescription pads and scripts were not securely stored and there was no system in place to monitor their use. There was also no repeat prescribing policy for staff to follow.
- We reviewed personnel files of two new employees and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service. Clinical staff underwent checks for registration with the appropriate professional body, although two out of the four files we reviewed had not been checked recently.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There was no practice policy or internal risk assessments relating to health and safety. The practice recently arranged for an external clinical risk assessment which was undertaken by the Medical Protection Society. This identified possible risks across the practice and covered topics such as health and safety, infection control, communication, practice protocols, and prescribing. The practice received the report a week prior to our visit and had yet to address the risks identified.
- We noted small areas of damp in the meeting room and one consulting room. The practice had carried out maintenance work in 2013. In 2015 the practice sought a further assessment to review condensation and damp within the premises and had received quotes for this maintenance work to be carried out. We were told the work would be carried out once management had reviewed the costs.

- The last internal fire risk assessment was carried out in January 2015 and a log stated the last fire evacuation drill was in May 2015. A fire evacuation procedure was on display in both practices, however this had not been updated since 2010. The practice did not have a fire alarm and there was no evidence to confirm whether this had been risk assessed. Smoke alarms were visible in the practice and we were told these were checked quarterly, however these checks had lapsed since May 2015 when there was a change in management. Fire marshals had been appointed and staff had received training. Fire safety equipment had been checked to ensure it was safe to use.
- Clinical equipment was checked to ensure it was working properly. However, electrical equipment had not been tested since November 2014 to ensure the equipment was safe to use.
- The practice had booked for an external legionella risk assessment to take place the following month. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty across both sites.

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.
- Staff had received basic life support training however most of this had not been updated within the last year. The practice had made arrangements for all staff to undergo training the month following the inspection.
- Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) which is used in cardiac emergencies. They were checked weekly by the practice nurse.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. They were checked weekly by the practice nurse and all the medicines we checked were in date and fit for use.
- The practice had a basic business continuity plan in place for incidents such as IT failure, and we saw the plan was being updated to include comprehensive information on other major incidents including power failure and building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice also had access to the local clinical commissioning group (CCG) guidelines and clinical staff we spoke with had a good awareness of these.

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 96% of the total number of points available, with 4% exception reporting. (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). The practice's performance was in line with the clinical commissioning group (CCG) and national averages of 95% and 94% respectively. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average (practice 86%; CCG 86%; national 89%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 94%, CCG 90%, national 91%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 87%, CCG 86%, national 88%).
- Performance for hypertension related indicators was above the CCG and national average (practice 100%; CCG 97%; national 98%). Examples of the practice's

performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 86%, CCG 82%, national 84%).

- Performance for mental health related indicators was below the CCG and national average (practice 89%; CCG 94%; national 93%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 88%, CCG 91%, national 88%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 100%, CCG 92%, national 90%).
- Performance for dementia related indicators was above the CCG and national average (practice 100%; CCG 95%; national 95%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 84%, CCG 85%, national 84%); and patients with a new diagnosis of dementia who received the recommended blood tests (practice 86%, CCG 86%, national 82%).

The practice submitted medicines management data as requested by the CCG to ensure prescribing was in line with best practice guidelines for safe prescribing, however they did not carry out clinical audits to demonstrate quality improvement. The practice participated in local and national benchmarking, accreditation, and peer review. For example, we saw evidence that antibiotic prescribing and referral rates were comparable to the locality.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We saw induction checklists had been completed for new staff, however this did not cover mandatory training. There was no information pack for locum GPs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to and made use of e-learning training modules to meet their learning needs and to cover the scope of their work, although

Are services effective?

(for example, treatment is effective)

some staff told us they did not have sufficient protected learning time to complete the online training. Staff received training that included: safeguarding, infection control, fire safety, information governance, and chaperoning. Training for basic life support required updating and the practice had made arrangements for all staff to receive this training the month following the inspection. There was evidence of annual appraisals for some staff, however we noted the nurse and two administrative staff had not received an appraisal within the last 12 months and there was no schedule of when they would take place.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service electronically, by post or by fax. We were told the duty doctor would review the results and was responsible for the action required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were discussed at practice meetings in line with CCG guidelines. However, we found there was no referral protocol or system to monitor urgent two-week wait referrals once the referral had been faxed.

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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. A primary care navigator also attended these meetings and supported patients over the age of 65 to prevent unplanned admissions.

Consent to care and treatment

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

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients who smoked could be referred to local pharmacies for smoking cessation services and we were told eight patients had stopped smoking within the last 12 months.

The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG and national averages of 78% and 82% respectively. The practice contacted patients to encourage them to attend screening, and followed up patients who did not attend their appointment. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% (CCG 90% to 94%), and five year olds from 91% to 95% (CCG 88% to 94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The five patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and clinical staff were helpful, caring and treated them with dignity and respect. The 32 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

We received feedback from a member of the patient participation group. They also 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 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with local averages and either in line with or below national averages for its satisfaction scores on consultations with doctors. Satisfaction scores for consultations with the nurses were above local and national averages. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85%.

- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%.
- 96% said the nurse was good at listening to them compared to the CCG average of 87% and national average of 91%.
- 85% said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results for consultations with the doctors were below local and national averages, whilst results for consultations with the nurses were above local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

Staff told us patients brought family and friends to assist with translating and some staff spoke a variety of languages to assist with interpreting when required. However, the practice did not have access to a translation service for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.7% (43 patients) of the practice list as carers, however we did not see evidence they were proactively trying to identify carers.

Carers were offered the flu vaccination and practice data showed 20 patients had received the flu vaccine within the

last 12 months. Carers could be referred to the primary care navigator and support services. Written information was also available in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice sent a condolence letter, and their usual GP often contacted them to offer advice on how to find a support service. Patients could also be referred to a counsellor who attended the branch practice on a weekly basis.

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 Clinical Commissioning Group (CCG) and locality group to secure improvements to services where these were identified. For example, the practice was part of a local integrated care programme to improve GP services at the weekend for vulnerable adults over the age of 65. The practice could refer patients they assessed as requiring assistance and monitoring over the weekend. A summary of the patient's health needs were sent and a GP from the network would visit the patient over the weekend and provide an update to the practice on the outcome.

The practice was also involved in the transition from the Integrated Care Pilot (ICP) to Whole Systems Integrated Care (WSIC), a local initiative designed to improve the coordination of care for patients over 75 years. This involved patient risk stratification, proactive care planning, case management in multidisciplinary groups, and improved sharing of medical information between service providers. Patients were offered longer appointments, monitored on a monthly basis, and given personalised folders which contained details of their care plan.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Patients could access the main or branch practice. The main practice offered extended opening hours on Monday evening from 18:30 to 19:30, and Wednesday and Thursday mornings from 07:00 to 08:00. These were pre-booked appointments and were prioritised for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients with a learning disability, chronic conditions, complex needs, a new cancer diagnosis, elderly, and families experiencing bereavement.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- An accessible toilet and a hearing loop were available.
- Patients could access a male or female GP.

Access to the service

The main and branch practice were located on the ground floor of residential properties. The main practice had three consulting rooms and a treatment room. The branch practice had two consulting rooms and a treatment room. Both premises were accessible by wheelchair.

The main practice opened every weekday from 08:30 to 18:30. Appointments were offered from 09:00 to 11:30 and 16:30 to 18:30. Extended opening hours were available from 18:30 to 19:30 on Monday evening, and 07:00 to 08:00 on Wednesday and Thursday mornings. The branch practice opened every weekday morning from 08:30 to 13:00, and from 15:30 to 18:30 on Monday, Wednesday and Friday. Appointments were offered from 09:00 to 11:30 every weekday morning, from 16:00 to 18:30 on Monday, and 16:00 to 18:00 on Wednesday and Friday.

Appointments could be booked in advance over the telephone, online or in person. If patients telephoned the practices from 18:30 to 08:30 they were directed to an out-of-hours provider or the NHS 111 service. The out-of-hours provider would contact the GPs in emergency cases between 08:00 to 08:30.

Results from the national GP patient survey 2016 showed patients' satisfaction with how they could access care and treatment was mostly above local and national averages. For example:

- 94% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 75% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

However, 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and

Are services responsive to people's needs?

(for example, to feedback?)

national average of 75%. Staff told us they had increased the number of extended hour clinics in the main practice to offer greater flexibility to patients outside of the practice's normal opening hours.

All the patients we spoke with were satisfied with the appointments system and said it was easy to use and they could get an appointment when they needed one. Patients confirmed that they could usually see a doctor on the same day and were aware there may be a wait to be seen. A few comment cards stated the time to receive a routine appointment was seven to ten days.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There were designated responsible staff who handled all complaints in the practice.
- Information was available in the practice leaflet to help patients understand the complaints system. However, this was not easily accessible as it was kept behind reception and given to patients on request or during registration.

The practice had received six formal written complaints in the last 12 months. We looked at three of these and found they had been responded to in a timely way. Lessons were learnt from concerns and complaints and shared with staff at the relevant practice meeting. Action was taken as a result to improve the quality of care. For example, reception staff had attended customer service training following a complaint. A review of all complaints was carried out annually.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a patient's charter which supported their vision and was displayed in the waiting area.
- Staff spoke about the importance of providing patient-centred care however they were not aware of the practice's formalised vision.
- The practice had applied for an improvement grant to develop both premises, however the application had been unsuccessful. The partners were now considering other options to improve the delivery of the service and access for patients.

Governance arrangements

The practice had a governance framework however this did not currently support the delivery of the strategy and good quality care.

- The clinical staffing structure was clear. However following the departure of previous practice management staff in 2015 staff told us they were not clear on whom to approach as there was no designated practice manager, and they were not aware of other non-clinical staff member's roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, but some were overdue a review.
- There was an understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practices performance. Data from the QOF showed the practice had achieved 96% of the total number of points available in 2013/14, and 96% in 2014/15. This was in line with the clinical commissioning group and national averages.
- A programme of continuous clinical and internal audit was not used to monitor quality or to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. For example, complaints about clinical incidents were not investigated as significant events, and risks relating to infection control, fire safety and testing of electrical equipment were not fully assessed or up to date.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour.

There was a leadership structure in place however staff told us there was a lack of practice management. This affected morale and some staff did not feel supported in their role.

- Staff told us the practice held regular team meetings and we saw minutes to these meetings were kept.
- Staff told us they had the opportunity to raise any issues at team meetings. However, as there was no clear management structure they were not confident that their views were listened to.
- Some staff said they felt respected and valued, although others felt they were not supported in their role. For example, a member of staff said they not supported with professional development and did not have sufficient time to support and mentor other staff; one staff member was carrying out duties which were not clearly identified in their job description prior to employment; and a few staff told us they did not have protected learning time to complete mandatory training.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG), the friends and family test (FFT), and compliments and complaints received.
- The PPG consisted of six core members. They had met on five occasions during 2015, and once in 2016. They were keen to recruit a more diverse group of people which reflected patients registered at the practice. We spoke to a member of the PPG who told us the practice made changes in response to patient feedback and the group were kept updated on the improvements made. For example, the introduction of online facilities to book appointments and order repeat prescriptions, and the implementation of extended morning and evening

Are services well-led?

Requires improvement 

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

opening hours. The group were notified of the request for funding to improve the premises. The chair of the PPG also represented the practice at network meetings which looked at the structure and implementation of health and social care initiatives within the locality.

- Results from the friends and family test December 2015 showed that seven out of nine patients (78%) would recommend the practice. In January 2016 the results showed that six out of seven (86%) patients would recommend the practice.

- We were told staff could provide general feedback through staff meetings, appraisals and informal discussions. However, staff told us they did not feel involved in discussions about how to run and develop the practice.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not: fully assess the risks to the health and safety of service users of receiving the care or treatment; do all that was reasonably practicable to mitigate any such risks; ensure the equipment used for providing care or treatment to a service user was safe for such use; and assess the risk of preventing, detecting and controlling the spread of infections, including those that are health care associated.</p> <p>The risks of not having fire alarms had not been assessed and fire evacuation procedures had not been updated since 2010. There was no schedule of testing for electrical equipment which was last checked in November 2014. Annual infection control audits had not been carried out.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(e)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered did not: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; and evaluate and improve their practice.</p>

This section is primarily information for the provider

Requirement notices

A programme of continuous clinical and internal audit was not used to monitor quality or to make improvements. Policies or protocols were not in place or were not updated for significant event reporting, infection control, the secure storage and monitoring of prescriptions, repeat prescribing, health and safety, or referrals.

This was in breach of regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

How the regulation was not being met:

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

We found not all staff were supported with protected learning time to complete mandatory training; three staff were not supported with professional development and supervision; and three staff had not received an annual appraisal to ensure their developments needs were acted on.

This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person did not ensure the information specified in Schedule 3 was available in relation to persons employed.

This section is primarily information for the provider

Requirement notices

Non-clinical staff who acted as chaperones had not received a Disclosure and Barring Service check or a risk assessment of their duties.

This was in breach of regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.