Northcote Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Good
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 Northcote Medical on 8 November 2016. Overall the practice is rated as inadequate.

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, we found that some incidents that should have been recorded as significant events were not recorded as such and therefore not followed up effectively.
- Some risks to patients were assessed and managed, with the exception of: staff carrying out the role of chaperone without DBS checks. Also the practice did not have systems to ensure emergency equipment was checked on a regular basis; and infection control practices were not being followed.
- The practices exception reporting rate was 18% which was higher than the CCG average of 7%. The practice were not aware of the reasons for this.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Information about services was limited and not everybody would be able to understand or access it. For example, there were no information leaflets available in Punjabi or Gujarati despite there being a large number of patients from that patient population group on the practice list.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients we spoke with on the day of the inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice did not have information on display that informed patients about language interpretation services available.

- The practice had a number of policies and procedures to govern activity, but these were not always followed.
- Though the practice had a leadership structure, there was insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Record and investigate safety incidents thoroughly and ensure that patients affected receive reasonable support and a verbal and written apology.

- Ensure all staff undertaking the role of chaperone have the required training and a risk assessment with regard to needing a DBS check or a DBS check.

- Address concerns found with infection prevention and control.Patient Group Directives (PGDs) must be available at the premises at all times.
- Improve prescriptions pads storage and monitoring to ensure patient safety.
- Carry out regular checks on emergency equipment to ensure it is in good working order.

- Ensure they follow their systems and proceses to ensure that risk assessments are carried out to ensure fit and proper persons are employed.

- Ensure they develop a system that obtains patients views on improving the service and review areas where the practice have scored below average from the national GP survey results published in July 2016.

- Undertake a programme of quality improvement activity including clinical audits and re-audits to improve patient outcomes.
- Ensure staff meetings are held on a regular basis and the system of recording these minutes is effective.
- Ensure they develop a system for staff appraisal and development.

In addition the provider should:

- Modify the practices policies to support the recording of notifiable incidents under the duty of candour.

- Update the business continuity plan so it includes all staff contact details.

- Maintain arrangements that ensure patients dignity is maintained during examinations.
- Improve the process of identifying carers to ensure they receive support and information as appropriate.
- Provide practice information in appropriate languages and formats.

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 people 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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However we found that some incidents that should have been recorded and dealt with as SEAs had not been recognised and such and so not effectively followed up.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- We found that staff acting as chaperones were not DBS checked and trained.
- The practice was not following their infection control policy.
- Prescription pads used for home visits were not monitored and kept safe

Are services effective?

Inadequate

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

- Data showed most patient outcomes were comparable to the national average. However the practices exception reporting rate was 18% which was higher than the CCG average of 7%. The practice were not aware of the reason for this. 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).
- There was no evidence that audit was driving improvement in patient outcomes.
- There was no evidence that multidisciplinary working was taking place.
- There was limited recognition of the benefit of an appraisal process for staff.

Are services caring?

Inadequate

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services was available but not everybody would have been able to understand or access it. For example, there were no information leaflets available in Punjabi and Gujarati despite there being a large number of patients on the practice list from these population groups.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. However we saw that one of the clinical rooms used for patient consultations did not have a curtain or screen to provide privacy during patient examinations.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Learning from complaints was shared with staff.

Are services well-led?

Inadequate

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

- There was no clear vision or guiding values. Staff were not aware of the practice vision and we could not see any examples of were the vision and values of the practice were discussed. The practice had a number of policies and procedures to govern activity, but these were not being followed.
- All staff had received inductions but all staff had not received regular performance reviews.
- Though staff told us they were supported by management; it was not clear when management was at the practice therefore they were out of touch with what was happening during day-to-day services.
- There was a limited approach to obtaining the views of people who use services, the practice had not proactively sought feedback from staff or patients and did not have a patient participation group.

Summary of findings

- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. Though staff told us meetings were held at the practice; minutes of these were not effectively documented.
- There was little innovation or service development. There was minimal evidence of learning and reflective practice.

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, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for patients with diabetes, on the register, in whom the last blood test was 62 mmol/mol or less in the preceding 12 months, was comparable to the local and national average (practice 80%; CCG 74% and national 78%) (01/04/2014 to 31/03/2015). However the practices exception reporting rate was 43% compared to the CCG rate of 16% and national average of 11%.
- The percentage of patients with diabetes, on the register, whose last measures total cholesterol(measured within the preceding 12 months) is 5 mmol/1or less was lower than the local and national averages (practice 66%;CCG 75% and national 81%). The practices exception reporting rate was 21% which was higher than the CCG rate of 10% and national average of 12%. (01/04/2014 to 31/03/2015).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

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, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme from 2014/15 was 66%, which was lower than the CCG average of 78% and the national average of 82%. However the data from 2015/16 showed that the practice had made improvements and the current uptake rate was now 78%; and this was comparable to the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students) — Inadequate

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

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

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

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, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

Inadequate

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

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia though this was not formally undertaken and documented.
- The practice carried out advance care planning for patients with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 for the most recent data. The results showed the practice was performing lower than national averages. Three hundred and forty three survey forms were distributed and 76 were returned. This represented a 38% response rate or 5% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61% 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%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 67% 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%.

The practice did not demonstrate any awareness of the GP patient survey results and how they had scored nor any action they were planning to take to make improvements.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. However one patient reported experiencing not so good care from one of the doctors who they felt was dismissive in their approach.

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

Areas for improvement

Action the service MUST take to improve

- Record and investigate safety incidents thoroughly and ensure that patients affected receive reasonable support and a verbal and written apology.
- Ensure all staff undertaking the role of chaperone have the required training and a risk assessment with regard to needing a DBS check or a DBS checks.
- Address concerns found with infection prevention and control.
- Patient Group Directives (PGDs) must be available at the premises at all times.
- Improve prescriptions pads storage and monitoring to ensure patient safety.
- Carry out regular checks on emergency equipment to ensure it is in good working order.
- Ensure they follow their systems and proceses to ensure that risk assessments are carried out to ensure fit and proper persons are employed.
- Ensure they develop a system that obtains patients views on improving the service andreview areas where the practice have scored below average from the national GP survey results published in July 2016.
- Undertake a programme of quality improvement activity including clinical audits and re-audits to improve patient outcomes.
- Ensure staff meetings are held on a regular basis and the system of recording these minutes is effective.
- Ensure they develop a system for staff appraisal and development.

Action the service SHOULD take to improve

- Modify the practices policies to support the recording of notifiable incidents under the duty of candour.
- Update the business continuity plan so it includes all staff contact details.
- Maintain arrangements that ensure patients dignity is maintained during examinations.

Summary of findings

- Improve the process of identifying carers to ensure they receive support and information as appropriate.
- Provide practice information in appropriate languages and formats.

Northcote 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.

Background to Northcote Medical Centre

Northcote Medical is located in Southall in the London Borough of Ealing. The practice provides care to approximately 1600 patients. According to the practice 90% of their population are of Asian ethnic origin.

The practice is registered as a sole provider with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning services; surgical procedures and maternity and midwifery services.

The practice has a General Medical Services (GMS) contract (this is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides a range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning and sexual health services.

The practice has one male principal GP working a total of three sessions and employs two locum GPs (a male and female) working two and four sessions respectively. The total GP sessions available at the practice is nine.

The practice has a part time practice manager who is also responsible for another practice that is owned by the principal GP were he the registered provider. The rest of the practice team consists of one part time practice nurse working 15 hours per week, and three administrative staff consisting of medical secretaries and reception staff.

The practice is open Monday to Friday from 8:30am to 6.30pm.Consultation times were from 8:30am until 1.30pm and 2.30pm to 6.30pm. Except on Wednesdays when the practice closes at 1pm.

When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

There were no previous performance issues or concerns about this practice prior to our inspection and the service had not been inspected before.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the principal GP, practice manager, administrative 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

- Staff told us they would inform the practice manager of any incidents and there was a recording form available at the practice. On the days that the practice manager and principal GP were not at the practice staff told us they would communicate incidents by phone and receive appropriate support. However we saw no record of this and staff told us of some incidents that had occurred were not always recorded but dealt with verbally.
- At the time of our inspection the practice advised us that there had only been one incident at the practice in the last two years and this had occurred a week prior to the inspection. This related to a medicines fridge which had broken and was replaced. We saw that this had been recorded with action taken to discard all the vaccines and a new fridge had been purchased.
- The practice could not always evidence that when things went wrong with care and treatment, patients were consistently informed of the incident, received reasonable support, truthful information, and a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, one hundred and twenty seven patients needed to be informed that their blood tests for a vitamin deficiency (B12) needed repeating because the laboratory at Hillingdon hospital reported a machine error. This incident had occurred at Hillingdon Hospital. The practice told us that this information had been sent to them in September 2016. At the time of our inspection only 25 patients had been contacted according to the practice. The practice did not have an effective system of informing patients and this could have caused patients delays in getting the appropriate treatment and follow up. Our discussions with the practice manager and principal GP could not demonstrate that the practice had dealt with this as a significant event or recognised it as such. They told us they were contacting each patient though it was difficult to get hold of patients by telephone and there had been no attempt to send letters.

Overview of safety systems and processes

The practice processes and practices in place to keep patients safe and safeguarded from abuse require improvements.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The principal GP attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three; nurses level two and all other non-clinical staff level one. DBS checks had not been carried out for people carrying out chaperone duties and they had not been appropriately trained
- The practice manager had undertaken training but did not have a DBS check. When we spoke with other administrative staff they could not demonstrate that they had knowledge of what to do when carrying out the role of chaperone.
- The practice nurse had a DBS check completed from 2010 by another employer they had worked for. No risk assessments had not been carried out to mitigate the risk of no DBS checks.
- The practice maintained some standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager and principal GP were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken by the local CCG and we saw evidence that action was taken to address any improvements identified as a result. However, no spillage kit was available at the practice. (Spillage kits are seen as the most effective way to control the risks posed to staff from infections). The practice infection control policy mentioned that a spillage kit was needed when clearing any spillage that

might contain bodily fluids. When we spoke with reception staff they were not aware of the policy relating to the use of spillage kits and that they would use a mop and bucket to clear up any spillage.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out CCG initiated medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- However, blank prescription pads used for home visits were not securely stored and there were no systems in place to monitor their use.
- The practice told us that Patient Group Directions had been adopted by the practice to allow nurses 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). However, on the day of the inspection the practice were not able to provide PGDs. Both the practice manager and principal GP were prompted by the inspection team to know what PGDs were. The principal GP later told us the nurse might have removed the PGDs from the practice in preparation for their Nurse and Midwifery Council (NMC) revalidation process. However we could not verify this and do not have the evidence that these were available at the practice.
- The practice had not recruited any new staff since for the last three years. We reviewed five files of established staff and found the files did not contain information such as references. When we spoke with the practice manager they explained that all staff had been employed before they had taken out the practice managers post. Therefore they were not sure of the checks that had been done. They could however show us the policy they worked to and how they would ensure this was followed if recruiting new staff

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. However, improvements were required :

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were some emergency medicines available in the treatment room. However, the practice did not have benzyl penicillin (used for suspected bacterial meningitis) or rectal diazepam (used for epileptic fits) available. A day following the inspection, the practice sent us evidence showing that they had purchased these medicines.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the practice could not demonstrate that regular checks were carried out to ensure they were in working order. A first aid kit and accident book were available.

Inadequate

Are services safe?

- 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.
- Although the practice had a business continuity plan in place for major incidents such as power failure or building damage, it did not include staff contact number and staff we spoke with on the day could not explain to us how they would access this.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The principal GP told us the practices GPs had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, the practice could not evidence that they had systems in place to keep all clinical staff up to date.

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 result for 2015/16 were 96% of the total number of points available. This was an improvement from the period 2014/15 when the practice had achieved 94%. However the practices exception reporting rate was 18% which was higher than the CCG average of 7%. (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 previous years data also indicated an exception reporting rate of 24%.The practice could not explain the reasons for this.

QOF data from 2014/15 showed that the practice was an outlier for the care of patients with diabetes and cervical smears. The practice were aware of this and attributed the low uptake to the patients 'limited understanding of disease management and religious beliefs. However they were making improvements including offering opportunistic checks and the 2015/16 data showed improvements.

- Performance for patients with diabetes, on the register, in whom the last blood test was 62 mmol/mol or less in the preceding 12 months, was comparable to the local and national average (practice 72%; CCG 74% and national 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol(measured within the preceding 12 months) is 5 mmol/1or less was lower than the local and national averages (practice 66%; CCG 75% and national 81%).
- The dementia diagnosis rate was comparable to the national average (practice 100%; national 84%). The practice had four patients who were eligible for this check.

Although the principal GP told us the practice participated in CCG-led audits they could not provide evidence of any two-cycle audits undertaken in the last two years. The practice shared an audit which they were working on that was reviewing the care of patients with diabetes.

Effective staffing

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

- Although the practice had not recruited any new staff for a long time they had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of clinical and non- clinical staff were not identified, as there was no system of appraisals and review of practice needs. We saw no evidence of how clinical staff were facilitated with coaching and mentoring and support for revalidating GPs. The principal GP told us that their revalidation had been deferred for a year due to uncompleted tasks. CQC have had discussions with NHS England regarding the principal GPs revalidation and this is being followed up.

Coordinating patient care and information sharing

Inadequate

Are services effective?

(for example, treatment is effective)

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 could not demonstrate that 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. We were told that the practice communicated with other professionals as required. However, we saw no evidence to support this.

Consent to care and treatment

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

- The principal GP demonstrated an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The other locum GPs had also received this training.
- 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 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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme in 2014/15 was 66%, which was lower than the CCG average of 78% and the national average of 82%. However the data from 2015/16 showed that the practice had made improvements and the current uptake rate was now 78%; and this was comparable to the CCG average. The practice felt that the significant improvements were due to the targeted approach the practice nurse was delivering. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 100% and five year olds from 70% 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 factors were identified.

Inadequate

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.

- The practice had two clinical rooms and only one was provided with screens to maintain patients' privacy and dignity during examinations, investigations and treatments. However, a week following the inspection the practice wrote to us stating that they had bought a screen for the second room.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, one patient reported experiencing not so good care from one of the doctors who they felt was dismissive in their approach.

The practice was below local and national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 69% 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%.
- 72% 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%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice could not demonstrate any awareness of the GP patient survey result and how they had scored nor any action were they planning to take to make improvements.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of the inspection told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. However results from the national GP patient survey showed patients responded not so positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the to the CCG average of 75% and national average of 82%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The practice were not aware of the lower scoring areas and no action plan had been put in place to address these.

The practice could not fully demonstrate that they provided facilities to help patients be involved in decisions about their care:

- Staff told us that most staff at the practice spoke languages that were familiar to patients. They also said

patients could bring relatives for consultations. We saw no information or notices advising that formal translation services were available for patients who did not have English as a first language who required them.

- Information leaflets were also limited at the practice.

Patient and carer support to cope emotionally with care and treatment

The practice had not implemented a system that alerted GPs if a patient was a carer. Reception staff could not explain the process they used to record or check for carers. The practice could not provide a figure of patients identified as carers.

Some written information was available to direct carers to the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had participated in the weekend opening programme to facilitate weekend appointments to patients. This programme had just ended at the time of our inspection.

- The practice offered clinics daily until 6:30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open five days a week from 8:30am-6:30pm on Mondays - Friday.Consultation times were 8:30am until 1:30pm and 2:30pm until 6:30pm. Except on Wednesdays when the practice closed at 1pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% 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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative information on other available services was given to patients. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

The practice had received one complaint in the last 12 months and we found this had been satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. We saw an apology letter to a patient which included information on how to contact the Health Service Ombudsmen in line with guidance.

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 vision to deliver high quality care and promote good outcomes for patients.
- No strategy and business plans were in place to reflect the values of the practice and how these were monitored.

Governance arrangements

- The practice did not have clear governance arrangements in place. The practice held no clinical governance meetings, and the systems of learning, sharing and making improvements following Significant Events Analyses (SEA) were not effective. We saw no evidence of discussions following an SEA.
- Though the practice had most key policies, there were no systems in place to ensure these were being followed and monitored. For example the lack of spillage kits had not been recognised.
- There was no programme of quality improvement monitoring including continuous clinical and internal audit in place to monitor quality and to make improvements.
- Some risks were assessed but systems were not implemented well enough.

Leadership and culture

- The principal GP had an understanding of the required performance of the practice. However they had other commitments and were only at the practice for limited times to undertake their clinical role. Therefore the principal GP could not provide sufficient managerial oversight and direction.
- The practice manager had recently been promoted from within the practice and was also working between two sites owned by the principal GP who was also the registered provider. It was clear from our discussions with her on the day of the inspection that she did not have the necessary experience, knowledge, capacity or capability to lead effectively and required more support. For example the practice manager could not demonstrate that they had the knowledge relating to the practices performance of QOF and information relating to carers.
- Though all staff told us that the principal GP and practice manager were at the practice when needed it was not clear how much time they spent there and the capacity they had to effectively deliver on their roles.
- Concerns found on the day of the inspection relating to a lack of governance and procedures demonstrated that the practice did not have adequate leadership. The practice did not have a system in place to ensure compliance with the requirements of the duty of candor (the duty of candor is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff told us the practice held regular team meetings. However the minutes were hand written and the content was not clear to read. The style of recording the minutes meant that those staff that did not attend would have found it difficult to make sense of them. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

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

The practice did not have a PPG. The practice told us it had been difficult to recruit members. However, they were planning to receive support from the CCG. The practice could not demonstrate any other systems they had in place to ensure patients' views were listened to.

Staff told us that the practice had gathered feedback from staff through meetings. We saw from records that these meetings were not always documented or when they were there was very little information in them, were handwritten in a style that was not clearly readable. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Inadequate

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

No appraisals had taken place for staff in the two last years**.** The practice manager was aware of this and told us they had not long been in post and were planning to arrange these.

Continuous improvement

We found no focus on continuous learning and improvement within 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** 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. The practice was not following their infection control policy. Staff did not have access to spillage kits. No PGDs for use by the nurse were available at the practice. There were no systems to ensure consistent identification of significant events. Staff carrying on the role of chaperoning did not have Disclosures and Barring Checks DBS to ensure people were safe. The practice did not have a system that ensured prescription pads used for home visits were kept safe and monitored. 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 18 HSCA (RA) Regulations 2014 Staffing The registered provider did not ensure that staff received appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. No staff at the practice had received an appraisal in the last two years.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(2) 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 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered person did not have systems in place to ensure that adequate governance and monitoring systems were in place. There were no systems to ensure consistent identification of significant events .The practice had also failed to develop a system that supported the duty of candour. The provider did not ensure that systems or processes were established and operated effectively to ensure: persons employed for the purposes of carrying on a regulated activity must be of good character. The practice nurse had a DBS check completed from 2010 by another employer they had worked for. No risk assessments had not been carried out to mitigate the risk of no DBS checks. The practice had not implemented a programme of quality improvement and monitoring of performance including clinical audit and re-audit to monitor and improve care. No systems were in place to ensure that emergency equipment was checked on a regular basis. The system of recording minutes at the practice was not effective as the notes were not clearly recorded. The practice did not have systems that obtained patients views on improving the service. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.