

Streatfield Surgery

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	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Streatfield Surgery, also known as Streatfield Health Centre, on 18 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Some risks to patients were assessed and well managed, with the exception of those relating to medicines management, recruitment and electrical equipment testing.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure electrical equipment for providing care or treatment is tested to confirm it is safe for use.

Summary of findings

- Ensure the proper and safe management of refrigerated medicines, and have an audit trail of action taken when issues are identified.
- Ensure effective recruitment procedures and pre-employment checks are carried out for permanent and temporary staff, and that records pertaining to these individuals are kept.

In addition the provider should:

- Maintain a record of decisions and actions arising from practice meetings.

- Review the latest infection control audit for accuracy.
- Review national guidance relating to annual basic life support training for non-clinical staff.
- Assess the risks of evacuating the property in the event of a fire.
- Formalise the induction process for new staff.

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.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Although some 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. For example, those relating to the monitoring of refrigerated medicines, recruitment, and the testing of electrical equipment.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice similar to or higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, we found the minutes to meetings were not consistently documented.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The percentage of older patients registered at the practice was similar to national averages. Patients over the age of 75 represented 7.9% (national average 7.6%), and patients over the age of 85 represented 2.1% (national average 2.2%). The income deprivation level affecting older people was 25 compared to the national average of 22.5.
- All patients over the age of 75 had a named GP and were informed of this.
- The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles vaccination and avoiding unplanned admissions to hospital.
- Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs. Referrals to community rehabilitation and rapid response services were used to jointly manage patients in their own home.
- The practice were responsive to the needs of older people, and offered longer appointments, home visits and rapid access appointments for those with enhanced care needs.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- The percentage of patients at the practice with a long standing health condition (54.2%) was similar to the national average (54%), and those with health related problems in daily life (38.8%) was lower than the national averages (48.8%).
- Nationally reported data showed that outcomes for patients with long term conditions was good.
- The GPs and nursing staff had lead roles in chronic disease management.
- All these patients had a named GP and a structured annual review to check that 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.

Good



Summary of findings

- Patients at risk of hospital admission were identified as a priority and discussed at weekly clinical meetings and monthly multidisciplinary team meetings.
- Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Children aged zero to four represented 5.7% of the practice population (national average 6.0%); children aged five to 14 represented 10.5% (national average 11.4%); and those aged under 18 years represented 13.9% (national average 14.8%). The income deprivation level affecting children was 21 compared to the national average of 22.5.
- Newly registered children under 16 underwent a health check with the health care assistant or nurse, and a GP ensured there were no child safety issues.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitors to discuss children on the child protection register.
- Urgent access appointments were available for children who were unwell.
- Immunisation rates for standard childhood immunisations were either below or in line with 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 and the ground floor of the premises was suitable for children and babies.
- The practice offered antenatal and postnatal services.

Good



Working age people (including those recently retired and students)

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

- The number of patients in paid work or full-time education was above the national average, 67% compared to 60.2%.

Good



Summary of findings

- 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 had a website which offered facilities to book appointments and order repeat prescriptions online. Text messaging was used for confirming appointments and health promotion.
- Telephone consultations were offered for patients who could not attend the practice. Late appointments were available until 20:00 on Tuesday and Thursday. These were prioritised for working patients.
- There was a full range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74.
- The practice's uptake for the cervical screening programme was 88.8%, which was above the CCG and national averages of 77.4% and 81.8% respectively.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- 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.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients of patients with dementia, depression, and poor mental health.

Good



Summary of findings

- In 2014/15 performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 92.9%; national 92.8%).
- Nationally reported data showed that outcomes for patients with dementia was good. For example, the practice's performance for dementia related indicators was above the CCG and national averages (practice 100%; CCG 92.4%; national 94.5%). The practice carried out advance care planning for patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in 2015 showed the practice was performing in line with or above local and national averages. 299 survey forms were distributed and 102 were returned, representing 1.3% of the practice population.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 90% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 88%, national average 92%).

- 74% described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 78% usually waited 15 minutes or less after their appointment time to be seen (CCG average 51%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all 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.

We spoke with eight patients and received feedback from three members of the patient participation group. All said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure electrical equipment for providing care or treatment is tested to confirm it is safe for use.
- Ensure the proper and safe management of refrigerated medicines, and have an audit trail of action taken when issues are identified.
- Ensure effective recruitment procedures and pre-employment checks are carried out for permanent and temporary staff, and that records pertaining to these individuals are kept.

Action the service **SHOULD** take to improve

- Maintain a record of decisions and actions arising from practice meetings.
- Review the latest infection control audit for accuracy.
- Review national guidance relating to annual basic life support training for non-clinical staff.
- Assess the risks of evacuating the property in the event of a fire.
- Formalise the induction process for new staff.

Streatfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Streatfield Surgery

Streatfield Surgery, also known as Streatfield Health Centre, provides GP led primary care services through a Personal Medical Services (PMS) contract to around 7,800 patients living in the surrounding areas Kenton. PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS Harrow Clinical Commissioning Group (CCG).

The practice staff comprise of three GP partners (male); three salaried GPs (female); a nurse prescriber; a practice nurse; three health care assistants; a practice manager; and a team of receptionists/administrative staff. The practice is a training practice and currently has two GP registrars based there. The number of hours covered by the GPs equates to 4.4 whole time equivalent (WTE) staff, nursing staff is 1 WTE, and the health care assistants 2.55 WTE.

The practice is located in a converted residential property with five consulting/treatment rooms on the ground floor, and two consulting rooms on the first floor. The ground floor of the premises is accessible by wheelchair.

The practice is open every weekday between 08:00 to 18:30. Extended evening opening hours are available on Tuesday and Thursday 18:30 to 20:00 (the surgery phone lines are closed from 18:30 but the surgery remains open till 20:00). Appointments are offered between these times.

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. Outside of normal opening hours patients are directed to an out-of-hours GP or the NHS 111 service.

The number of patients aged zero to four (5.7%), aged five to 14 (10.5%) and under 18 (13.9%) is similar to the national averages (6.0%, 11.4% and 14.8% respectively). Patients aged 65+ represent 17.7% of the practice population, patients aged 75+ represent 7.9%, and patients aged 85+ represent 2.1% (national averages are 16.7%, 7.6% and 2.2% respectively).

The percentage of people with a long standing health condition (54.2%) is similar to the national average (54%), and the percentage of people with health related problems in daily life (38.8%) is below the national average (48.8%). The average life expectancy for the CCG area is 82 years for males and 86 for females (national averages 79 and 83 respectively).

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; and surgical procedures.

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

Detailed findings

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 18 November 2015. During our visit we:

- Spoke with a range of staff including: the three GP partners; a GP registrar; two health care assistants; the practice manager; and three receptionists / administrators.
- Spoke with eight patients who used the service.
- Received feedback from three members of the patient participation group.
- 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 31 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We were told safety records and incidents were discussed at practice meetings however meetings were not consistently minuted for us to confirm this. Lessons were shared to make sure action was taken to improve safety in the practice and staff were able to recall recent significant events and incidents. For example, a letter sent electronically to a GP had not been actioned as the GP was on leave. As a result of this incident the practice now ensured that out-of-office replies were sent when GPs were on leave and other staff are aware of GPs' availability.

When there were unintended or unexpected safety incidents, people 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. Safety alerts were received by the GP partners and cascaded to relevant staff.

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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A chaperone policy was in place, and notices were displayed on consultation / treatment room doors advising patients that this service was available. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, a light which was not protected from contamination had been replaced and pillows in consulting rooms had been removed. However, we noted the latest audit from January 2015 stated the practice were complying with furniture made of washable materials but we observed this was not the case with some chairs in the waiting room and consulting rooms. There were cleaning logs and schedules in place, although we found that the weekly log had not been completed by the cleaners since June 2015.
- There were arrangements for managing medicines, including emergency drugs and vaccinations, in the practice (including obtaining, prescribing, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We found improvements in the monitoring and recording of fridge temperatures was required. The practice used a digital device which recorded fridge temperatures daily, however the information was only downloaded from the device and viewed on a monthly basis. We were told the temperatures were checked

Are services safe?

daily by the health care assistants, however these were not logged. We reviewed historic temperatures recorded by the digital device and found the practice had not explained instances when fridge temperatures were outside of the recommended range. The practice manager told us that medicines were always checked if fridge temperatures were out of range, however the practice had not recorded details of previous incidents where this had occurred.

- The practice used a generic recruitment policy which did not set out the standards for pre-employment checks. The practice manager discussed the recruitment process and the documents that were requested from new employees, however there was no written evidence to confirm these documents had been received. We reviewed four personnel files and found there were inconsistencies with recruitment checks undertaken prior to employment. For example, there were no references for a salaried GP, three files did not include proof of identification, there was no record of checks with the relevant professional body for a GP, and there was no evidence of occupational health status for a GP and a nurse. The practice manager informed us that verbal references had been obtained for clinical staff, however there were no records to confirm this. We also noted that the practice had not undertaken checks through the disclosure and barring service for three GP partners and two salaried GPs, although checks had been carried out for all other clinical and non-clinical staff. The practice were under the assumption that as GPs were on the performer's list they did not require DBS checks, however there was no evidence that the practice had sought appropriate assurances from NHS England that a check had been undertaken. We also noted that the practice had not undertaken all the relevant pre-employment checks for a locum nurse, although checks had been undertaken for locum GPs.

Monitoring risks to patients

Most 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 and staff had received training. The practice had up to date fire risk assessments. We were told the fire alarm was tested regularly although the practice did not keep records of this. The practice manager told us that the practice had yet to carry out a fire drill. Clinical equipment was checked to ensure it was working properly, however electrical equipment had not been checked to ensure the equipment was safe to use. The practice had other risk assessments in place to monitor safety of the premises including infection control and legionella.

- 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 administrative staff, and locum clinical staff were used to ensure that enough staff were on duty.

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.
- Clinical staff received annual basic life support training and non-clinical staff received training every three years.
- Emergency equipment was available including access to medical oxygen and an automated external defibrillator (AED) which is used in cardiac emergencies. Equipment was checked on a weekly basis and there were records to confirm this.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We were told that the business continuity plan had been used during a recent incident that affected phone access to the practice.

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.
- Clinical staff told us they attended monthly educational meetings where national and local guidelines were monitored and discussed. Learning was then shared with the practice team.

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 96.6% of the total number of points available, with 5.1% 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 above the clinical commission group (CCG) average of 92.8% and the national average of 93.5%. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG average and below the national average (practice 86%; CCG 86.7%; national 89.2%). 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 88.4%, CCG 89.9%, national 91.4%); and patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 94.1%, CCG 86.3%, national 88.3%).
- Performance for hypertension related indicators was above the CCG and national averages (practice 100%; CCG 95.8%; national 97.8%). 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 85.3%, CCG 82.3%, national 83.6%).

- Performance for mental health related indicators was above the CCG and national averages (practice 100%; CCG 92.9%; national 92.8%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 92.9%, CCG 91.3%, national 88.3%); and patients with schizophrenia, bipolar affective disorder and other psychoses, who have a record of alcohol consumption in the preceding 12 months (practice 93%, CCG 90.4%, national 89.5%).
- Performance for dementia related indicators was above the CCG and national averages (practice 100%; CCG 92.4%; national 94.5%). 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 84.6%, CCG 86.8%, national 84%); and patients who received the recommended blood tests after entering on to the dementia register (practice 100%, CCG 81.7%, national 81.5%).

Clinical audits demonstrated quality improvement.

- There had been three clinical audits carried out in the last year, two of these were completed audits where the improvements made were implemented and monitored. We reviewed an audit which looked at patients with epilepsy, to ensure they were being prescribed medicines in line with national guidance. The initial audit was carried out in January 2015 and a re-audit took place in November 2015. The initial audit identified 22% of patients who were not on the appropriate medication. The practice took action by reviewing patients to change their medication where appropriate, circulating the guidance to all GPs, ensuring repeat prescriptions were reviewed against the guidance, and discussing the guidance and practice protocols at a clinical meeting. The re-audit showed that all patients were taking medicines in line with national guidance.

Are services effective?

(for example, treatment is effective)

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. For example, we saw evidence that the practice were adhering to guidance for prescribing and referrals.

Effective staffing

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

- The practice was a GP training practice and there was a structured induction programme for GP trainees that involved tutorials, shadowing staff and clinical supervision. New staff received a welcome pack which included information on reporting accidents, the location of emergency medicines and equipment, fire safety, and the facilities of the premises. However, there was no formal induction process for newly employed staff. The practice manager told us that new staff were given information on topics such confidentiality, infection control, health and safety, however there was no written record of this.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included training in the following areas: safeguarding children and adults, fire safety, basic life support, chaperone training and information governance awareness.
- Staff received ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice 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. Out-of-hours reports, 111 reports and urgent pathology results or letters were seen and actioned within 48 hours. The GP who saw these documents and results 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.

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.

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. We saw that policies and guidelines were available on the practice intranet for staff to access.
- We noted that verbal consent was obtained for treatments such as cryotherapy. During our visit the GPs told us they would now obtain written consent for this procedure, and we were shown a consent form which would be used. This included details of the procedure and informed the patient of the risks.
- 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.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

Are services effective? (for example, treatment is effective)

condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, patients who smoked were given smoking cessation advice from the GPs, information leaflets, and could be referred to local pharmacies for further smoking cessation advice and support.

- Patients with an elevated body mass index (BMI) were opportunistically monitored and given dietary advice, referred to an in-house dietician or referred for exercise on prescription at local health centre.

The practice's uptake for the cervical screening programme was 88.8%, which was above the CCG and national averages of 77.4% and 81.8% respectively. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Practice data showed that 85% of eligible patients had received a mammogram in the last 12 months and 95% of eligible patients had undergone bowel screening in the last 12 months.

Childhood immunisation rates for the vaccinations given were either below or in line with the CCG averages. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 45.9% to 77% (CCG 53.6% to 80.4%), and five year olds from 63.9% to 86.1% (CCG 60% to 85.2%). A senior administrator monitored and followed up children who had not attended for their vaccinations. Flu vaccination rates for the over 65s were 70.3%, and at risk groups 56.5%. These were similar to the national averages (73.2% and 52.3% respectively). The practice were trying to improve flu vaccination rates and had trained three health care assistants who were now able to administer the flu vaccine.

Patients had access to appropriate health assessments and checks. These included new patient health checks, and NHS health checks for people aged 40–74. Data showed that 31% of eligible patients had received an NHS health check. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified, and patients were directed to a GP depending on the issues identified. A blood pressure pod was also available in the waiting room and patients were encouraged to take their blood pressure before seeing the doctor. Instructions on how to use the machine and print results were provided.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

The eight patients and three members of the patient participation group (PPG) 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 31 comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients rated the practice similar to the local and national averages when asked questions about how they were treated, and if this was with compassion, dignity and respect. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.

- 90% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%.

Translation services were available for patients who did not have English as a first language. There were notices informing patients this service was available and this information was displayed in different languages. The electronic check-in system also had options for patients to view the information in a variety of languages.

Patient and carer support to cope emotionally with care and treatment

The percentage of patients with a caring responsibility was similar to the national average, 21% compared to 18.2%. The practice's computer system alerted GPs if a patient was also a carer and they were supported. For example, carers were offered the flu vaccination, health checks and referral to support services. There was a carer's protocol and information was available in the waiting area to ensure carers understood the various avenues of support available to them.

We were told that if a patient had passed away their records were updated immediately. Staff told us that if

Are services caring?

families had suffered a bereavement, a GP would contact them to provide support and offer advice on services available to them. For example, patients could be referred to a bereavement counselling service.

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) to secure improvements to services where these were identified. For example, the practice did not have a health visitor attached to the practice for 18 months. They wrote to the safeguarding lead for the local area and now have a named health visitor who attends multidisciplinary team meetings to discuss vulnerable children. The practice also secured funding to train three members of staff as health care assistants to assist with the in-house phlebotomy service.

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;

- The practice offered extended opening hours on Tuesday and Thursday evening from 18:30 to 20:00 for working patients who could not attend during normal opening hours.
- Longer appointments were available for vulnerable patients, those with multiple conditions, and for patients with learning difficulties.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent appointments were available the same day for emergencies cases.
- Translation services were available. The electronic check-in system had options for patients to view the information in a variety of languages.
- Patients could access a male or female GP.
- Staff told us they tried to be flexible by avoiding booking appointments at busy times for people experiencing poor mental health or who may find this stressful.
- A hearing loop and accessible toilets were available.

Access to the service

The practice was located in a converted residential property with five consulting/treatment rooms on the ground floor, and two consulting rooms on the first floor. The ground floor of the premises was accessible by wheelchair.

The practice was open every weekday between 08:00 to 18:30. Extended evening opening hours were available on Tuesday and Thursday 18:30 to 20:00 (the surgery phone lines were closed from 18:30 but the surgery remained open till 20:00). Appointments were offered between these times, and could be booked over the telephone, online or in person. We were told that 20% of appointments were made available up to 14 days in advance, 20% available seven days in advance, and the remaining 60% could be booked on the day. The practice opted 'out' of providing out-of-hours services to their patients. Outside of normal opening hours patients were directed to an out-of-hours GP or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patients' satisfaction with how they could access care and treatment was above the local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 83% of patients said they found it easy to get through to the surgery by phone compared to the CCG average of 66% and national average of 73%.
- 74% of patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 78% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 51% and national average of 65%.

All the patients we spoke with were very 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 spoke positively about how these appointments could be booked online. Comment cards we reviewed aligned with these views.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw information was available to help patients understand the complaints system. For example, in the practice leaflet and on the website.
- Patients we spoke with were not aware of the process to follow if they wished to make a complaint, however they told us they felt comfortable requesting the information from staff.

The practice received two complaints within the last 12 months. We reviewed these and found they were

satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, complaints about staff members were discussed with the individual to prevent reoccurrence and lessons learned were shared at practice meetings if appropriate to do so.

Are services well-led?

Good 

(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 clear vision to deliver high quality care and promote good outcomes for patients. There was a practice strategy which reflected the vision and values, and these were regularly monitored. Since January 2015 the practice had seen its list size increase by around 400 patients and this had the potential to affect the capacity of the practice and the services it could offer. In response to this and to meet patient demands for appointments, the practice were making arrangements to renovate the premises and create additional treatment/consulting rooms. Staff we spoke with knew and understood the practice's vision and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff,
- There was a comprehensive understanding of the performance of the practice. Data from the Quality and Outcomes Framework (QOF) was used to measure the practice's performance. Data from the QOF showed the practice had achieved 96.2% of the total number of points available in 2013/14, and 96.6% in 2014/15. This was above the clinical commissioning group and national averages.
- Clinical audits were used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, improvements were required for testing electrical equipment and monitoring refrigerated medicines.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners and practice manager were visible in the practice and staff told us that 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. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held weekly clinical meetings, weekly governance meetings, quarterly multi-disciplinary team meetings, and biannual practice meetings. We reviewed the minutes to some of these meetings but found they were not consistently documented.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG), practice surveys, the friends and family test, and complaints and compliments received. The PPG was established four years ago and consisted of five committee members. The group met with the practice every three months to discuss the results of surveys and submit proposals for improvements to the practice. There were two common issues identified by patients: the first related to difficulties getting an appointment; and the second was the lack of in-house phlebotomy services. In response to these issues the practice reviewed their appointment

Are services well-led?

Good 

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

system and increased the number of clinical sessions provided by the GPs each week. They also trained three health care assistants who carried out the in-house phlebotomy service implemented in September 2015.

- The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. We saw that clinical and non-clinical staff attended educational

meetings where guest speakers were invited to present. Two of the GP partners were postgraduate trainers, and the third partner was currently undertaking the teaching course. There was evidence that the practice had supported three administrative staff to undertake training as health care assistants.

The practice offered an apprenticeship programme where apprentices received training and development in various administrative roles. We spoke with an apprentice who was offered employment with the practice and they told us they were well supported by the practice team. The GPs also visited local secondary schools to give educational talks and offer students work experience opportunities at 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 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 ensure that electrical equipment for providing care or treatment was tested to confirm it was safe for use.</p> <p>The registered person did not ensure the proper and safe management of refrigerated medicines.</p> <p>This was in breach of Regulation 12(1)(2)(e)(g) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that effective recruitment procedures were followed to ensure all persons employed were of good character, had the skills and experience necessary for the work they perform, and that the information specified in Schedule 3 was available.</p> <p>This was in breach of Regulation 19(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>