

Parkside Medical Centre

Quality Report

52 Camberwell Green

London

Southwark

SE5 7AQ

Tel: 020 7703 0596

Website: www.parksidemedical.co.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parkside Medical Centre on 19 May 2016. Overall the practice is rated as requires improvement.

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.
 - One member of staff told us that they would stand with their view obstructed which chaperoning which was not in accordance with current best practice and this service was not advertised in the waiting area.
- Risks related to infection control and fire safety were not always assessed or well managed.
- Processes around the management of medicines were not effective and did not guarantee patient safety.
- Though staff assessed the majority of patients' needs and delivered care in line with current evidence based guidance; there was evidence to suggest that they were not following current best practice in respect of capacity assessments for minors.
- Staff had been trained to provide them with 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 though the practice's complaints procedure was not clearly advertised in the reception area and some of the practice's complaint responses did not include information on who patients could contact if they were dissatisfied with the practice's response. Improvements were made to the quality of care as a result of complaints and concerns.
- Not all patients said they found it easy to make an appointment with a named GP. Urgent appointments available the same day.

Summary of findings

- The practice had policies and procedures in place which were easily accessible to staff though some policies were not specific to the practice, were not subject to periodic review or contained incorrect information.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients and allowed staff to contribute ideas and suggestions.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider **must** make improvement are:

- Ensure that the policies and procedures around capacity and consent reflect current legislation and guidance and that all staff are acting in accordance with this.
- Ensure that policies and procedures around chaperoning, the management of medicines (including emergency medicines, vaccines, Patient Group Directions and prescriptions) reflect current legislation and guidance and that all staff are acting in accordance with this.
- Ensure that all practice policies are specific to the needs of the practice and that they are subject to regular review and updated when required.
- Ensure that risks associated with infection control and fire safety are assessed and that mitigating actions are taken where required.

The areas where the provider **should** make improvement are:

- Ensure suitable toilet facilities are available to patients
- Take steps to improve the identification of people with caring responsibilities among their practice population so they can provide effective support and signposting.
- Continue to work to address the low scoring areas relating to access that were highlighted in the National Patient Survey.
- Ensure the complaints policy and responses comply with relevant legislation.
- Ensure all staff undertaking chaperoning are appropriately trained.
- Complete induction checklists for new members of staff.
- Clearly advertise chaperoning, complaints and translation services in the practice waiting area.
- Increase the amount of quality improvement work undertaken.
- Continue to review the patient list to improve identification of patients with chronic obstructive pulmonary disease and chronic heart disease.
- Continue to review staffing arrangements to ensure that there are a sufficient number of staff to meet patient demand and provide continuity of care.

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.

- Risks to patients were not always assessed or well managed. For example the practice had not identified several infection control issues in their latest audit and had not taken any action to address the risks that these issues posed to patient safety.
- Medicines were not always managed effectively. For example there were concerns related to the practice's Patient Group Directives, management and storage of vaccines, access to emergency medicines and storage of prescription pads.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse though chaperoning services were not advertised within the reception area and one member of staff we spoke with told us they would stand with their view obstructed during examinations which was not in accordance with current best practice.

Requires improvement



Are services effective?

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

- The practice policy around consent and capacity for young people was not in accordance with current legislation and guidance and staff told us that they were applying the policy when consulting with patients under the age of 16.
- Though the practice complied with audits required by the CCG we saw only one audit initiated by the practice which sought to drive improvement and this was not a completed cycle where improvements had been implemented and monitored.
- Staff had been appraised within the last 12 months.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Requires improvement



Summary of findings

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with national averages for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain, though not clearly displayed in the waiting area, was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Requires improvement



- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were generic and did not reflect the features of the practice.

Summary of findings

- Though we saw evidence of risk assessment we found that some risks, particularly those around infection control and fire safety, had not been adequately addressed.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safety, effectiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- 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.
- The practice participated in the Holistic Health Assessment scheme where practice nurses undertook comprehensive health assessments for patients over 80, over 65 who had not attended the surgery in 15 months or those over 65 who were housebound. The assessments aim to ensure that these patients are receiving appropriate health and social care through engagement with relevant organisations; including engagement with the voluntary sector.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effectiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Indicators relating to the management of diabetic patients were higher than the national average.
- Longer appointments and home visits were available when needed.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safety, effectiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effectiveness and for leadership. The issues identified as requiring improvement overall affected all patients 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 and flexible.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effectiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice were able to undertake searches for patients 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.

Requires improvement



Summary of findings

- 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)

The provider was rated as requires improvement for safety, effectiveness and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- Other mental health related indicators were comparable to national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a drug and alcohol counsellor.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and six survey forms were distributed and eighty two were returned. This represented 1.4% of the practice's patient list.

- 60% 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%.
- 77% of patients described the overall experience of this GP practice as good (compared to the national average of 85%).
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards seven of which were exclusively positive about the standard of care received; stating that staff were caring and supportive. The six remaining comment cards contained mixed feedback with some patients raising concerns about the absence of soap in the patient bathrooms, the unhelpfulness of reception staff, the difficulty in getting appointments and the length of time it took to be seen, and one patient said they felt that clinicians did not listen to them because of their age.

We spoke with six patients during the inspection. Five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient said that the staff could have been more compassionate and three patients said that it was sometimes difficult to get an appointment.

Parkside 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, a practice nurse specialist adviser and an Expert by Experience.

Background to Parkside Medical Centre

Parkside Medical Centre is part of Southwark Clinical Commissioning Group (CCG) serves approximately 5520 patients. The practice is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures.

The practice population has a slightly large number of working age people and lower proportion of elderly people than the national average. The practice is located in an area ranked within the second most deprived decile on the index of multiple deprivation with a higher percentage of unemployment than the national average.

The practice is run by Concordia Health Limited. The practice has one full time female salaried GP who supports a male registrar. The practice has two female Nurse Practitioners and one female practice nurse. A healthcare assistant was shortly due to start working at the practice. The practice is a teaching practice and accepts students from the local hospital. The practice had one registrar at the time of our inspection. The GP worked 37 hours per week, the registrar worked 40 hours per week. The nurse practitioners collectively worked 47 hours and the practice nurse 35 hours.

The practice is open from 8.00 am Monday to Thursday and open from 7.00 am on Friday. The practice closes at 8.00pm Monday and Wednesday and 6.30 pm the rest of the week. The practice offers booked and emergency appointments five days per week.

Parkside Medical Centre operates from 52 Camberwell Green, London; Southwark SE5 7AQ which are purpose built premises. The property is rented. Concordia Limited are responsible for the maintenance. The service is based on a single floor and all rooms are accessible to those with mobility problems or those in wheelchairs.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, patient participation, rotavirus and shingles immunisation and unplanned admissions.

The practice is a member of GP Federation Improving Health Limited.

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

Detailed findings

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 19 May 2016. During our visit we:

- Spoke with a range of staff GPs, nurse practitioners, a practice nurse, customer service operators and practice management and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's internet system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice risk assessed all significant events. Senior management within Concordia were then alerted to all significant events which met a high risk threshold.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. High risk significant events were monitored by the senior management team within Concordia to ensure that action was taken to address adverse events. Learning, where relevant, was shared amongst other practices in the organisation.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example; a breathless patient attended the practice. There was a delay in the practice finding the nebuliser lead. As a result the practice instituted regular checks to ensure that the nebuliser lead was always easily accessible.

Overview of safety systems and processes

Though the practice had systems, processes and practices in place to keep safeguarded from abuse, chaperoning services were not advertised in the practice reception area and not all staff were chaperoning in accordance with

current guidance. Additionally the practice's infection control processes and arrangements for managing medicines was not sufficiently robust to ensure that patients were kept safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Though policies were accessible to all staff they did not include the names of all relevant safeguarding contacts for the area or the internal lead within the practice; though there were posters around the practice which contained this information. There was a lead member of staff for safeguarding and staff were aware who this was. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and Nurse Practitioners were trained to child protection or child safeguarding level 3. The nurse was trained to level 2.
- There was no notice in the waiting area to advise patients that chaperones were available if required. However we did see signs advertising this service in all clinical rooms. Not all staff who acted as chaperones were trained for the role and one member of staff we spoke with told us that they would stand with their view obstructed during examinations which was not in accordance with current best practice. However, all staff who undertook this role and had received a Disclosure and Barring Service (DBS) check.
- Cleanliness and hygiene were not satisfactory in all areas of the practice. Although the majority of the premises were clean and tidy we found that some areas had not been cleaned to an acceptable standard. For example there was staining on the walls including in the patient toilets and waiting area. We saw dust in the corners of one of the clinical rooms. One of the clinical rooms did not have a sharps bin. There was no sharps injury policy displayed in the clinical rooms and the policy available on the practice's computer system was generic and did not include details of relevant external contacts. The practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There were other infection control policies in place; though some of these were generic templates which

Are services safe?

were not customised to the needs of the practice. All staff whose files we reviewed had received up to date training though we were told that non clinical staff would not receive this training annually. Annual infection control audits were undertaken and we saw evidence that action was taken to address areas identified as needing improvement. We found some infection control issues identified on the day of the inspection had not been documented in the audit completed in 2015 or the subsequent 2016 audit. For example the flooring in some of the clinical areas rooms did not provide a suitable barrier at the wall. One of the clinical couches was torn exposing fabric underneath.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not ensure that patients were kept safe. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, we found blank prescription forms in an unlocked cupboard. Fridge temperatures were monitored daily. However, the newly purchased vaccine fridge in the practice treatment room did not have a second temperature thermometer to safeguard against a faulty fridge. We saw that one of the vaccine fridges was broken. A significant event had been raised in November 2015 as the fridge had gone outside of the optimum temperature range on several occasions between May and October 2015. No action was taken until the new practice manager, who identified the incident, was appointed at the end of October 2015. The practice supplied evidence that they had taken advice from manufacturers and raised the issue with both the CCG and NHS England. The practice were yet to receive a response. The vaccines were still stored within the fridge and the temperature readings were still being taken on a daily basis which continued to show that the fridge was operating out of the safe temperature range. Practice staff told us that they did not intend to use these vaccines but continued to store them in the event that they were required by the manufacturers or other agencies.
- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended

role. Patient Group Directions (PGDs) 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 a number of PGDs that we reviewed were not valid as they had not been filled out correctly. None of the PGDs reviewed contained the practice name. We found a plastic wallet with a note inside which stated “need PGD for shingles and GP to sign”, a PGD for the human papillomavirus vaccine was unsigned and the PGD for pregnant women to be vaccinated against Diphtheria, Tetanus, Pertussis and Polio had not been amended to take into account the reduced gestational period where this vaccine could be administered though we were shown evidence that the practice had been notified and were aware of this change

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- Though the practice did have a fire safety policy this was generic and did not specify the fire safety leads or what staff should do in the event of a fire. We did see notices in the reception area which provided patients with information about how to evacuate the building in the event of a fire. The practice had up to date fire risk assessments but did not carry 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice did provide us with an up to date infection control risk assessment but this did not detail the infection control concerns that we identified on the day

Are services safe?

of inspection. The practice's control of substances hazardous to health risk assessment was insufficient in that it did not assess the risks associated with individual hazardous substances.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice told us that they were actively looking to recruit another GP to provide an additional 43.3 hours. These hours were currently covered by locums though it was acknowledged by staff that locums could not provide the same level of continuity as salaried staff. However a number of staff we spoke with told us that there were an insufficient number of GPs to meet demand. Some of the patients we spoke with told us that they found it difficult to get an appointment. The patient survey showed that only 61% of patients said that they were able to speak to a GP or nurse from their GP surgery the last time they tried compared to the CCG average of 70% and a national average of 76%. The next routine GP appointment was on 10 June 2016 and the next routine nurse practitioner appointment was on 26 May 2016.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. However

- 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 emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were in a secure area of the practice and all staff knew of their location. These were kept in a secure room in a secure cupboard. This room always had a member of staff present who could easily open the door from the inside in an emergency. Medicines were accessible to all staff. All the medicines we checked were in date. The practice did not have a supply of diclofenac (used to treat mild to moderate pain) or an antiemetic (used to prevent nausea and vomiting)
- 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 however this did not include the details of all staff currently working at the premises and the lead GP was unaware of the practice's business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and checks of patient records.

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 99% of the total number of points available.

The prevalence of coronary heart disease was just above half of the level expected and the number of patients with chronic obstructive pulmonary disease was just above a third of the level expected. Staff at the practice informed us that they had informally discussed doing a campaign to increase identification of patients with these conditions when they had recruited a new member of staff. The practice had already looked at the way patients were coded on the patient electronic system and recoded patients who were on medications for these conditions and believed that this should have increased the numbers of patients identified. The demographics of the patient population may have also contributed to the lower prevalence scores. Although the practice was located in a level of higher deprivation than the national average, the proportion of patients over the age of 65 was significantly lower.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was higher than the national average. For example the number of

patients with record of a foot examination was 96% compared with 88% nationally. The percentage of these patients whose blood pressure measured within optimum range was 89% compared with 78% nationally.

- Performance for mental health related indicators was higher than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan in place was 90% compared with 88% nationally. The percentage of dementia patients who had been reviewed face to face in the last 12 months was 100% compared with 84% nationally. The practice's exception reporting rate was 0%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw one example of a CCG initiated audit undertaken in 2014 which was a completed cycle where improvements were achieved. Diabetic patients whose treatment had not been optimised with first and second line medication were reviewed. Action plans focusing on the provision of dietary and lifestyle advice as well as medicines optimisation were implemented. All ten patients saw a reduction in their blood sugar levels towards the optimum range.
- Concordia's primary care medical manager had initiated one audit within the last two years though this was not a completed audit where the improvements made were implemented and monitored. The audit was a review of clinical record keeping within the practice. A sample of twenty records chosen at random were reviewed. Action points were detailed at the conclusion of the audit including discussing the organisation's chaperoning policy in clinical meetings and offering re training where appropriate and reviewing emollient guidelines. A re-audit was planned for later in the year to assess the effectiveness of the action plan.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and

Are services effective?

(for example, treatment is effective)

confidentiality. We saw examples of checklists in each staff member whose file we reviewed. These had not all be filled in to indicate which elements of the induction they had been completed.

- 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, those providing sexual health services and those using clinical pathways for sick children. The practice held monthly in house training sessions which covered topics such as diabetes management, emollients, acne and antibiotic prescribing.
- 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 communication from others in the locality access to on line resources, discussion at practice meetings, practice nurse forums and through attendance at protected learning events.
- 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 their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular or ad hoc basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Policies around consent suggested that staff did not always seek patients' consent to care and treatment in line with legislation and guidance.

- The practice policy for treating children and young people was not reflective of current guidance and discouraged staff from consulting with minors unless they had a parent or chaperone present. This was raised with the organisation's clinical lead on the day of our inspection and the policy was immediately changed. From conversations with a member of the nursing staff it appeared that they may have been acting in accordance with the company's policy.
- All staff whose files we reviewed had received training on the Mental Capacity Act 2005.

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 with long terms conditions as well as those at risk of developing a long-term condition, those with mental health issues and children who may be at risk. Patients were signposted or referrals were made to the relevant service.
- Patients were referred to a dietician where appropriate and we were told that the newly employed healthcare assistant would provide patients with smoking cessation advice.

The practice's uptake for the cervical screening programme was 83 %, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

Are services effective?

(for example, treatment is effective)

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 95% and five year olds from 68% to 98%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 lock on one of the patient toilet doors was broken.

The majority of 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. One of the comment cards stated that they felt the GP did not listen because of the patient's age. Two of the comment cards said that the reception staff were unhelpful at times.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 81% 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%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 86% 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%.
- 91% 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%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they 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. The majority of patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. But there we did not see any notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a support groups and organisations. No information about support groups was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (0.4% of the practice list). The practice offered carers longer appointments and flu immunisations. The practice

also ensured that any reviews of the individual they were caring for were combined to avoid multiple attendances. 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 or by giving them advice on how to find a support 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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance the practice participated in the Holistic Health Assessment scheme where practice nurses undertook comprehensive health assessments for patients over 80, over 65 who had not attended the surgery in 15 months or those over 65 who were housebound. The assessments aim to ensure that these patients are receiving appropriate health and social care through engagement with relevant organisations; including engagement with the voluntary sector.

- The practice offered extended hours access on Friday mornings between 7am and 8am and on Monday and Thursday evenings between 6.30 pm and 8pm.
- 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 could book appointments online and order repeat prescriptions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available; though translation services were not advertised in the reception area.
- The practice hosted a drug and alcohol counsellor.
- Practice patients could be booked to be seen by a GP at the Extended Primary Care Service jointly operated with other practices in the federation.

Access to the service

The practice was open from 8.00 am Monday to Thursday and open from 7.00 am on Friday. The practice closed at 8.00 pm Monday and Wednesday and 6.30 pm the rest of the week. Appointments were available during these times. Extended hours appointments were offered on Monday

and Thursday evenings between 6.30 pm and 8.00 pm and between 7.00 am and 8.00am on Friday mornings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 60% of patients said they could get through easily to the 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%.

Some patients also told us that they had found it difficult to get a GP appointment. The practice told us that they were actively looking to recruit another GP to provide an additional 43.3 hours. These hours were currently covered by locums though it was acknowledged by staff that locums could not provide the same level of continuity as salaried staff. However a number of staff we spoke with told us that there were an insufficient number of GPs to meet demand. Some of the patients we spoke with told us that they found it difficult to get an appointment. The next routine GP appointment was on 10 June 2016 and the next routine nurse practitioner appointment was on 26 May 2016.

The practice told us that they had taken action in response to the lower scores related to access and complaints from patients. For example the practice had begun releasing same day appointments both in the morning and afternoon in an attempt to ease congestion on the telephone lines. We were told that in one month 168 patients had not attended their booked appointment; including many who had been given a same day appointment. As a result the practice had recently started calling patients who did not attend the appointment to establish the reason for this and remind patients of the importance of attending scheduled appointments. The practice had also undertaken a review of patients who attended more than six times in a quarter to see if any of these attendances were inappropriate. All appointments reviewed were deemed appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

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.

Those patients who were housebound were coded on the system as such. Patients who were not coded as such would be assessed by a GP or nurse practitioner to determine whether or not a home visit was required. Reception staff were aware of the types of conditions that required immediate medical attention and if they were uncertain would consult with a member of clinical staff. The elderly and young children and babies were given priority. 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 emergency care arrangements were made. 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 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.
- Though the practice had a complaints policy this was not clearly displayed in the reception area. The practice did have a sign that encouraged patients to provide feedback.

We looked at three complaints received in the last 12 months and found that the two which were dealt with by the current practice manager were acknowledged and responded to in a timely manner. The complaint which was completed by the previous practice manager did not specify the external agencies to contact. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had received a number of complaints regarding the practice's appointment system and as a result had adjusted this so that same day appointments would be released at different times throughout the day.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values of the organisation.

Governance arrangements

The practice had an overarching governance framework. While this provided a clear leadership structure; policies were generic and did not reflect the features of the practice, there was insufficient attention paid to risk management and little evidence of quality improvement work initiated by the practice:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Not all policies were specific to the practice for example the practice's infection control policy. The practice's recruitment policy had not been updated since 2010 and some of the information was out of date. Policies were centrally stored on the practice's intranet and staff knew of their location.
- A programme of continuous clinical audit was in place and we saw evidence of improvement in outcomes. However the majority of these audits were those required by the CCG rather than initiated by the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not sufficiently robust to ensure that patients were protected from harm. Particularly in respect of infection control, the management of medicines, chaperoning, consent and capacity and fire safety.

Leadership and culture

Staff told us the clinical and managerial leadership team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The organisation encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings and that quarterly governance meetings were held with all five practices within the Concordia Group.
- 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.
- Staff said they felt respected, valued and supported, particularly by the clinical lead and the manager in the practice. All staff were involved in discussions about how to run and develop the practice and the leadership team 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, patients had complained about access to same day appointments. Some patients would arrive at the

Are services well-led?

Requires improvement 

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

surgery before appointments were released meaning that same day appointments were not available for those who called the practice when the appointments were released. The practice introduced a ticketing system so it was clear to patients how many same day appointments were available. A number of same day appointments were also set aside for those patients contacting the practice by phone or booking appointments online.

- Staff were able to provide feedback and contribute to decision making through staff meetings, appraisals and discussion. 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.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <p>The registered person did not do have appropriate arrangements in place to ensure that consent for under 16 year olds was assessed in accordance with current legislation and guidance.</p> <p>This was in breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures 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 do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in that:</p> <ul style="list-style-type: none">• Action had not been taken to mitigate infection control and fire safety risks and the practice's policies on these matters were not tailored to the requirements of the practice.• The storage of and processes related to the management of medicines (including emergency medicines, vaccines, Patient Group Directions and prescriptions) did not ensure that medicines were handled safely. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The practice did not have effective systems and processes in place to ensure that mitigating action was put in place in respect of risks relating to the management of medicines and chaperoning.