Francis Road Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Francis Road Medical Centre on 12 May 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and carried out investigations when there were unintended or unexpected safety incidents. However, the practice could not demonstrate how learning was shared with staff.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. This included recruitment, Disclosure and Barring Service (DBS) checks, mandatory training, infection control, medicine management, dealing with emergencies, premises safety risk assessments.
- The practice had some processes in place to keep patients safe and safeguarded from abuse but none of the non-clinical staff or the practice nurse had undertaken safeguarding children and vulnerable adult training.
- There was a leadership structure and staff felt supported by management. However, governance and leadership arrangements did not support the delivery of good quality care.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Information about services and how to complain was available and easy to understand but did not include information in line with national guidance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 premises risk assessments are completed including health and safety, COSHH and Legionella, and electrical portable appliance testing is undertaken in line with guidance.
- Review the management of medicines to ensure Department of Health guidance is followed when storing vaccines and ensure signed Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation are available.
- Implement actions identified from the infection control audit and review the cleaning arrangements for the practice.
- Ensure appropriate recruitment checks are undertaken prior to employment and risk assess the need for Disclosure and Barring Service (DBS) checks specifically for staff acting as chaperones.
- Ensure the practice has risk assessed whether it is able to respond to medical emergencies in line with national guidance.
- Develop an ongoing audit programme that demonstrates continuous improvement to patient care.
- Formulate a written strategy or business plan to deliver the practice's vision.
- Ensure all policies and procedures to govern activity are reviewed and up-to-date.
- Implement a formal induction process for new staff and carry out annual staff appraisals for all staff.
- Ensure all staff undertake mandatory and role-specific training, in particular safeguarding, chaperoning and infection control.

The areas where the provider should make improvement are:

- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.
- Review Disability Discrimination Act (DDA) compliance and consider improving communication with patients who have a hearing impairment.
- Ensure patient information on how to complain is in line with national guidance.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure up-to-date information is available to locum staff to support safe and effective care.
- Ensure information on how patients can access translation services is advertised within the practice.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. This included recruitment, Disclosure and Barring Service (DBS) checks, mandatory training, infection control, medicine management, dealing with emergencies, premises safety risk assessments.
- Although staff we spoke with demonstrated they knew how to recognise signs of abuse in children and vulnerable adults, not all staff knew who the safeguarding lead was. None of the non-clinical staff or the practice nurse had undertaken safeguarding training relevant to their role.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and carried out investigations when there were unintended or unexpected safety incidents. However, the practice could not demonstrate how learning was shared with staff.

Are services effective?

Requires improvement

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

- There had been two complete cycle clinical audits conducted in the last two years but there was no ongoing programme of clinical audit and re-audit to ensure outcomes for patients were maintained and improved.
- There were gaps in mandatory training records, which included safeguarding, chaperoning, information governance and infection control.
- The practice nurse had not completed some role-specific training updates within timeframe.
- There was no formal induction process and not all staff had undertaken an annual appraisal.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with national average.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 81% and the national average of 82%.
- Staff assessed needs and delivered care in line with current evidence based guidance and had skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care. For example, 87% of patients said the GP was good at listening to them (CCG average 83%; national average 89%) and 88% of patients said they found the receptionists at the practice helpful (CCG average 84%; national average 87%).
- Patients on the day of the inspection told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Feedback from the comment cards we received aligned with these views.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible. However, there were no notices regarding access to translation services.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Data from the national GP patient survey showed 57% of patients usually get to see or speak to their preferred GP (CCG average 51%; national average 59%).
- Information about how to complain was available and easy to understand, However, the practice complaints procedure and leaflet did not include all information in line with national guidance. For example, reference to The Parliamentary and Health Service Ombudsman.

Are services well-led?

Requires improvement

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

- Although there was a leadership structure and staff felt supported by management, the governance and leadership

Summary of findings

arrangements did not support the delivery of good quality care specifically in relation to recruitment, Disclosure and Barring Service (DBS) checks, mandatory training, infection control, medicine management, dealing with emergencies, premises safety risk assessments.

- The practice had a basic vision to deliver care and promote good outcomes for patients. However, this was not always reflected in the way that the practice was run and the resulting care provided to patients.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

Requires improvement

The provider was rated as inadequate for safe and requires improvement for effective and well-led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A domiciliary optician and hearing aid team were available to visit housebound patients.

People with long term conditions

Requires improvement

The provider was rated as inadequate for safe and requires improvement for effective and well- led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of these patients in whom the last blood pressure reading within the preceding 12 months was 140/80 mmHg or less was 77% (national average 78%) and the percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 98% (national average 88%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as inadequate for safe and requires improvement for effective and well- led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. However there was evidence of some 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 89% (CCG average 74% to 87%) and five year olds from 63% to 87% (CCG average 64% to 87%).
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was comparable to the national average (practice 74%, national 75%).
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 81% and the national average of 82%.
- 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 health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for safe and requires improvement for effective and well- led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- 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.
- An extended hours clinic was offered on Tuesday from 6.30pm to 8.00pm and on Friday from 6.30pm to 7.30pm.
- The practice was proactive in offering online services and patients could book and cancel appointments, request repeat prescriptions and update personal information through the practice website.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for safe and requires improvement for effective and well- led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with demonstrated they knew how to recognise signs of abuse in vulnerable adults and children. They 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)

Requires improvement

The provider was rated as inadequate for safe and requires improvement for effective and well- led. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. However there was evidence of some good practice.

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 100% which was above the national average of 84%. The practice had 16 patients on its register.
- 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 comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% (national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and carried out advance care planning.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and showed the practice was comparable with the national averages. Four hundred survey forms were distributed and 111 were returned. This represented 2% of the practice's patient list and a response rate of 28% (national response rate 38%).

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received.

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

Areas for improvement

Action the service MUST take to improve

- Ensure premises risk assessments are completed including health and safety, COSHH and Legionella, and electrical portable appliance testing is undertaken in line with guidance.
- Review the management of medicines to ensure Department of Health guidance is followed when storing vaccines and ensure signed Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation are available.
- Implement actions identified from the infection control audit and review the cleaning arrangements for the practice.
- Ensure appropriate recruitment checks are undertaken prior to employment and risk assess the need for Disclosure and Barring Service (DBS) checks specifically for staff acting as chaperones.
- Ensure the practice has risk assessed whether it is able to respond to medical emergencies in line with national guidance.
- Develop an on-going audit programme that demonstrates continuous improvement to patient care.
- Formulate a written strategy or business plan to deliver the practice's vision.
- Ensure all policies and procedures to govern activity are reviewed and up-to-date.
- Implement a formal induction process for new staff and carry out annual staff appraisals for all staff.
- Ensure all staff undertake mandatory and role-specific training, in particular safeguarding, chaperoning and infection control.

Action the service SHOULD take to improve

- Ensure there is an effective system to track blank prescriptions through the practice in line with national guidance.
- Review Disability Discrimination Act (DDA) compliance and consider improving communication with patients who have a hearing impairment.

Summary of findings

- Ensure patient information on how to complain is in line with national guidance.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure up-to-date information is available to locum staff to support safe and effective care.
- Ensure information on how patients can access translation services is advertised within the practice.

Francis Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Francis Road Medical Centre

Francis Road Medical Centre is situated at 94 Francis Road, Waltham Forest, London, E10 6PP. The practice operates from a converted residential property. The practice has access to three consulting rooms, two on the ground floor and one on the first floor accessed via stairs.

The practice provides NHS primary care services to approximately 4,600 patients living in the Leyton area of London through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) The practice is part of NHS Waltham Forest Clinical Commissioning Group (CCG) which consists of 45 GP practices.

The practice population is in the fourth least deprived decile in England. The practice population of male and female patients between the age brackets 0 to 9 and 25 to 39 is higher than the national averages. Of patients registered with the practice, the majority are eastern European and Asian.

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

The practice provides a range of services including childhood immunisations, chronic disease management, cervical smears and travel advice and immunisations.

The practice staff comprises of a female GP partner (six sessions per week), a male GP partner (eight sessions per week) and a salaried GP (five sessions per week). At the time of our inspection the salaried GP was on maternity leave and was being covered by a permanent male locum GP (three sessions per week). The GPs were supported by a practice nurse (35 hours per week), a practice manager, a deputy practice manager and administration and reception staff.

The practice reception and telephone lines are open from 9am to 1pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday and from 9am to 1.00pm on Thursday. Extended surgery hours are offered on Tuesday from 6.30pm to 8.00pm and on Friday from 6.30pm to 7.30pm.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. GP and nurse appointments are also available during the weekend at three 'hub' practices within Waltham Forest CCG.

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.

This practice had not been previously inspected.

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 12 May 2016.

During our visit we:

- Spoke with a range of staff (GP partners, practice nurse, practice manager, deputy practice manager and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

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 a recording form available.
- 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. However, the significant event policy and form did not include reference to 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 GPs told us they discussed significant events but the practice were unable to provide minutes of any meetings. The practice nurse and non-clinical staff were not always included in these meetings.
- The practice had recorded four significant events in the last 12 months and had carried out an analysis. For example, a failure to refer a potential child safeguarding concern to social services resulted in the practice reviewing the local safeguarding pathways and contacts and made these accessible to all staff. We saw evidence on the day of our inspection that information was visible to all staff.

We discussed safety records, incident reports and patient safety alerts. The practice could not provide minutes where these were discussed. We were shown evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had acted on a hormone replacement therapy (HRT) safety alert and undertaken an audit and re-audit of female patients aged over 54 years on HRT and reviewed them in line with guidance.

Overview of safety systems and processes

The practice had insufficient systems, processes and practices in place to keep patients safe, which included:

- There was a safeguarding children policy which was accessible to all staff and 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 but not all staff we spoke with knew who this was. The GPs told us they attended safeguarding meetings and always provided reports where necessary for other agencies. We saw evidence of a register of vulnerable children and adults and staff demonstrated an alert system on the computer to identify these patients. GPs were trained to child safeguarding level 3. However, none of the non-clinical staff, including the practice nurse, had undertaken any level of safeguarding children or vulnerable adult training.
- A notice in the consulting rooms advised patients that chaperones were available if required. However, none of the staff who acted as chaperones had been trained or had received a Disclosure and Barring Service (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 had not assessed the risk for staff acting as chaperones where no checks through the Disclosure and Barring Service (DBS) had been completed. On the day of the inspection we saw evidence that chaperone training had been booked for 24 May 2016.
- Whilst we observed the premises to be clean and tidy, we found the cleaning cupboard did not have adequate segregation of mops which posed a risk of cross-contamination. The practice engaged a cleaning company. We saw evidence of a cleaning schedule and a completed check list. The cleaning schedule indicated that carpeted clinical rooms were deep cleaned every three months. The practice manager told us she was the infection control lead and had undertaken on-line training in May 2016. We saw an infection control protocol but this was dated as requiring review in February 2014 and stated that the practice nurse was the infection control lead. We spoke with the practice nurse who confirmed she was not currently undertaking this role but had undertaken on-line training recently. Six out of nine staff had received training prior to our inspection but none of the doctors. An infection control audit had been undertaken by the CCG in January 2013. There had been no further follow-up audit and we found some of the improvements identified as a result had not

been actioned. For example, to replace carpets in the clinical rooms and to record staff immunity to conditions such as measles, mumps, rubella (MMR) and chickenpox.

- The arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal) were not managed well enough to ensure patients were kept safe. Vaccines were not stored in accordance with Department of Health guidance. The practice only recorded the actual daily fridge temperature and there was no secondary thermometer. Non-clinical staff we spoke with who recorded the daily fridge temperature were not aware that the maximum and minimum temperatures needed to be recorded or what these readings should be. Blank prescription forms and pads were stored in an unlocked store cupboard in the nurse's room and there were no systems in place to monitor their use. Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation had not been printed and signed by the authorising GP or practice nurse (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). 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.
- We reviewed seven personnel files and found gaps in recruitment checks undertaken prior to employment. For example, the practice could not provide information such as proof of identification, qualifications, registration with the appropriate professional body and the appropriate DBS checks when asked. This included for the regular locum GP. There was no record with regard to staff immunity status such as Hepatitis B.

Monitoring risks to patients

Risks to patients were not always well assessed or well managed.

- The practice had not undertaken risk assessments to monitor safety of the premises, for example, health and safety, control of substances hazardous and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). An infection control risk assessment had been carried out in 2013 but actions were still outstanding. For example, to arrange for a Legionella risk assessment.
- The practice had not installed a fire alarm warning system. The practice had a fire risk assessment carried out in 2015 by a local fire officer. The practice could not provide us with a fire policy or procedure. Staff we spoke with told us there were regular fire drills but these were not logged. Staff knew the location of the fire evacuation point and who the nominated fire marshals were.
- There was a health and safety poster in the reception office which identified local health and safety representatives. The practice had not had electrical equipment checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly. We saw evidence that his had been undertaken in July 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. At the time of our inspection a locum doctor was covering maternity leave.

Arrangements to deal with emergencies and major incidents

Although the practice had arrangements in place to respond to emergencies and major incidents, it did not have access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and had not risk assessed if this was necessary.

- Staff received annual basic life support training two days prior to our inspection. The practice could not provide evidence of training for the regular locum GP.
- There was oxygen with adult and children's masks. The practice nurse told us she checked the oxygen level weekly but there was no written log to confirm this. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. An anaphylaxis pack was available on the ground floor but not in the nurse's treatment room on the first floor where immunisation was undertaken. The practice had not undertaken a risk assessment of how it would respond to an emergency on the first floor.

Inadequate

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

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.

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 91% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 77% (national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 99% (national average 94%).
- Performance for mental health related indicators were above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% (national average 88%).
- The practice were above the national average for the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (practice 100%; national average 84%). The practice had identified 16 patients on its register.

There was evidence of clinical audit but no ongoing programme of clinical audit and re-audit to ensure outcomes for patients were maintained and improved.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings from a completed audit on the appropriate prescribing of the newer oral hypoglycaemic and anti-diabetic agents for type 2 diabetes patients were used by the practice to improve services. In the first audit cycle, 82 patients were identified to be on the medicines. All patients were reviewed and the practice identified that 90% had been prescribed in line with NICE guidelines. Treatment reviews were carried out on those patients identified as not on appropriate therapy and alternative therapy prescribed. A subsequent re-audit showed all patients were appropriately prescribed in line with guidance.

Effective staffing

Although staff had the skills, knowledge and experience to deliver effective care and treatment we found:

- The practice did not have a formal induction programme for newly appointed non-clinical staff. There was an induction checklist for salaried GPs. However, there was no locum pack available.
- Not all staff had received an appraisal within the last 12 months which included the practice nurse.
- Not all staff had completed the practices mandatory training which included safeguarding, chaperoning and infection control.
- The practice could not effectively demonstrate how they ensured role-specific training and updating for relevant staff. For example, although the practice nurse reviewing patients with long-term conditions had undertaken a diabetes and cardiovascular disease update an asthma update was overdue.
- The practice nurse taking samples for the cervical screening programme had not received the mandatory three-yearly update training since 2011.
- The practice nurse had received update training for administering vaccines in 2015 and could demonstrate

Requires improvement

Are services effective?

(for example, treatment is effective)

how she stayed up to date with changes to the immunisation programmes, for example by access to on line resources. However, she did not have access to signed PGDs.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 81% 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. 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 and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 89% (CCG average 74% to 87%) and five year olds from 63% to 87% (CCG average 64% to 87%).

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.

Good

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.

All of the 17 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.

We spoke with two members 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 80% 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 91% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 93% of patients said the nurse gave them enough time compared to the CCG average of 86% and the national average of 92%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. 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:

- 82% 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%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see any notices in the reception area informing patients this service was available. Several languages were spoken within the practice team which included Polish, Hindi, Tamil and Urdu.
- Information leaflets were available in easy read format in the waiting room.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. We saw evidence that carers were invited for the annual influenza vaccine.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening clinics on Tuesday from 6.30pm to 8pm and on Friday from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Facilities for disabled patients were limited. There was a ramp to the front door but the door did not have automatic opening. The patient toilet on the ground floor did not have an emergency pull cord or adapted for wheelchair access. There was no hearing loop available.
- Baby changing facilities were available.
- Translation services were available and several languages were spoken by staff at the practice, for example Polish, Hindi, Tamil and Urdu.

Access to the service

The practice reception and telephone lines were open from 9am to 1pm and 2pm to 6.30pm Monday, Tuesday, Wednesday and Friday and from 9am to 1.00pm on Thursday. Appointments were from 9am to 1pm every morning and 4pm to 6.30pm each afternoon except Thursday. Extended hours appointments were offered on Tuesday from 6.30pm to 8pm and on Friday from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance and telephone appointments, urgent appointments were also available for people that needed them. The practice reviewed its consultation appointment times and have changed appointments to 15 minutes. This has reduced the amount of clinics which over-run.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative 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.

- There was a designated responsible person who handled all complaints in the practice. The practice did not record verbal complaints.
- We saw that information was available to help patients understand the complaints system. For example, a poster in the waiting room and a complaint leaflet. However, it did not include details in line with national guidance. For example, advocacy services, NHS England and the Parliamentary and Health Service Ombudsman.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

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 basic vision to deliver care and promote good outcomes for patients, and to maintain a supportive working environment for staff. However, this was not always reflected in the way that the practice was run and the resulting care provided to patients. Staff we spoke with were not aware of the vision.

Governance arrangements

The practice governance framework did not always support the delivery of the care. For example:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in all instances effective, specifically the practice did not have access to an AED and had not risk assessed if this was necessary, had not carried out risk assessments for health and safety, COSHH and Legionella and had not completed the 2013 infection control audit action plan.
- The practice did not have an effective system in place for the organisation of mandatory training, undertaking recruitment checks for permanent and locum staff, staff induction and staff appraisal.
- Some practice specific policies were not up-to-date and in need of a review.
- There was evidence of clinical audit being carried out, but there was no evidence that a programme of continuous clinical audit was in place.
- Although staff we spoke with demonstrated they knew how to recognise signs of abuse in children and vulnerable adults, not all staff knew who the safeguarding lead was despite the practice reporting a safeguarding significant event. None of the non-clinical staff or the practice nurse had undertaken safeguarding children and adult training relevant to their role. However, the practice contacted us a week after the inspection to say safeguarding children training had been booked for all staff on 25 May 2016.

Leadership and culture

Staff told us the GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. 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). Staff said they felt respected, valued and supported.

However, we found concerns relating to areas of the management of the practice. These related to recruitment, mandatory training, infection control, medicine management, dealing with emergencies and premises safety risk assessments.

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

The practice gathered feedback from patients, the public and staff through the Friends and Family test and complaints received. The practice did not have a comments or suggestion box and did not respond to NHS choices comments. The practice had a patient participation group (PPG) which formed in 2015 and met twice a year. Feedback from the PPG had resulted in the purchase of wipeable seating and replacement of flooring in the waiting room. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: • The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. • The provider had failed to identify the risks associated with the lack of proper and safe management of medicines. • The provider had not ensured that there was adequate infection control and prevention measures in place. • The provider had failed to ensure that necessary pre-employment checks had been completed on staff. • The provider failed to risk assess staff needing a DBS check. • The provider had failed to risk assess whether it was able to respond to medical emergencies in line with national guidance. Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: • The provider did not have an ongoing audit programme that demonstrated continuous improvement to patient care. • The provider did not have a written strategy or business plan to deliver the practice's vision.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: • The provider had failed to provide a formal induction process for new staff. • The provider had failed to ensure staff received annual staff appraisals. • The provider had failed to ensure staff undertook mandatory training relevant to their role. Regulation 18(2)(a).
	• The provider had failed to ensure all policies and procedures to govern activity were reviewed and up-to-date. Regulation 17(1)