

The Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Requires improvement	
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 The Surgery on 7 December 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 a system in place for reporting and recording significant events.
- The systems and processes to assess and address risks to patients were not implemented well enough to ensure patients were kept safe. For example, in areas such as infection prevention and control, fire safety, storage of vaccines and recruitment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. 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 dignity and respect but they sometimes felt they were not listened to or involved in decisions about their care.
- Information about services and how to complain was available and easy to understand although the procedure required updating. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 practice had good facilities and was well equipped to treat patients and meet their needs although cleaning of the premises required improvement.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice had recognised the challenges relating to their practice and the management team were aware they had areas for improvement. They had recently implemented The NHS Institute for Innovation and Improvement's Productive General Practice programme to assist them to improve.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Improve systems for the management of safety alerts to ensure all alerts are actioned in a timely manner commensurate with risk and a record of actions taken is maintained. Review and implement the actions in the Department of Health estates and facilities alert January 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.
- Review the infection prevention and control risk assessment and improve infection prevention and control (IPC) processes and monitoring systems in line with The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance. Maintain the practice in a clean condition.
- Implement systems for the management and storage of blank prescription forms in line with NHS Protect; security of prescription forms guidance, 2013.
- Implement systems to ensure the cold chain is maintained in the vaccine storage fridge. Ensure appropriate action is taken and a record of the action taken is maintained when temperatures are outside the recommended ranges in line with Public Health England; Protocol for ordering, storing and handling vaccines 2014. Take action to mitigate risks related to vaccines which have been stored outside the recommended ranges and report to the relevant organisations.
- Consistently implement the practice recruitment policy and procedure and ensure all appropriate recruitment checks are completed prior to employment.

- Complete a fire risk assessment and put processes in place to ensure the fire equipment, such as the fire alarm, is in working order. Ensure the fire door at the bottom of the stairs can be closed, signage for all final exit doors is provided and the storage arrangements for oxygen are risk assessed. Provide a warning sign in all areas where liquid nitrogen is stored.

The areas where the provider should make improvement are:

- Review the chaperone policy and procedure and put procedures in place to ensure this is implemented consistently.
- Review the Legionella risk assessment to assess if all mitigating actions have been implemented to minimise on-going risk.
- Emergency equipment should be checked at least weekly in line with recommendations by the Resuscitation Council (UK) guidelines.
- Put processes in place to ensure all staff have an annual appraisal.
- Maintain records of staff induction training.
- Review and improve patient satisfaction in relation to GP consultations.
- Update the complaints procedure with the Parliamentary Health Services Ombudsman contact details for escalation of complaints.
- Review the storage security arrangements for patient records.

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.

- The systems and processes to assess and address risks to patients were not implemented well enough to ensure patients were kept safe. For example, in areas such as infection prevention and control, fire safety, storage of vaccines and recruitment.
- 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff except the practice manager.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice much lower than others for most aspects of care by the GPs. For example;

Requires improvement



Summary of findings

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 69% 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%.
- Patients said they were treated with dignity and respect by most of the staff.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

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. The practice was participating in the care home enhanced service and provided weekly ward rounds to a local care home. They were also taking part in an enhanced service to provide wound dressings in the practice to enable patients to be discharged from secondary care and receive care closer to home.
- 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 practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand although required updating on escalating a complaint if the complainant was not satisfied with the response from the provider. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The systems and processes to assess and address risks to patients were not implemented well enough to ensure patients were kept safe. For example, in areas such as infection prevention and control, fire safety, storage of vaccines and recruitment.
- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. There was a focus on continuous learning and improvement at all levels. The practice had recognised the challenges relating to their practice and the management team were aware they had areas for improvement. They had recently implemented The NHS Institute for Innovation and Improvement's Productive General Practice programme to assist them to improve.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.
- 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

The provider is rated as requires improvement for safety, caring and for well-led and good for effective and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of older people.

- 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.

Requires improvement



People with long term conditions

The provider is rated as requires improvement for safety, caring and for well-led and good for effective and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 99%, which was 15% better than the CCG average and 9% better than the national average.
- 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.

Requires improvement



Families, children and young people

The provider is rated as requires improvement for safety, caring and for well-led and good for effective and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of families, children and young people.

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 83% 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)

The provider is rated as requires improvement for safety, caring and for well-led and good for effective and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of working age people (including those recently retired and students).

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

Requires improvement



People whose circumstances may make them vulnerable

The provider is rated as requires improvement for safety, caring and for well-led and good for effective and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- 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.

Requires improvement



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider is rated as requires improvement for safety, caring and for well-led and good for effective and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people living with dementia).

- Performance for mental health related indicators was 97%, which was 6% better than the CCG average and 4% better than the national average.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. These are combined results for both The Surgery and the separately registered Bellows Road Surgery. The results showed the practice was performing above local and national averages in most areas other than those relating to consultations with GPs. 253 survey forms were distributed and 121 were returned. This represented 2% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 69% 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%.
- 69% 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 32 comment cards from patients who used The Surgery which were, in the main, positive about the standard of care received and overall friendliness of the staff. Patients commented positively on the ease of access of appointment system and were particularly positive about the drop in sessions. There were a couple of negative comments about the attitude of one of the GPs during consultations.

We spoke with three patients during the inspection. Patients said they were satisfied with the care they received and thought staff were, in the main, approachable, committed and caring. We received a couple of negative comments from patients that they did not always feel listened to by the GPs.

The Surgery

Detailed findings

Our inspection team

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 The Surgery

The Surgery is situated within a purpose built health centre in Rotherham. Car parking and disabled access is provided. The practice also has a separately registered surgery called Bellows Road which patients from the The Surgery can access. We visited both sites during the inspection.

The practice provides Personal Medical Services (PMS) for 5,700 patients across both sites in the NHS Rotherham Clinical Commissioning Group (CCG) area. Enhanced services are provided and include those for patients living with dementia.

The practice has a slightly higher than average 45 to 70 year old patient population and is situated in one of the fifth more deprived areas nationally.

The practice is owned by a male GP who is supported by a salaried GP and visiting locum GPs as required.

The GPs work across both sites and both GPs have late opening surgeries on a Monday evening at Bellows Road.

The GPs are supported by two nurse practitioners, a practice nurse and two health care assistants. There is a practice manager who is supported by administrative staff and a reception team.

The practice is open at The Surgery 8am to 6pm except on Wednesday when it is open 8am to 12pm.

Appointments are available Monday to Friday from 9am to 11am with a duty doctor and a nurse practitioner at a drop in clinic. Booked appointments are available Monday to Friday from 4pm to 6pm for GPs and 2pm to 5.30pm for nurse practitioners. The practice is closed on a Wednesday afternoon.

Patients can also access appointments at the Bellows Road site. Bellows Road surgery has late evening surgeries for pre-booked appointment slots for those patients from either surgery who cannot attend during the day. These are available every Monday from 6.30pm until 8pm.

When The Surgery is closed the patients can contact Bellows Road Surgery practice. Out of hours services are provided by NHS 111 service.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (two GPs, advanced nurse practitioner, practice nurse, practice manager and reception and administration staff) and spoke with patients who used the service.
- Observed the interactions between staff and patients 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 living 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 computer 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).
- 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 an analysis of the significant events.
- Clinical staff told us the incidents were discussed at the fortnightly clinical meetings and learning was shared with them. We saw basic records of these meetings were maintained. Non-clinical staff were not aware of the outcomes of any investigations and these had not been shared with them. However, the significant events log showed all the incidents recorded had been related to clinical practice and did not indicate any learning relevant to non-clinical staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Whilst staff could inform us of the process for managing safety alerts and the actions taken in response to these, records of the actions taken were not maintained to complete an audit trail. We saw Department of Health 2015 safety guidance at the risk related to blinds had not been actioned in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement.

We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For

example, where a member of the clinical team had undertaken tests for a patient which were contraindicated this was discussed by the clinical team and learning needs were reviewed.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, but some areas required improvement:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principle GP was the lead member of staff for safeguarding although not all staff were aware of this and said they would report concerns to the practice manager. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and adults relevant to their role. Staff had access to eLearning and had attended external events held by the clinical commissioning group (CCG). GPs told us they were trained to child safeguarding level three and nurses told us they were trained to level two. Attendances at accident and emergency were closely monitored to identify possible safeguarding issues and concerns were recorded and monitored for patterns and trends. Safeguarding concerns were discussed at the practice clinical meetings and monthly multidisciplinary meetings which were attended by health visitors and social services staff.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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 policy and procedure was not dated or signed. Discussions with staff showed an inconsistent approach to following the procedure in relation to recording the event in the patient record.

Are services safe?

- The practice did not maintain appropriate standards of cleanliness and hygiene at The Surgery. There was an infection control protocol in place and the majority of staff had received IPC training. The practice nurse was the IPC clinical lead but they told us they had not had formal training for this role. The practice manager told us they had conducted an infection prevention and control (IPC) risk assessment although the records were very basic and consisted of a tick sheet that items such as sharps boxes and hand towels were in place. We saw some basic cleaning schedules and systems were in place for monitoring the cleanliness of the practice. There were records to show that monthly deep cleaning was completed but these did not indicate what this consisted of.

We observed the premises to be tidy but areas such as a privacy screen in a treatment room, horizontal blinds and computers were dusty. Additionally, sharps boxes were not always dated and signed on commencement of use and had not been changed after a three month period of use, we saw two boxes were dated 2015. We observed clinical treatments such as phlebotomy, cytology and wound dressings were undertaken in carpeted consulting rooms and there was no evidence this had been risk assessed or that specific cleaning schedules were in place to mitigate any risks. Where privacy curtains were provided there was no schedule for changing these and no evidence when they had last been changed. Wooden trolleys, which may not be able to be effectively cleaned, were used in the treatment room. Paper stickers had been used on cupboard doors in a treatment room which may impact on the effectiveness of cleaning and the sink was dirty. Paper towels in the first floor toilet were not held in a dispenser and were loose on the side near the sink.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice may not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out 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. Blank prescription forms and pads were stored in a locked cupboard and in printers in locked consulting rooms.

However, staff access to the cupboard and consulting rooms was not controlled and there were no systems in place to monitor the use of blank prescriptions. The practice had a fridge to store vaccines. The practice protocol to manage the cold chain in relation to storage of vaccines stated the temperatures of the fridge should be taken every working day and staff taking readings must understand how to do this. Records of fridge temperatures showed these had been completed daily by either the nurse on duty or administration staff. We observed the administration staff were not sure of the procedures for recording and resetting the temperatures. We observed temperature records showed the temperature recordings were not always taken every working day. Records showed some temperature recordings were outside of recommended ranges in August and November 2016. Action taken in respect of this, such as informing the manager or contacting the manufacturer of the vaccines for advice on action to be taken had not been recorded. When we informed the practice manager of our findings the practice manager was unaware of the issues. We asked the provider to review their procedures and contact the relevant manufacturers and agencies to report the findings and take action to mitigate any risks relating to these vaccines.

- We reviewed three personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there was no evidence references had been obtained for one person employed since the practice had registered with CQC.

Monitoring risks to patients

Risks to patients were not adequately assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, the practice did not have an up to date fire risk assessment and had not carried out regular fire alarm checks. The fire door at the bottom of the stairs did not close fully and a final exit door was not signed as such. Liquid nitrogen was stored in a treatment room and empty canisters were stored in a first floor room. Neither

Are services safe?

area had a warning notice to indicate the storage of this substance. 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 carried out a basic risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) but had not identified if ongoing checks were required such as monitoring water temperatures to manage ongoing risk. We saw that blinds in areas accessed by patients did not meet Department of Health guidance in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available.
- A first aid kit and accident book were available.
- The surgeries had a defibrillator available on the premises. Oxygen was also available although the oxygen was stored in the kitchen and the fire risk relating to this had not been considered. Single use emergency equipment, such as masks and airways, were stored loose and not in their original packaging. Records showed the emergency medicines were checked monthly although there were two sets of different records showing different dates of the checks. Records indicated the defibrillator had last been checked on 5 December 2016. There were no other records to show if the checks had been completed routinely prior to this date. The Resuscitation Council (UK) guidelines recommend emergency equipment is checked at least weekly.
- The practice had a basic business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff.

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 risk assessments, audits and random sample 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 with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

There was evidence of quality improvement including clinical audit.

- Performance for diabetes related indicators was 99%, which was 15% better than the CCG average and 9% better than the national average.
- Performance for mental health related indicators was 97%, which was 6% better than the CCG average and 4% better than the national average.
- 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 were used by the practice to improve services. For example, recent action taken as a result included review of GP practice in relation to urgent cancer referrals which resulted in an increased referral rate of 36%.

Effective staffing

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

- The practice had an induction programme for newly appointed staff but records of induction were not maintained. Staff confirmed they had completed shadowing as part of their induction and had training with the practice manager which included fire procedures. They also had access to eLearning for mandatory subjects such as safeguarding.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff, other than the practice manager, 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, external and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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.
- Written consent was obtained for some minor surgical procedures.

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.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 83% 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 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 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 97% and five year olds from 78% to 100%. CCG immunisation rates were 47% to 98% and 71% to 97%.

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 or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However some of the screens would need to be shared as they were not provided for all rooms.
- 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 majority of the 32 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. There were a couple of negative comments about the attitude of one of the GPs during consultations.

We spoke with one 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 below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.

- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

The provider was aware of the poor scores in these areas and told us they felt that this was one of the down sides of the drop-in clinics as the time allotted was very limited. They said they emphasised to the patients that if they needed time with the doctor then an afternoon appointment might be more appropriate. They said that they felt the drop-in session benefits outweighed the negative impact of less time so they would maintain the drop-in sessions and the GPs would make every effort to try not to make the patient feel rushed or not listened to.

We spoke with three patients during the inspection. Patients said they were satisfied with the care they received and thought staff were, in the main, approachable, committed and caring. We received a couple of negative comments from patients that they did not always feel listened to by the GPs.

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. However, they told us they did not always feel listened to and sometimes felt rushed. Patient feedback from the comment cards we received aligned with these views. We saw that care plans were personalised.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly below local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 69% 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%.

Are services caring?

- 86% 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%.

Again the practice were aware of performance in these areas and felt that this was one of the down sides of the drop-in clinics

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. The web site was able to be translated in to different languages.
- Information leaflets were available in easy read formats.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice worked closely with social services and voluntary groups and they attended practice meetings.

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

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 was taking part in an enhanced service to provide wound dressings in the practice to enable patients to be discharged from secondary care and receive care closer to home.

- Appointments were available Monday to Friday from 8.30am to 10.30am with a duty doctor and a nurse practitioner at a drop in clinic. Patients could also access appointments at the Bellows Road site which has a late evening for pre-booked appointment slots for those patients from either surgery who cannot attend during the day. These were available every Monday from 6.30pm until 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open at The Surgery 8am to 6pm except on Wednesday when it was open 8.30am to 12pm.

Appointments were available Monday to Friday from 8.30am to 10.30am with a duty doctor and a nurse practitioner at a drop in clinic. Booked appointments were available Monday to Friday from 4pm to 6pm for doctors and 2pm to 5.30pm for nurse practitioners.

Patients could also access appointments at the Bellows Road site 8.30am to 6.30am Monday and 8.30am to 6.30pm Tuesday to Friday.

Bellows Road surgery had a late evening surgery for pre-booked appointment slots for those patients from either surgery who could not attend during the day. These were available every Monday from 6.30pm until 8pm.

When the surgery was closed the patients could contact Bellows Road Surgery practice. Out of hours services were provided by NHS 111 service.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Requests for home visits were recorded on the electronic appoint system and the GP decided on priority for visits. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the procedure did not include the contact details for the Parliamentary Health Service Ombudsman for patients who wished to escalate their complaint if they were unhappy with the response from the practice. .
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and a poster was displayed in the reception area.

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

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from an annual review of complaints received. Action was taken to

as a result to improve the quality of care. For example, a complaint about waiting time at a drop in clinic had been discussed and the care provided reviewed at a clinical meeting.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. There had been some changes in the practice over the previous 12 months and the provider was in the process of registering as a sole provider following a partner leaving the practice. After some difficulties with GP recruitment the practice had employed a salaried GP and used two regular locum GPs to support the practice.
- The practice had recognised the challenges relating to their practice and the management team were aware they had areas for improvement. They had recently implemented The NHS Institute for Innovation and Improvement's Productive General Practice programme to assist them to improve. The programme helps general practices operate more efficiently by helping them to review the way they work so that they can identify ways of improving their working processes.

Governance arrangements

The practice had a governance framework. However, the systems in place were not always applied fully or consistently. The procedures in place included:

- A clear staffing structure and staff were aware of their own roles and responsibilities.
- Some practice specific policies which were implemented and were available to all staff. However, these were not always complete or up to date for example, the complaints procedure.
- Maintaining an understanding the performance of the practice in relation to patient outcomes.
- A programme of clinical audit to monitor quality and to make improvements in patient care. However, there was a lack of monitoring of governance arrangements such as monitoring standards were maintained in areas such as cleaning and infection prevention and control.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However, these were basic and not always adequate to ensure risks were fully assessed and mitigating actions were in place. For example, up to date fire risk assessments were not in place and basic infection prevention and control risk assessments had been completed but did not adequately identify risk. Monitoring systems were not adequate to ensure the cold chain for the storage of vaccines was maintained.

Additionally we observed paper patient records were held on the first floor in area not accessed by patients but the doors to the room and the drawers of the filing cabinets were not locked.

Leadership and culture

The provider told us they prioritised safe, high quality and compassionate care. Staff told us the practice manager was 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). The provider 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.
- 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. Staff were involved in discussions about how to run and develop the practice.

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

Are services well-led?

Requires improvement 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was formed in 2016 and had held three meetings. The PPG were in the process of formulating a patient survey to enable them to assess patients' needs and identify any improvements. A representative told us the management team attended the meetings and had informed them of developments in the practice.
- The practice had gathered feedback from staff generally 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice had recognised the challenges relating to their practice and the management team were aware they had areas for improvement. They had recently implemented The NHS Institute for Innovation and Improvement's Productive General Practice programme to assist them to improve. The programme helps general practices operate more efficiently by helping them to review the way they work so that they can identify ways of improving their working processes.

The practice was participating in the care home enhanced service and provided weekly ward rounds to a local care home. They were also taking part in an enhanced service to provide wound dressings in the practice to enable patients to be discharged from secondary care and receive care closer to home.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was because:</p> <ul style="list-style-type: none">• Management systems for safety alerts did not ensure all alerts were actioned in a timely manner commensurate with risk and a record of actions taken was not maintained. Action had not been taken in response to the Department of Health estates and facilities alert January 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.• Risks related to infection prevention and control (IPC) had not been adequately assessed and controlled.• Systems were not applied adequately to ensure blank prescriptions were managed in line with NHS protect security of prescription forms guidance 2013.• Adequate systems were not in place to ensure the cold chain was maintained in vaccine storage fridges and appropriate action would be taken where the storage fridge temperatures were outside of the recommended range in line with Public Health England; Protocol for ordering, storing and handling vaccines 2014.• A warning sign had not been provided to all areas to where liquid nitrogen was stored.• An up to date fire risk assessment had not been completed and processes to ensure the fire equipment, such as the fire alarm, was in working order were not adequate. The fire door at the bottom

This section is primarily information for the provider

Requirement notices

of the stairs would not fully close and signage for all final exit doors was not provided. The storage of the oxygen cylinder in the kitchen had not been risk assessed.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure fit and proper persons were employed.

This was because;

- The practice recruitment policy and procedure had not been consistently implemented to ensure all appropriate recruitment checks were completed prior to employment.

This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.