

Surrey Docks Health 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Surrey Docks Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Surrey Docks Health Centre on 18 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and most significant events reviewed showed clear analysis and action points. However some staff were unaware of how to access the significant event reporting form and learning from actions was not always documented.
- Most risks to patients were assessed and well managed though the practice had yet to address some of the actions outlined in their fire risk assessment and records of staff immunity to common communicable diseases were incomplete.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However

the practice did not have valid PGDs in place to enable the practice nurse to administer medicines. Patients were not proactively followed up after unplanned secondary care attendances.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most 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, though some patients said that waiting times were lengthy and telephone access to book an appointment was poor.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients and allowed staff to voice concerns and suggestions, which it would act on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

- Work to improve processes around the management of medicines including systems for securing prescriptions and ensure that nursing staff are always administering medicines in line with valid patient group directions.
- Ensure that processes are in place to mitigate against risks associated with fire and the spread of common communicable diseases.

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

- Continue to review the practice's telephone access and appointment times with a view to improving patient access and reduce waiting times and continue to host regular Patient Participation Group (PPG) meetings.
- Assess effectiveness of current system for reviewing test results to ensure that all results are actioned in a timely manner.

- Ensure that all staff are clear around the process for assessing capacity and consent of minors and the process for reporting and managing significant events.
- Ensure that all emergency equipment is within its expiry date and fit for use.
- Ensure that all staff complete training appropriate to their roles regularly.
- Continue to undertake comprehensive recruitment checks for all members of staff and undertake annual appraisals for salaried GPs and continue to document the induction process of all new staff members.
- Continue with the planned work to increase the identification of carers and support provided to them.
- Ensure that the practice complaints procedure is in line with legislation and guidance.
- Put systems in place to ensure that vulnerable patients are proactively followed up after unplanned admissions to secondary care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The practice had no valid patient group directions (PGDs) at the time of our inspection meaning that medicines administered by the practice nurse were not being administered in line with legislative requirements.
- There was an effective system in place for reporting and recording significant events though some staff could not find the form used to report 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed though the practice had not followed up action points from their latest fire risk assessment and we were not provided with evidence that all staff had immunity to common communicable diseases.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 though patients who had unscheduled visits to secondary care were not proactively followed up after their visit.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment though one member of staff was not able to clearly explain the process for obtaining consent in relation to children.
- There was evidence of appraisals and personal development plans for all staff with the exception of the salaried GPs.

Summary of findings

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

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice in line with local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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. For instance the practice were participating in the holistic health assessment scheme; providing in depth holistic assessments for elderly and housebound patients.
- Not all patients found it easy to make an appointment with a named GP though the practice were continually reviewing their appointment systems and working on improving telephone access to try and address these concerns. Same day urgent appointments were 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 and 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 good for being well-led.

- The practice aimed to deliver high quality care and promote good outcomes for patients though this was hindered by poor management of risk in key areas. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which aimed to support the delivery of the strategy and good quality care. However risks related to fire, medicines management and staff immunity to common infections were not always appropriately assessed or effectively addressed.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had not been active for twelve months though the practice were working to reintroduce this and we were provided with other examples of patient engagement initiatives.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were drafted with a view to preventing unnecessary admissions to secondary care and those who had these care plans were provided with a bypass number to facilitate easy access to a GP.
- The practice healthcare assistant undertook Holistic Health Assessments which aimed to address both the social as well as health needs of those patients over 80 or over the age of 65 and housebound.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- All clinical staff were involved in chronic disease management and patients at risk of hospital admission were identified as a priority but not actively followed up after unplanned hospital admissions. The practice health care assistants referred patients to local educational support services.
- Performance in respect of diabetic indicators were in line with local and national averages.
- 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.
- The practice healthcare assistant ran a smoking cessation programme.
- The practice participated in virtual clinics for patients with chronic conditions who were deemed high risk. This involved reviews on an annual or six monthly basis with the support of consultants from the local hospitals.

Summary of findings

Families, children and young people

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

Good



- 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 Accident & Emergency attendances. However the practice did not have systems in place to follow up patients who attended accident and emergency. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women who had attended for cervical screening was comparable to local and national averages.
- 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 practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- 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 offered commuter clinics so that patients could access a GP services outside of working hours.
- The practice was a yellow fever centre.
- The practice had protocols for contraception and hypertension which allowed them to access care in a way that was convenient to them.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice ran a substance misuse clinic with the assistance of a local drug and alcohol support service.
- The practice offered longer appointments for patients with a learning disability.

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

- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average. No dementia patients were exception reported.
- Mental health indicators were comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice did not have a system in place to ensure that all patients who had attended accident and emergency where they may have been experiencing poor mental health were followed up.
- The practice hosted a counsellor from a local mental health service. Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Four hundred and ten survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 59% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% 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 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% 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 Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 45 comment cards

which were all positive about the standard of care received. Patients said that all staff were attentive and provided an excellent standard of care. Eleven of the comment cards mentioned difficulties around access, either getting an appointment or lengthy waiting times, though all of these were highly complementary about the standard of care received.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Seven of the patients raised concerns relating to access; either that they could not get through on the telephone or that appointments did not run on time. However all patients said that they never felt rushed during appointments and some said that they accepted the wait because of the high standard of care that they received.

Of 14 patients asked in the practice's NHS Friends and Family Test, 71% stated that they would recommend the practice to a friend or a member of their family.

Surrey Docks Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Surrey Docks Health Centre

Surrey Docks Health Centre is based in the Southwark Clinical Commissioning Group and serves approximately 10,600 patients. The practice is registered with the Care Quality Commission for the following regulated activities: Family Planning; Maternity and Midwifery Services; Treatment of Disease, Disorder or Injury; Diagnostic and Screening Procedures and Surgical Procedures.

The practice population has a larger proportion of working age people compared with the national average and lower proportion of those aged 45 and over. Unemployment is double the national rate. The practice is comparable to national averages in respects of the levels of deprivation.

The practice is run by a male and female GP partner who employ four salaried GPs of mixed gender. There is one female nurse and a female and male healthcare assistant. The practice is a training practice and currently has one registrar. The practice has 4.4 whole time equivalent GPs and one whole time equivalent GP registrar.

The practice had undergone a series of staffing changes; including the departure of a three partners during 2015/16.

The two remaining partners told us that there were both nearing retirement and as a result had taken the decision to merge with a neighbouring practice to ensure that the practice could continue.

The practice was open between 8 am till 6.30 pm Monday to Friday except Tuesdays and Thursdays when the practice opens at 7 am. Extended hours appointments were offered from 7 am to 8 am on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The Surrey Docks Health Centre operates from a purpose built location which is leased. The service is accessible to those in wheelchairs and all treatment and consulting rooms are located on the ground.

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

The practice operates under a General Medical Service (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: childhood vaccination and immunisation scheme, rota virus and shingles immunisations, extended hours access, learning disabilities health check scheme, avoiding unplanned admissions and drug misuse.

The practice is a member of GP Federation Quay Health Solutions.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 August 2016.

During our visit we:

- Spoke with a range of staff (GPs, nurse, healthcare assistant and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system; though some staff did not know how to access this. 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 analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incident involving mistaken patient identity and breach of confidentiality. The practice reviewed its policies and changed its process so that any correspondence which did not have sufficient patient information to identify the correct patient would be returned to secondary care services in order to request clarification. The practice contacted one secondary care provider who changed their own internal governance procedures to ensure that all correspondence contained sufficient information to enable other health care providers to correctly identify the patients involved.

The practice had introduced a system for disseminating and acting on patient safety alerts via their intranet system. The system ensured that all alerts were cascaded to members of staff who had to confirm that they had read and understood the alert and any action taken in response

to an alert was documented and saved to the system. All alerts were archived and could be referred to at any time. We were shown the first cycle of an audit completed in response to an alert for another high risk medication.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. However processes around medicines management and staff immunisations did not always ensure that patients were kept safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs told us they would attend safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- 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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who, though only recently in post, planned to liaise with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most staff had received up to date training at the time of our inspection. Only two members of non-clinical staff had not received this training. One of these staff members had started in mid-July and the other was on long term sickness absence. Annual infection control audits were undertaken and we saw evidence that action was taken

Are services safe?

to address any improvements identified as a result. However, on the day of the inspection the practice was unable to provide a record of immunisation status for three members of staff. Immunisation records for two staff members were provided after our inspection. The third member of staff was a GP registrar. We were informed after the inspection that all information related to the immunisation status of the registrar was held by the hospital that employed them and that the practice had attempted to obtain this information but this had yet to be provided.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines reviews, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Clinicians had time set aside to undertake these reviews. Blank prescription forms and pads stored in computers were kept in locked rooms but not securely stored when the practice was closed. There were systems in place to monitor the use of prescriptions. The practice's Patient Group Directions (PGD) were not valid as they had not been signed by an authorising manager (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment for two of these staff members. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Non-clinical staff who did not chaperone did not have these checks completed prior to employment. The practice had completed a comprehensive risk assessment of the roles these staff members undertook and their responsibilities as well as scenarios where patients

could be exposed to harm. One staff member, who was appointed in May 2014, did not have any references on file. This was prior to the appointment of the current practice manager in May 2015

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster by the main entrance. The practice had an up to date fire risk assessment dated November 2015 but there were several action points noted in the assessment which had not been addressed. The practice carried out regular fire drills. The practice's fire safety policy did not detail the names of the practice fire marshals. The practice provided us with an updated copy of the policy after our inspection which included the names of staff with fire safety responsibilities. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and a comprehensive risk assessment for general health and safety risks.
- 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had received annual basic life support training at the time of the inspection. Both staff who had not

Are services safe?

received this started at the practice after May 2016. Evidence was provided within 48 hours of the inspection that this training had been completed. There were emergency medicines available in the treatment room.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. One of the oxygen masks that we looked at had expired 2014 though the practice had four other masks that were in date. 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 checks of patient records and audits and we saw evidence that a new liver disease protocol was being developed in response to a recent update.

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 97% of the total number of points available with an exception reporting rate of 8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The exception reporting rate for patients with atrial fibrillation with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 33% compared to 6% in the CCG and 6% nationally. The practice told us that there were ten patients in this category and only three of these had been exempted which had exaggerated the exception reporting figure.
- The exception reporting rate for patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis, was 27% in the practice compared with 14% in the Clinical Commissioning Group (CCG)

and 15% nationally. The practice had 21 cancer patients and four of these had been exempted appropriately. Again the small number of patients accounted for the larger than average exemption rate.

- The exception reporting rate for patients with diabetes, on the register, who had an influenza immunisation in the preceding 12 months was 32% compared with 17% in the CCG and 17% nationally.
- The exception reporting rate for patients with coronary heart disease who had an influenza immunisation in the preceding 12 months was 31% compared to 14% CCG and 14% nationally.

The practice told us that the patients exempted either declined the offer of a flu vaccination after three attempted contacts, refused the intervention or that the vaccination was not suitable for these patients.

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

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within optimum range was 82% compared with 80% in the CCG and 80% nationally. The percentage of patients with diabetes, on the register, with a record of a foot examination was 89% compared with 85% in the CCG and 88% nationally.
- Performance for mental health related indicators was similar to the national average. For example the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94% compared with 80% in the CCG and 84% nationally.

There was evidence of quality improvement including clinical audit.

- The practice provided us with two clinical audits which had been 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.
- Findings were used by the practice to improve services. For example in response to three near misses where patients were prescribed warfarin despite their blood clotting test result being out with safe ranges, the

Are services effective?

(for example, treatment is effective)

practice undertook an audit of all patients prescribed warfarin in order to ensure that these patients had blood clotting test results coded to their records. This would enable the GP to check blood results quickly prior to issuing a repeat prescription. During the first cycle it was identified that only 52% of patients had their blood clotting results coded to their prescribing record. Of those who had their results coded 48%, only around half of those patients had a blood clotting test within the last 12 weeks in accordance with guidance. At the re audit 100% of patients had their results read coded and all those who required a test within the last 12 weeks had received one.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as complaint handling, health and safety and confidentiality. One staff member who was appointed in May 2014 did not have a documented schedule of induction though this was a year prior to the current practice manager being appointed to post. The two staff who were subsequently appointed had documented records of their induction.
- The practice could demonstrate how they ensured role-specific training and updates 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 nurse forums.
- 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. All non-clinical, nursing and health care assistant

staff had received an appraisal within the last 12 months. However none of the salaried GPs had received an internal appraisal but were told that these would be undertaken shortly.

- Most staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Several staff had not received this training prior to our inspection though the practice provided evidence that this had been completed shortly after the inspection. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We identified one result that appeared to have been overlooked
- 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. However the practice informed us that they would not routinely follow up patients who had any unplanned attendances at accident and emergency. We saw evidence that medication changes made while in secondary care were communicated to the practice, appropriately dealt with and new diagnosis were recorded on the system.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- 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, most staff carried out assessments of capacity to consent in line with relevant guidance. However one member of clinical staff wespoke with could not give a clear account of this 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.
- Patients were referred to a dietician where appropriate and the practice healthcare assistant provided a smoking cessation service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the Clinical

Commissioning Group (CCG) average of 80% and the national average of 82%. There was a policy to offer text reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 95% and five year olds from 83% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 45 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 83% 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%.
- 90% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. 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 published in January 2016 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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice's appointment check in screen was available in numerous languages spoken by the local population.

Are services caring?

- Information leaflets were available in easy read format.

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 approximately 89 patients as carers (0.8% of the practice list). Written

information was available to direct carers to the various avenues of support available to them. The practice had a clinical lead for carers and had amended the registration process in order to better identify carers. Staff had received training to raise awareness on the importance of identifying carers and the support that the practice could provide them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance the practice were participating in the holistic health assessment scheme; providing in depth holistic assessments for those over 65 and housebound, those over 80 and those who had not attended their GP within the previous 18 months. The practice then put together a comprehensive package of care to meet this patient's health and social needs; involving a variety of organisation including those operating in the voluntary sector.

- The practice offered a 'Commuter's Clinic' on a Tuesdays and Thursdays between 7 am and 8 am 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. The practice was a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice ran a substance misuse clinic with the assistance of a local drug and alcohol support service. The clinic is held at times when the surgery was quiet and the appointments are longer to enable all of the patient's health needs to be addressed at the same time.
- One of the non-clinical staff members acted a primary care navigator who would assist patients including those who acted as carers or felt isolated to access support services.

Access to the service

The practice was open between 8 am till 6.30 pm Monday to Friday except Tuesdays and Thursdays when the practice

opens at 7 am. Extended hours appointments were offered from 7 am to 8 am on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was mostly lower than local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 59% of patients said they could get through easily to the practice by phone compared to the national average of 73%)
- 24% feel they don't normally have to wait too long to be seen compared with national average of 58%.
- 42% usually wait 15 minutes or less after their appointment time to be seen compared with the national average of 65%.
- 51% describe their experience of making an appointment as good compared with the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them though most said that they had to wait a long time to be seen when they attended the practice and that it was difficult to get through on the phone.

The practice was aware that there were problems with patients being able to get through to the practice on the telephone. The practice had asked engineers to try and identify what the concern with the phone system was but as of yet the had not been able to isolate the problem. Complaints about the telephone system were now diverted to a specific member of staff who was responsible for collating this information which would be fed back to the telephone engineering company. The practice had also introduced telephone triaging, whereby GPs would call patients who requested an appointment to find the most appropriate solution to address their needs. This allowed the practice to prioritise appointments for those patients in

Are services responsive to people's needs?

(for example, to feedback?)

greatest need and deal with other issues over the telephone or refer acute matters to the extended primary care service which provided appointments from 8 am till 8pm seven days per week.

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 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 information on who to contact in the event that patients were unhappy with the practice's response was not included within all responses.
- 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.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way. Although the practice's complaint leaflet detailed the contact information of organisations that could assist if patients were not satisfied with the practice's responses, including the Health Service Ombudsman, this was not included with any finalised responses reviewed. We were advised that the practice manager attended the NHS England Primary Care Complaints Conference in March 2016 and that all complaints subsequent after this date included information of external agencies, though we were not provided with any evidence of this. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient contacted a secondary care service regarding a referral from the practice and was told that there was an issue with the referral process. The patient contacted the practice and found that a system error had placed the referral attachment in part of the system and consequently this was not sent to the secondary care service. The practice re-referred the patient and ensured that this part of the system was checked on a weekly basis to avoid similar incidents occurring in the future.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients though this was limited by deficiencies in risk management and the management of medicines.

- The practice had a mission statement and staff knew and understood the values.
- The practice had clear vision for the future that was currently focused on merging the practice to ensure future sustainability. We saw evidence of planning around this proposed merger.

Governance arrangements

The practice had a clear staff structure and robust policies and procedures covering most aspects of the practice's operations. However risk was not always well managed, medicines were not always administered in line with current guidance and patients were not always followed up after attending accident and emergency.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However some staff did not know where to access the recording form for significant events and evidence suggested that the processes for reviewing test results needed to be more robust.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective. For example the practice had not completed actions outstanding in their fire risk assessment, there was not a record of immunity status for all staff against common diseases and patients who attended accident and emergency were not being proactively followed up after attendance.

Leadership and culture

The partners in the practice told us they prioritised safe, high quality and compassionate care. However we found the deficiencies around the management of medicines and risk meant that care was not always safe. Staff told us the partners were dedicated, approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners 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, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. Though the practice Patient Participation Group had not been active for approximately 12 months, it used other means to proactively gather patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys and complaints received. For example,

Are services well-led?

Good 

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

patients fed back that the practice could improve signage to make it easier for them to navigate around the practice. The practice enlarged the font on signs on treatment and consulting rooms so these could be seen by those with visual impairments and made signs more colourful to draw patient's attention to them.

- The practice did have a Patient Participation Group (PPG) though there had been no meeting for over 12 months; though we were told that PPG members would receive email updates from the practice. The practice were aiming to re-launch the PPG and were holding a PPG meeting the evening of our inspection. Despite the lack of PPG activity the practice had been actively engaged with their patients. For example they had held two consultation sessions regarding the proposed merger with a neighbouring practice; aiming to both

take on board patient views and answer any questions patients had. Minutes from this meeting contained data which showed that the session had been effective at allaying patient concerns about the merger. The practice asked students from a nearby college to provide artwork for the practice in response to patient and staff feedback about the appearance of the premises. The practice then held an art launch evening where patients could come and view the art work in the practice.

- The practice could gather feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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. They had failed to act on the risks highlighted in their most recent fire risk assessment.</p> <p>The practice did not ensure that medicines were properly managed as they did not have valid Patient Group Directions (PGDs) and prescriptions were not stored securely.</p> <p>The practice had not ensured that all staff who were are risk of exposure to infection were immunised against common communicable diseases.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>