# Seaforth Village 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 | Inadequate |
|---|---|
| Are services safe? | Inadequate |
| Are services effective? | Requires improvement |
| Are services caring? | Requires improvement |
| Are services responsive to people's needs? | Requires improvement |
| Are services well-led? | Inadequate |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

This is the report of findings from our inspection of Seaforth Village Surgery. The practice is registered with the CQC to provide primary care services. We undertook a planned, comprehensive inspection on 11 November 2014 and we spoke with patients, relatives, staff and the practice management team.

The practice was rated as **Inadequate.**

Our key findings were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate fitness and recruitment checks on staff had not been undertaken. Staff had not attended child protection training.
- Safety incidents were not reported, investigated or analysed by staff, this included complaints made by patients. Staff were not clear about the reporting of incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example there was no evidence that local audits took place or that national audits resulted in improvements in patient care locally.
- The practice was not always accessible and responsive to patients' needs. There was a lack of awareness of the differing needs of the population and what support was available for the identified population groups.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. However patients told us that the high use of locum GPs meant they did not receive continuity of care and this caused them some concern.
- Urgent appointments were usually available on the day they were requested. However patients said that they were not always able to see the same GP at each visit.
- The practice had no clear leadership structure, insufficient leadership capacity and a lack of formal governance and risk management arrangements.

# Summary of findings

- Some staff reported a lack of confidence in raising concerns believing that effective actions would not be taken.
- There were areas of practice where the provider needs to make improvements.

**Action the provider MUST take to improve:**

- The provider must ensure that all staff are properly trained, supervised and supported at all times. Arrangements for staff must be improved to ensure staff are able to deliver care and treatment to patients safely and to an appropriate standard.
- The provider must have an effective system in place to regularly assess and monitor the quality of services provided. They should have an effective system in place for identifying, assessing and managing risks related to the health and safety of service users and others. They must have an effective system in place for reporting, analysing, learning from and disseminating significant events and this must include all staff.
- The provider must ensure its recruitment arrangements are in line with Regulation 21 and Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. This must include a Disclosure and Barring Service (DBS) check for all staff with chaperoning responsibilities.

**Action the provider SHOULD take to improve:**

- Ensure doctors have available emergency drugs for use in patients' homes or have in place a risk assessment to support their decision not to have these available.
- Ensure there is a planned and preventative maintenance programme to ensure the environment is fit for purpose at all times.
- The provider should review the use of locum GPs to ensure patients receive consistency and continuity of care when attending appointments.
- The practice should review the systems and services in place to ensure the needs of patients identified in the population groups are met.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

**Inadequate**

The practice was rated as inadequate for safety. The practice had a system in place for reporting, recording and monitoring significant events but staff were unclear about this. Incidents that required reporting had not been completed. There were systems in place for safeguarding children and adults yet staff did not always follow the practice and local authority policies for child protection. Medicines were managed safely. The practice overall was clean and tidy but the building was old and in some areas required updating. Staff recruitment policies were in place but not all staff including those with chaperoning responsibilities had undertaken a Disclosure and Barring Service (DBS) check. Monitoring safety and responding to risk required improvements when the practice manager was not available at the practice. Comprehensive plans were in place for dealing with emergencies but essential equipment was not in place.

**Are services effective?**

**Requires improvement**

The practice was rated as requires improvement for effective. There were some systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. National and best practice guidelines were considered. However, there was a lack of evidence to show that local audits were undertaken and that national audits resulted in changes to care and treatment. The practice did not have effective management arrangements in place. The continued use of locum GPs caused anxiety and concern for patients. Essential (mandatory) training topics were identified but there were gaps in staff attendance for some key topics such as fire safety, infection control and safeguarding. The practice worked well with colleagues and other services, attending meetings and sharing information. Health promotion and prevention support was available to patients.

**Are services caring?**

**Requires improvement**

The practice was rated as requires improvement for caring. The 14 patients who completed CQC comment cards and the eight patients we spoke with during our inspection said staff were caring and supportive. They told us the GP and practice staff always treated them with dignity and they felt that their views were always listened to. However the National Patient GP Survey showed that only 62% of patients said that the last GP they saw or spoke to was good at

# Summary of findings

treating them with care and concern. Staff we spoke with were aware of the importance of providing patients with privacy. Carers or an advocate were involved in helping patients who required support with making decisions.

**Are services responsive to people's needs?**

**Requires improvement**

The practice was rated as requires improvement for being responsive to people's needs. We found that because of the GP model in place the practice was unable to achieve continuity of care by doctors. There was good access to the practice but patients were concerned about a lack of consistency of care. There was insufficient evidence that the needs of the local population were considered in the planning of services and how their needs would be met. The practice responded appropriately to formal complaints made to the service, yet there were comments and complaints made to reception staff that were not being taken into account and acted on. A practice patient survey had been carried out and actions had been put into place following this.

**Are services well-led?**

**Inadequate**

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. There was no clear leadership structure and some staff did not feel supported by management. During the week staff were left without a visible leader. Governance and risk management processes required improvement. Some staff reported a lack of confidence in raising concerns believing that effective actions would not be taken. The practice had an active Patient Participation Group and sought feedback from patients. Meetings were taking place but GPs were not routinely attending. Attendance, of staff, at mandatory training was inconsistent.

# 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**

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The leadership of the practice had not considered the needs of older people specifically and were not attempting to improve the service for them. Services for older people were therefore reactive, and there was a limited attempt to engage with this patient group to improve the service. We identified concerns with the management of adult safeguarding, not all staff had attended regular safeguarding training. Staff we spoke with recognised the complex needs of older people and how best to treat them. However the practice did not keep a register of all older people to help plan for the regular review of care and treatment. The practice nurse and healthcare assistant had undertaken some structured annual assessments of older people, including a review of their medicines.

We found that all older patients had been assigned a named GP (as required nationally) but this was the registered provider and not their local GP. This was not practicable as the registered provider did not know the individual patients' and would have to travel some distance when needed.

Health promotional advice and support was given to patients and their carers if appropriate and leaflets were seen at the practice. These included signposting older patients and their carers to support services across the local community. Older patients were offered vaccines such as the flu vaccine each year.

**People with long term conditions**

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The practice had processes in place for the referral of patients with long term conditions that had a sudden deterioration in health. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met. We asked if patients registers were kept to ensure needs were met but the leadership team were unsure of this.

**Families, children and young people**

Inadequate

There were aspects of care and treatment that were inadequate that related to all population groups. The practice had systems in place

# Summary of findings

for identifying children, young people and families living in disadvantaged and vulnerable circumstances. The practice monitored children and young people with a high number of A&E attendances. The practice identified and reviewed newly pregnant women with ante and post natal referrals along with patients who experienced issues with their pregnancy. Regular meetings were held at the practice with midwives, health visitors and district nurses. If required the GP would liaise with school nurses working locally. Staff we spoke with were aware of consent best practice (Gillick competences). The practice nurse undertook children immunisation sessions and the practice and procedures were in place to follow up patients who did not attend their appointment. There were systems in place for safeguarding children and adults yet staff did not always follow the practice and local authority policies for child protection. Medicines were managed safely. We saw health promotional advice, information and signposting to support organisations and services for families, children and young people, including for sexual health clinics and mental health services.

**Working age people (including those recently retired and students)**

**Requires improvement**

There were aspects of care and treatment that were inadequate that related to all population groups. There was a lack of evidence to show that services for working age people including recently retired and students were good. There were no late night or weekend services available. There were no on-line arrangements for booking appointments or repeat prescriptions.

**People whose circumstances may make them vulnerable**

**Inadequate**

There were aspects of care and treatment that were inadequate that related to all population groups. Systems were in place for sharing information about patients at risk of abuse with other organisations where appropriate. The practice had a system in place for identifying patients living in vulnerable circumstances. Training for staff in children's and adult safeguarding matters was on offer but some staff had not attended this. A register was kept of patients with a learning disability to help with the planning of services and reviews. All such patients were offered an annual health check. We heard of the close links with community teams supporting this patient group. We saw health promotional advice and information available for patients.

**People experiencing poor mental health (including people with dementia)**

**Inadequate**

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer

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|---|---|
| patients an annual appointment for a health check and a medication review. Clinicians routinely and appropriately referred patients to counselling and talking therapy services, as well as psychiatric provision. | |

# Summary of findings

## What people who use the service say

We received 14 completed patient CQC comment cards and spoke with seven patients who were attending the practice on the day of our inspection. We spoke with people from different age groups, patients with different physical conditions and long-term care needs. The patients were complimentary about the staff and GPs.

We heard that patients found it difficult to get an appointment at the time they needed to see the GP. Patients we spoke with reported their concerns that the practice used a high number of locum GPs on a regular basis. They told us they feared the GP might not know their medical history as they had to go over this at each visit. Some were concerned that doctors who did not know the patient might be at an increased risk of making a mistake. A family member with an older patient told us their relative found this distressing at times.

Patients and family members told us that staff were caring and compassionate, the reception and nursing staff in particular were thought to be helpful.

The results of the National GP Survey showed that improvements were needed for patient experience. The results show that 61% of respondents say the last GP they saw or spoke to was good at treating them with care and concern. It was reported that 66% of respondents say the last GP they saw or spoke to was good at giving them enough time and 69% of respondents say the last GP they saw or spoke to was good at listening to them. Only 65% of patients described their overall experience of the practice was good.

## Areas for improvement

**Action the service MUST take to improve**

The provider must ensure that all staff are properly trained, supervised and supported at all times. Arrangements for staff must be improved to ensure staff are able to deliver care and treatment to patients safely and to an appropriate standard. Regulation 23.

The provider must have an effective system in place to regularly assess and monitor the quality of services provided. They should have an effective system in place for identifying, assessing and managing risks related to the health and safety of service users and others. They must have an effective system in place for reporting, analysing, learning from and disseminating significant events and this must include all staff. Regulation 10.

The provider must ensure its recruitment arrangements are in line with Regulation 21 and Schedule 3 of the Health and Social Care Act 2008 to ensure necessary employment checks are in place for all staff. This must include a Disclosure and Barring Service (DBS) check for all staff with chaperoning responsibilities. Regulation 21.

**Action the service SHOULD take to improve**

Ensure doctors have available emergency drugs for use in patients' homes or have in place a risk assessment to support their decision not to have these available.

Ensure there is a planned and preventative maintenance programme to ensure the environment is fit for purpose at all times.

The provider should review the use of locum GPs to ensure patients receive consistency and continuity of care when attending appointments.

The practice should review the systems and services in place to ensure the needs of patients identified in the population groups are met.

# Seaforth Village Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC inspector and the team included a GP and a Practice Manager.

## Background to Seaforth Village Surgery

Seaforth Village Surgery is part of the corporate provider SSP Health Limited. This practice is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is situated within the Bootle ward area of the city of Liverpool. This area has higher than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people.

The practice provides GP services for 1768 patients. They have one self-employed doctor working as a GP for one day each week with all other sessions are covered by locum GPs. The locum GPs include both male and female practitioners . The practice also has a practice nurse working one day, an agency practice nurse working another, a practice manager working 2.5 days of the week and a number of receptionist/administration staff. The practice is part of South Sefton Clinical Commissioning Group (CCG).

GP consultation times are Monday to Friday 08.00 to 18.30. Patients can book appointments in person or via the telephone. Appointments can be booked for up to a week in advance for the doctors and a month in advance for the nursing clinics. The practice treats patients of all ages and provides a range of medical services. The practice does not deliver out-of-hours services. These are delivered by Go To Doc (GTD), a private provider of out of hour's services commissioned by South Sefton CCG.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people

# Detailed findings

- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring System. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We reviewed the policies, procedures and other information the practice provided before the inspection.

We carried out an announced inspection on 11 November 2014. We reviewed all areas of the practice including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with the practice manager, the doctors in attendance, a practice nurse, a number of administrative staff and the receptionists on duty.

We observed how staff treated patients visiting and ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Inadequate

# Are services safe?

## Our findings

### Safe Track Record

Some systems were in place to monitor patient safety. Reports from NHS England did not indicate any concerns with safety. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool, showed that the provider was appropriately identifying and reporting significant events. We looked at one significant event for 2014 which had been reported to NHS England using the incident reporting system and appropriate action had been taken.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. However, some staff reported that actions that were needed when patients complained were not always carried out. Staff had not been trained in reporting accidents and incidents and we found that some were unsure what types of incidents were reportable. When we spoke with staff we considered that events and incidents they described to us should have been reported as a serious event or a patient complaint but they had not. An example of this was patient complaints that were made to reception staff not being formally logged or addressed. Often these were dealt with by reception staff rather than the issues raised being reported as a formal complaint, incident or near miss. This meant the opportunity to learn from such events was not taking place. Only when a written formal complaint was made did we see evidence that learning had taken place.

We saw that when reported all incidents and complaints were discussed at practice and clinical meetings so that learning could take place. The practice had a process for monitoring serious event analysis (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG). They received alert notification from national safety bodies but there was not a system in place for notifying relevant staff and these alerts were not cascaded throughout the practice.

### Reliable safety systems and processes including safeguarding

There was a current local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff demonstrated knowledge and understanding of safeguarding however some staff had not had updated adult and child safeguarding training and there was uncertainty about what level of training had been undertaken. We found the practice did not have a safeguarding lead, a regional GP lead contact details were on the notice board but staff were not aware of this new role and how to access advice.

Staff we spoke with understood what constituted abuse and how to recognise the signs particularly in children. They spoke of safeguarding incidents they had witnessed and how they had been reported. We found that the actions they had taken had not followed the practice and local child protection authority's policies and procedures. There was no evidence of a negative impact from this and the safeguarding referrals had been made however the risk of this was increased because of their lack of knowledge and awareness.

There was a chaperone policy in place, however staff had not been trained to undertake this role and there were no records made when chaperoning of patients had occurred. We saw that there was signage in the consultation rooms and in the patients waiting area offering chaperones if needed.

### Medicines management

The practice had clear systems in place for the management of medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the local area team's medicines manager and CCG pharmacists to review prescribing trends and medication audits. Regular visit and audits were also undertaken from the provider's medicines management team, we saw that action plans were in place where improvements had been identified.

We observed effective prescribing practices in line with published guidance. There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff that generate prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were appropriate and necessary. Information leaflets were available to patients relating to their

medicines. We reviewed the bags available for doctors when undertaking home visits and found they did not routinely hold medicines. There was also no risk assessment in place to support this decision.

Clear records were kept when any medicines were brought into the practice and administered to patients. Medicine refrigerator temperatures were checked and recorded daily and were cleaned on a monthly basis or as needed if there was a spillage. The refrigerator was adequately maintained by the manufacturer and staff were aware of the actions to take if the fridge was out of temperature range.

**Cleanliness & infection control**

The practice manager was the lead for infection control; however they had not undertaken recent infection control training in relation to their role. There was a current infection control policy with supporting procedures and guidance. The local area team had undertaken an infection control audit in 2013, we saw good results for this and in the one area that improvements were required, we saw the practice had taken appropriate action. The practice manager had undertaken a recent infection control audit however staff including the practice nurse were not aware this had taken place or what the results were.

The treatment room was well equipped and single item equipment such as dressing packs and surgical instruments were in place. The practice used single use equipment for invasive procedures for example, taking blood and cervical smears. Hand wash and alcohol hand sanitizer dispensers were available in clinical areas. A needle stick/inoculation injury flowchart protocol was displayed in all treatment rooms where the risk to staff of acquiring an infection from this type of injury was more prevalent. Sharps containers were stored in each treatment and consultation room. We saw these containers were stored on worktops and benches away from the floor and out of reach of children. We found that legionella testing had been carried out at the practice.

The environment was clean and tidy and equipment was well-maintained with cleaning schedules for each area. However the building was old and in some parts required refurbishment and updating. The carpets in particular were stained in places. We saw appropriate segregated waste disposal for clinical and non-clinical waste. Contracts were in place for waste disposal and clinical waste was stored securely.

We saw equipment such as couches and dressing trolleys were clean and tidy. The practice had a cleaning schedule to ensure the equipment remained clean and hygienic at all times.

**Equipment**

The practice had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. Suitable equipment which included medical and non-medical equipment, furniture, fixtures and fittings were in place. Staff confirmed they had completed training appropriate to their role in using medical devices. We saw evidence that clinical equipment was regularly maintained and cleaned but there was no evidence that an annual PAT test had taken place for all electrical equipment in use.

**Staffing & recruitment**

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken and completed before employment, such as references, medical checks, professional registration checks, photographic identification. However not all staff including those with chaperoning responsibilities had completed a Disclosure and Barring Service (DBS) check before commencement of work and there was no risk assessment to support this decision. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role.

**Monitoring safety and responding to risk**

The practice had a system in place for reporting, recording and monitoring significant events, though a number of staff were not clear about this. We saw the practice had their own health and safety audit which included a walk around the practice looking for any faults or issues. Health and safety information was displayed for staff to see and there as an identified health and safety representative. Formal risk assessments for the environment and premises were in place.

The practice had procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. Staffing levels were set and reviewed to ensure patients were kept safe and their needs met.

We saw evidence that staff were able to identify and respond to changing risks in patient's conditions. For

example timely referrals were made for all patients attending hospital as a referred patient or as an emergency. All acutely ill children would be seen on the same day as they requested.

**Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. The necessary equipment was in place in the reception area. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely yet accessible however, there was no formal monitoring system in place to ensure they were in date.

The practice nurse carried this out in an ad hoc way. We found that not all staff had received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylactic shock.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. A fire risk assessment had been undertaken that included actions required maintaining fire safety. We saw records that showed staff required update training for fire safety.

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Each patient attending the practice had their needs assessed by either the GP or the practice nurse. We reviewed a number of patient's records in consultation with the GP and found assessments were comprehensive and treatments were appropriate. The practice nurse managed specialist clinical areas such as diabetes, heart disease and asthma. This meant they were able to focus on specific conditions and provide patients with regular support based on up to date information. However the practice did not have GPs that lead in such specialist clinical areas and there was no evidence to show that they were focusing and providing leadership specifically in any particular disease condition.

Consistency and continuity of planned care was achieved between the day and out of hour's service for patients with complex and end of life care needs. We found the practice referred patients appropriately to secondary care and other services. We saw that the practice's referral rates for healthcare conditions reflected the national standards for referral rates. All GPs we spoke with used national standards for referral, for example suspected cancers. There was an electronic audit trail for acting on test results and hospital consultation letters. Any information not received electronically was scanned into the system daily and alerted to the GP in attendance. Patients we spoke with were clear about their investigations and their treatment and they understood the results of these.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on the basis of need and that age, gender, sexual orientation and race were not taken into account in this decision-making.

**Management, monitoring and improving outcomes for people**

The practice was unable to show us any clinical audits that had been undertaken in the last twelve months. We were told that national audits had taken place, staff were unsure of this and we did not see evidence that treatments or care had changed as a result of these.

We saw that monthly clinical meetings took place, during which time patients with complex or vulnerable needs were discussed by the multi-disciplinary team. We saw Gold Standard Framework (GSF) meeting minutes for patients with palliative or end stage cancer care needs. We saw that the practice nurse worked in an integrated way with community health services to assess and monitor the condition of some patients with complex care needs. The practice team were making use of staff meetings to assess the performance of clinical staff and patient experience. The staff we spoke with discussed how, as a group, they reflected upon the outcomes being achieved and areas where this could be improved.

The practice used the information they collected for the Quality Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. We saw regular reporting was carried out by the regional management team and the performance of the practice was monitored by the practice manager. QOF was used to monitor the quality of services provided**.**

**Effective staffing**

The practice had a mix of administration and reception staff working with a lead practice manager. However the practice manager covered two practices so was only at the practice for two and a half days each week. On the other days the practice did not have a team leader or deputy and so were without a visible leadership and support during these days. The practice had a practice nurse employed for one day and an agency practice nurse for another day.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

We looked at the induction programme which included mandatory training, role-specific training, risk assessments, health and safety. We found all staff had received an annual appraisal. This was used to identify staff learning and development. Staff were supported to undertake continuous professional development, mandatory training and other opportunities for development in their role. Essential (mandatory) training topics were identified but there were gaps in staff attendance for some key topics such as fire, infection control and safeguarding.

All doctors were on the national GP performers list. We found the practice was covered by a large number of locum GPs, the most regular GP only covered one day each week. We heard from patients that this caused concern to them in terms of not being able to see the same GP at each appointment and therefore they did not receive consistency in their care. Patients were frustrated and upset at times at having to repeat their medical history to a doctor who did not know them.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles such as those who monitored long term conditions such as asthma and diabetes were also able to demonstrate they had appropriate training to fulfil these roles.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries and out of hours providers were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP reviewing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. The practice had a system in place to ensure all patients discharged from hospital were seen when they had been discharged from hospital and their conditions reviewed.

The practice attended various multidisciplinary team meetings at regular intervals such as to discuss the needs of complex patients, for example those with end of life care needs, children at risk, older frail patients and those with mental health and learning disabilities. These meetings were attended by community staff such as district nurses, health visitors, social workers and palliative care nurses. However we found that GP attendance at these meetings was infrequent.

### Information Sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Information was shared in this way with hospital and other healthcare providers. We saw that all new patients were assessed and patients' records were set up. This routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by doctors in the practice. We found that when patients moved between teams and services, including at referral stage, this was done in a prompt and timely way.

We found that staff had all the information they needed to deliver effective care and treatment to patients. For emergency patients, patient summary records were in place. This electronic record was stored at a central location. The records could be accessed by other services to ensure patients could receive healthcare faster, for instance in an emergency situation or when the practice was closed.

### Consent to care and treatment

The practice had systems in place to seek patients consent for certain procedures, for instance for vaccinations. Staff we spoke with understood their responsibilities for this and why written consent was required in line with legislation and national guidance. We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

Capacity assessments and Gillick competency of children and young people, which check whether they have the maturity to make decisions about their treatment, were an integral part of clinical staff practices.

**Health Promotion & Prevention**

We found information on a range of topics and health promotion literature was readily available to patients in the waiting areas. This included information about services to support patients to change their lifestyle for example smoking cessation schemes. Patients were encouraged to take an interest in their health and to take action to improve and maintain it. This was confirmed for us during our conversations with patients and GPs. This included advising patients on the effects of their lifestyle choices on their health and well-being.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance Last year's performance for all immunisations was above average for the CCG, and there was a clear policy for following up non-attenders by the named practice nurse.

Requires improvement

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

Patients told us the practice was caring they were treated with dignity and compassion. The patients who completed CQC comment cards and the patients we spoke with during our inspection were complimentary about the care they had received. They told us the GP and practice staff were respectful, reception staff were sympathetic and they were always treated with kindness. Staff we spoke with were aware of the importance of providing patients with privacy. However, the results of the National GP Survey showed that improvements were needed for patient experience. The results show that 61% of respondents say the last GP they saw or spoke to was good at treating them with care and concern. It was reported that 66% of respondents say the last GP they saw or spoke to was good at giving them enough time and 69% of respondents say the last GP they saw or spoke to was good at listening to them.

Reception staff described how they would promote patient's dignity and how they treated them with respect. Consultation rooms were private with added privacy of curtain screening within the room itself. We observed reception staff dealing with patients and the public. They treated people with respect, listened to them and answered their queries in a professional manner. When patients presented at the reception desk staff would try to ensure confidentiality as far as possible.

**Care planning and involvement in decisions about care and treatment**

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 67% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care. The results from the practice's own satisfaction survey showed that patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. However many of the patients reported a lack of consistency and continuity when attending appointments and they were frustrated they were not able to see the same doctor at each appointment. Patient feedback on the comment cards we received also aligned with these views.

**Patient/carer support to cope emotionally with care and treatment**

Patients we spoke with told us they had enough time to discuss things with the GP and most patients felt listened to and felt clinicians were empathetic and compassionate. They told us all the staff were compassionate and caring. However, the National GP Survey reported that only 69% of respondents said the last GP they saw or spoke to was good at listening to them. We observed that the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. We observed that privacy and confidentiality were maintained for patients using the service on the day of the visit.

Requires improvement

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patient's needs**

We found the practice was responsive to patient's needs and had some systems in place to maintain the level of service provided. However, when we looked closely at the identified population groups there was insufficient evidence the practice had targeted care specifically to meet their needs. For example there was insufficient evidence to show the practice provided a good service to older people. The leadership of the practice had not considered the needs of older people specifically and were not attempting to improve the service for them**.** Services for older people were therefore reactive, and there was a limited attempt to engage this patient group to improve the service.

We heard from patients that because of the continued use of GP locums the practice was unable to provide continuity of care by offering appointments with the same doctors. Patients told us they were unable to make appointments with a named doctor and they were not always able to have a choice over being seen by a male or female doctor if required. Many patients we spoke with were concerned by this model fearing the GP might not know their medical history. We were told they had to go over this at each visit and some were concerned that mistakes might occur because of this.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. The practice had set up a Patient Participation Group, one meeting had taken place and there was evidence that the view of the group was discussed at practice meetings.

**Tackling inequity and promoting equality**

Systems to identify the needs of the different population groups required improvement. The practice was in an area of high deprivation with high unemployment yet we did not see examples for where their needs had been targeted specifically.

The practice had access to online and telephone translation services. However staff had not completed equality and diversity training and there was no evidence of these discussions at staff meetings or during appraisals.

The premises and services had been adapted to meet the needs of people with disabilities. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

**Access to the service**

Patients told us the appointments system was easy to use but they were not always able to make an appointment with the GP of their choice. Patients' were able to contact the practice to make an appointment via telephone or by dropping into the surgery. On line booking of appointments was not available and there was no late night or weekend services available meaning that working patients might not be able to get an appointment to see their GP when needed. We heard how the appointments system had recently been reviewed to try and improve patient access and this had resulted in an increase of availability of patient appointments. We were told that appropriate requests for same-day appointments were able to be met when required.

We saw evidence of how practice staff worked with out-of-hours services and other agencies to make sure patients' needs were met when they moved between services. We saw that when needed a patient appointment with other providers such as a hospital referral would be made during the patient's consultation with the GP. This was undertaken after the appropriate tests and examinations had been completed by the practice. We heard from patients that following discharge from hospital the GP and practice staff had been very supportive.

We saw evidence of how practice staff worked with out-of-hours services and other agencies to make sure patients' needs were met when they moved between services. Monthly multi-disciplinary Gold Standard Framework (GSF) meetings took place to monitor the needs of palliative care patients.

**Listening and learning from concerns & complaints**

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was responsible for handling all complaints. Staff were knowledgeable regarding the complaints process. However it was reported

Requires improvement

# Are services responsive to people's needs?

## (for example, to feedback?)

to us that reception staff often had to respond to dissatisfied patients raising concerns and complaints without the practice manager being available to support them. Such incidents were not being reported missing the opportunity to listen and learn from these events to improve patient experience. We also found that some staff lacked the confidence to take appropriate action, (as would be taken by the management team) when such incidents or complaints were reported.

We looked at the one complaint that had been formally made to the practice. We considered the response to the patient was appropriate and actions had been taken to make improvements as required.

# Are services well-led?

Inadequate

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

## Our findings

**Vision and strategy**

We found that practice staff were not aware of or able to articulate a clear vision or strategy which encompassed concepts such as dignity and compassion. However, each staff member we spoke with were clear that they treated patients with respect, they listened to their concerns and they respected patient privacy and dignity.

**Governance arrangements**

The practice had recently recruited a practice manager who spent two and a half days at this practice and the remainder of the week at another practice. We were told that staff could contact the practice manager at any time when they were not on site or if a situation arose that required management input. There was no deputy manager undertaking a leadership role in the absence of the practice manager. The lack of visible leadership potentially put the quality of service patients' received at risk. Staff we spoke with had mixed feelings for how effective this model of leadership was.

The new practice manager was in the early stages of developing governance arrangements that were effective, transparent and open whilst providing the right level of challenge for staff. We found that practice staff were clear about what decisions they could and could not take. However, without a visible leader each day they needed to make decisions and take responsibilities for tasks and actions outside their responsibility. For example reception staff had to respond to patients dissatisfied with their experience of care or treatment at the practice. We found that reception staff had worked at the practice for many years and on these days they were working without effective supervision to support, challenge and monitor the decisions they were making when their manager was not in the practice.

We found systems were in place to monitor patient risk and safety. However staff were not clear about what incidents should be reported and this led to some incidents not being reviewed as part of an effective governance system. We found that safeguarding risks were not being identified and appropriate actions taken in line with local and national policies. Responsibilities for reporting such events were not clear for front line staff facing these challenges.

We found some processes were in place for the practice to monitor the care and treatment that was given. Staff meetings took place on a monthly basis but GPs routinely did not attend these meetings. Patients had been asked their views in a recent patient satisfaction survey. The practice had corporate policies and procedures in place that had been reviewed and were in date. National audits were undertaken. However there was no evidence that local audits were taking place and there was no evidence that national audits had resulted in changes to practices or treatments.

**Leadership, openness and transparency**

The practice manager was working towards developing a team where there was good leadership and a culture that was open. Staff we spoke with recognised this and were keen to be part of the new developments. They showed optimism for the future management style and leadership. Staff meetings took place on a regular basis and the changes were positively discussed during these meetings. We found the practice had a strong team who worked together in the best interest of the patient. However we found that on the days when the practice manager was not on site the practice was without a visible leader and staff were having to take responsibilities for areas they were not supported to. There was also a lack of clinical and medical leadership for the team from the GPs working at the practice.

Staff we spoke with felt the culture was one of openness and transparency and there was a good team spirit supporting each other to deliver good care. We heard mixed feelings about how supported they felt. Some felt very supported by their line manager but others told us they felt undervalued, not appreciated and concerned that when incidents were reported they were not listened too. We found human resource policies and procedures were in place to support staff and promote their wellbeing but not all staff felt able or supported to follow these.

**Practice seeks and acts on feedback from users, public and staff**

All staff we spoke with recognised the importance of listening to patients and taking account of their views. We saw that patient comments cards were in the reception area for patients to informally share their opinion of the practice. The practice had recently undertook a patient

# Are services well-led?

Inadequate

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

questionnaire but we did not see an action plan to address the more negative comments made by patients'. We saw the results of these were discussed regularly as part of the staff meeting.

The practice manager had recently developed a Patient Participation Group. They had just one meeting but minutes showed that patients were engaged and providing their views for the future developments of the practice.

**Management lead through learning & improvement**

Staff we spoke with were keen to continually develop their skills and improve their learning to deliver a good patient experience and outcome. However when we looked at the training that had taken place we saw gaps and non-attendance in key training that should take place for all staff such as safeguarding and infection control. We saw that staff discussed learning and information at staff meetings to drive continuous improvements and as a team they worked together to resolve any issues that might have an impact on this. However the practice team were not aware of what systems were in place to support patients from the identified population groups and when asked they could not provide assurance that their needs had been met.

We also looked at the model in place for the recruitment of GPs working at the practice. We found that because they only conducted sessions on a daily basis once a week there was less opportunity for them to take part in activities/ meetings to proactively review the quality of services and how these could be improved. They were not aware of the practice strategy and what objectives they were required to work towards. We saw in minutes the problems encountered by the practice manager in trying to encourage GPs to attend practice meetings and meetings with multi-disciplinary teams. This meant they did not engage in working as part of the team to review performance and learn to ensure performance was improving.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff<br>Suitable arrangements were not in place to ensure staff are properly trained, supervised and supported at all times. Staff were not supported in relation to their responsibilities to enable them to deliver care and treatment to patients safely and to an appropriate standard. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br>People who use services and others may be at risk of inappropriate care and treatment due to the provider not having an effective system in place to regularly assess and monitor the quality of services provided. The provider did not have an effective system in place for identifying, assessing and managing risks related to the health and safety of service users and others. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers<br>People who use services and others were not protected against the risks associated with unsuitable staff because the provider did not have an effective procedure in place to assess the suitability of staff for their role. Not all the required information relating to workers was obtained and held by the practice. |