

Inner Park Road Health Centre

Quality Report

86-88 Inner Park Road
Wimbledon
London
SW19 6DA
Tel: 020 8394 7690
Website: None

Date of inspection visit: 12 November 2015
Date of publication: 03/03/2016

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?	Inadequate	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Inadequate	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Inner Park Road Health Centre on 12 November 2015. Overall the practice is rated as inadequate.

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.

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

- Patients were not fully protected from harm because systems and processes were not in place to keep them safe. For example there were no policies for needlestick injuries, infection control, policies for employed staff, recruitment, complaints, information governance and whistleblowing.

- Patient outcomes were difficult to identify as little or no reference was made to audits or quality improvement and there was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had put systems in place to ensure that it was responsive to the needs of its patients, but there was no formal complaints system in place.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Implement formal governance arrangements including systems for assessing and monitoring risks (including significant event analysis) and the quality of the service provision. Staff must be provided with

Summary of findings

policies, training and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice. All staff must also have a yearly appraisal.

- Ensure that all rooms at the Claudia Road premises meet current infection control guidelines.
- Ensure that formal medicines management systems are introduced at the practice, including a policy and appropriate cold chain processes.
- Carry out clinical audits including re-audits to ensure improvements have been achieved, and implement formal auditable registers for patients in at risk groups, and review whether or not individualised care plans are required for these patients.
- Implement a formal complaints policy which is advertised to patients in the waiting area, in the practice leaflet and online.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements and ensure that meetings in place are formalised. Where patient care and changes to process are discussed, these meetings must be minuted.
- Ensure that the patient participation group at the practice is restarted.

The areas where the provider should make improvement are:

- Provide a website for the practice which allows patients to book appointments and request prescriptions online and ensure that health promotion advice is available in the patient waiting room and online.

- All cleaning schedules should be retained in the practice for audit purposes.
- A business continuity plan should be in place at the practice.
- All consents, including those where a chaperone has been offered, should be recorded in patients' notes.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- The practice did not have clear procedures in place for the management of serious events. The staff that we spoke to were unclear of their responsibilities in the event of a serious incident. The practice carried out reporting of safety incidents, but it was unclear how these incidents had been investigated and lessons learned were not communicated to staff.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. This included a lack of policies covering safeguarding, recruitment and infection control.
- There was insufficient attention to safeguarding children and vulnerable adults. Administrative staff had not been trained in child protection.
- There were limited procedures in place for monitoring and managing risks to patient and staff safety. There was no health and safety policy available, and the practice had not undertaken any risk assessments, including health and safety, legionella, security, fire, trips and falls or Control of Substances Hazardous to Health (COSHH).
- The practice did not have appropriate medicines management procedures in place. Medicines and single use equipment that had passed use by dates were in place in the practices emergency drugs. The practice had also not managed a broken refrigerator in line with guidelines.

Inadequate



Are services effective?

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

- Data showed patient outcomes were comparable to national averages.
- There were insufficient clinical audits to demonstrate quality improvement. The practice submitted four audits, only one of which had completed a two-cycle audit. There was only limited evidence that audit was driving improvement in performance to improve patient outcomes.
- There was no recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

Inadequate



Summary of findings

- There was no register of high risk patients and no recall system for patients who required regular monitoring.

Are services caring?

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

- Data showed that patients rated the practice in line with national and CCG averages for several aspects of care.
- All of the patients that we spoke to said they were treated with compassion, dignity and respect.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was limited information available to patients about how they could access care in the patient waiting area and in the practice leaflet and the practice did not have a website.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, and the practice is not equipped to meet the needs of patients.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- The practice did not have a formal complaints policy or system in place. There was no information in the waiting room or in the practice leaflet of how to raise a complaint. We found that complaints were managed informally and there was no mechanism for sharing learning with staff in the practice.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- Staff told us that they felt supported by management, but leadership roles in the practice were unclear.
- The practice had insufficient policies and procedures to govern activity. There were no policies for needlestick injuries, infection control, policies for employed staff, recruitment, complaints, vision and strategy document, information governance and whistleblowing.

Inadequate



Summary of findings

- The practice held a number of regular governance meetings and issues were discussed. However, these meetings were not minuted.
- The practice historically had a patient participation group but this had not met in nearly a year.
- Staff told us they had not received regular performance reviews and did not have clear objectives.

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 inadequate for the care of older people.

As with other population groups, the findings of inadequate care in the safe, effective and well led domains impact on the care provided to these groups. Please see the safe, effective and well led domain ratings for further details. We also found the following:

- We saw evidence that the basic needs of older patients were being met. Furthermore the practice offered extended appointments and home visits for this patient group.
- Both sites at the practice were accessible to older people.
- The practice did not have systems in place to audit and improve the care of older people.
- The care of older people was not managed in a holistic way.
- The leadership of the practice were not actively looking at how to improve the service for older people. Services for older people were therefore reactive, and there was a limited attempt to engage this patient group to improve the service.

Inadequate



People with long term conditions

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

As with other population groups, the findings of inadequate care in the safe, effective and well led domains impact on the care provided to these groups. Please see the safe, effective and well led domain ratings for further details. We also found the following:

- Longer appointments and home visits were available when patients needed them.
- The practice had personalised care plans for some patients but these were not available for all patients with long term conditions.
- Structured annual reviews were being held with some patients to check that patients' health and care needs were being met. However, there were not formal auditable registers in place to check the quality of the care being provided to all patients.

Inadequate



Families, children and young people

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

Inadequate



Summary of findings

As with other population groups, the findings of inadequate care in the safe, effective and well led domains impact on the care provided to these groups. Please see the safe, effective and well led domain ratings for further details. We also found the following:

- 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 and Emergency attendances. However, none of the administrative staff in the practice had received relevant child protection training.
- Immunisation rates were similar to national averages.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 75% and the national average of 77%.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

As with other population groups, the findings of inadequate care in the safe, effective and well led domains impact on the care provided to these groups. Please see the safe, effective and well led domain ratings for further details. We also found the following:

- The practice offered two commuter clinics during the working week and also Saturday morning appointments for the benefit of working patients who were unable to attend during the working day.
- Appointments could only be booked by telephone and there was no website in place so prescriptions could also not be requested online.
- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

Inadequate



People whose circumstances may make them vulnerable

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

Inadequate



Summary of findings

As with other population groups, the findings of inadequate care in the safe, effective and well led domains impact on the care provided to these groups. Please see the safe, effective and well led domain ratings for further details. We also found the following:

- The practice did not hold registers for all patients living vulnerable circumstances, such as carers. It was therefore unable to identify the percentage of patients who had received an annual health checks.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Clinical 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.
- Administrative staff were unaware of their responsibilities in relation to safeguarding.

People experiencing poor mental health (including people with dementia)

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

As with other population groups, the findings of inadequate care in the safe, effective and well led domains impact on the care provided to these groups. Please see the safe, effective and well led domain ratings for further details. We also found the following:

- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations.
- The practice did not have a formal system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Some staff had received training on how to care for people with mental health needs but administrative staff had not received dementia training.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results for 2014/5 showed the practice was mostly performing in line with local and national averages. Four hundred and thirty six survey forms were distributed and 101 were returned.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 86% found the receptionists at this surgery helpful (CCG average 86%, national average 87%).
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 91%, national average 92%).

- 69% described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 49% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. In particular they noted that all staff at the practice treated them with care and dignity.

We spoke with 14 patients during the inspection. All 14 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Inner Park Road Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a further two CQC Inspectors, a GP specialist adviser, and an expert by experience.

Background to Inner Park Road Health Centre

Inner Park Road Health Centre is in Wimbledon in the London Borough of Wandsworth. The practice has a practice principal GP (full time) who managed the practice which is based at two sites. Both sites were based in purpose built buildings, a main site and a branch surgery.

The practice provides primary medical services to approximately 2,500 patients. The practice also employed two salaried GPs who worked one day per week each, although there were no contracts for either of the salaried GPs. There was also a practice nurse (with one vacancy), a practice manager, two assistant practice managers and four receptionists.

The practice is contracted to provide General Medical Services (GMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury and maternity and midwifery services. It was noted during the inspection that the practice should also be registered for diagnostic and screening procedures as these services were being provided in the course of providing General Practice services.

The practice provides a number of enhanced services, including childhood immunisation, extended opening hours, learning disabilities, and influenza immunisations.

The practice is open from 8:00am until 6:30pm Monday to Friday. There are extended opening hours on Monday's and Thursdays until 8:30pm, and there is a Saturday morning clinic from 10:00am until 11:30am. Outside of normal opening hours the practice uses a locally based out of hours provider.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had not been inspected before.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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

other organisations to share what they knew. We carried out an announced visit on 12 November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, practice nurses, healthcare assistant and receptionists).
- Reviewed 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.'
- Reviewed practice systems and policies.

We spoke with 14 patients who used the service, and received comment cards from a further 30 patients. We also and reviewed the personal care or treatment records of patients and observed how staff in the practice interacted with patients in the waiting area.

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 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
- 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 were some systems for reporting and recording significant events. However, systems were not robust. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We were told that there were no serious events in the past year. However, the practice did not have thorough policies in place. This combined with the lack of audits meant that the practice could not reasonably assure itself that all serious events had been recognised.

The practice principal said that areas of concern were recorded by staff in a record book. The record book contained a number of historic issues that had not been noted as having been actioned.

There was no centralised record of safety records, incident reports, national patient safety alerts and although we were told that meetings had been minuted these were not provided. Staff we spoke with confirmed that they had been told about learning from incidents in team meetings, however these issues had not been managed in line with a formal process.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. We found the following:

- There were limited arrangements were in place to safeguard children and vulnerable adults from abuse. GPs and the practice nurse were trained in child protection level 3, and the GPs attended safeguarding meetings with health visitors on a regular basis. However, there were no safeguarding policies in place at the practice, and administrative staff had not received level one training. Administrative staff were also unaware of their responsibilities regarding safeguarding vulnerable adults. The practice did not maintain formal registers for safeguarding, although records were Read coded so could be searched on the electronic patient record.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required.

Administrative staff at the practice acted as chaperones but had not received training in this capacity. None of the administrative staff had received a Disclosure and Barring Service check and the practice had not carried out a risk assessment to show why these were not required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice had some systems in place to assure appropriate standards of cleanliness and hygiene. We observed that both premises were clean and tidy. However the Claudia Road premises required redecorating as wallpaper in the waiting room was old and was textured. The practice principal was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. However, there was no infection control protocol in place and staff had not received up to date training. The practice had also not retained cleaning schedules. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice did not have arrangements for managing medicines, including emergency drugs and vaccinations in the practice. The practice had an emergency box, but this did not contain all of the emergency medicines we would expect in order for staff to respond to a range of emergency situations to ensure that patients are kept safe. We also found that several of the syringes and needles in the emergency box were past their expiry date. We were informed that the doctor checked the medications in his bag weekly, however, we found that several of these, including paracetamol, aspirin and atropine were significantly past their expiry date, having expired in 2012. The practice stored vaccines in two refrigerators. One of the refrigerators did not have a temperature recording book and the other had only been checked on average once per week. There was no member of staff in the practice who was responsible for checking vaccine refrigerators. In June 2015 one of the refrigerators had broken, showing a temperature of 17 degrees Celsius, significantly outside of the safe range of two to eight degrees Celsius. The practice on discovering the breakage had not followed national guidelines and had retained the medicines after transferring to another refrigerator. Having neither

Are services safe?

carried out the appropriate checks to ensure that they could still use the vaccines, nor having assured themselves as to how long the machine had been broken, the practice had continued to use these vaccines which were potentially no longer fit for use.

- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where these had been carried out. However, staff files did not include clear training records or matrixes, and there was not a separate training file.

Monitoring risks to patients

The practice had not assessed and managed risks to patients:

- There were limited procedures in place for monitoring and managing risks to patient and staff safety. There was no health and safety policy available, and the practice had not undertaken any risk assessments, including health and safety, legionella, security, fire, trips and falls or Control of Substances Hazardous to Health (COSHH). The practice did not have up to date fire risk assessments and did not carry out regular fire drills. Electrical equipment had been checked to ensure the equipment was safe to use, but records of this were unavailable on the day of the inspection visit. Clinical equipment was checked to ensure it was working properly.
- Some 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 that enough staff were on duty. However, we were told that a practice nurse had recently left the practice which meant that the practice was not at complement, and at the time of the visit there was insufficient nursing resource at the practice. The practice manager told us that the practice had been looking to recruit, but a formal recruitment process had not started.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. However, the atropine and adrenaline in the anaphylaxis kits at both practices had passed its use by date (having expired in 2012) and was not fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

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, but the process was not formalised.

- The lead GP reported actively looking online for new guidance and discussing updates with other doctors and the nurses. However, there was no formal process for ensuring that staff were kept up to date with new guidance and no records of meetings where new guidelines were discussed. Staff were not able to provide examples of when such issues had been discussed.
- There was no evidence that the practice monitored whether guidelines were being followed through risk assessments, audits and random sample checks of patient records.
- There were not robust systems in place for the management of MHRA alerts.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 8.1% exception reporting. This practice was a significant outlier for hypnotic and antibiotic prescribing, and they showed that they were working with the pharmaceutical advisor to address this. Data from 2014/15 showed:

- Performance for diabetes related indicators were similar to the CCG and national average. Data showed that the practice was effectively managing its diabetic patients, with 96% of diabetes patients having undergone a foot examination, compared to a national average of 88%, and 97% of diabetes patients at the practice having received an influenza vaccination within the preceding 12 months, compared to a national average of 93%.

- Data indicated that the proportion of diabetic patients registered with the practice who were able to effectively control their diabetes was above the national average. Eighty two% of diabetic patients had well controlled blood glucose levels (i.e. their last IFCC-HbA1c test was 64mmol/mol or less), compared to a national average of 77%.
- The percentage of patients with hypertension having a normal blood pressure reading within the last nine months was better than average. The practice achieved 91% compared to a national average of 83%.
- Performance for mental health related indicators was better than the national average. Ninety per cent of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan agreed within the preceding 12 months, compared to a national average of 86%. The monitoring of the wider health of patients with mental health conditions was slightly better than the national average – the alcohol consumption of this group of patients had been recorded in the past 12 months for 93% of patients, compared to a national average of 88%, and the proportion of these patients whose smoking status had been recorded in the past 12 months was in line with the national average of 95%.
- The practice were not able to show us dementia diagnosis or prevalence rates as the computer system at the practice had not been configured to search for this information.
- Data showed that 100% of patients diagnosed with dementia had received a face to face review in the preceding 12 months, which was significantly higher than the national average of 84%.

We were not able to determine quality improvement on the basis of the audits provided.

We saw the practice had conducted four audits in the last two years. One of these was a complete two-cycle audit. This related to bowel cancer screening, where the practice audited those patients eligible for bowel cancer screening and found that there was low uptake (approximately 7% of eligible patients). As a consequence they had carried out an awareness and follow-up programme with patients, and following this, repeated the audit and found uptake had risen to 25%

Are services effective?

(for example, treatment is effective)

of eligible patients. The other three reviews related to problems with carrying-out the NHS health check programme, and issues relating to over-prescribing of vitamin D and Omega-3 supplements.

Effective staffing

From our observations and interviews with staff, it appeared that they had the necessary skills, knowledge and experience to deliver effective care and treatment. However, there was no documentary evidence of an induction, or ongoing supervision of staff. Staff were not being given the necessary level of training and support to effectively carry-out their roles.

- The practice did not have an induction programme for newly appointed non-clinical members of staff. Non-clinical staff had not received training on such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice was unable to demonstrate how they ensured role-specific training and updating for relevant staff, for example, the reviewing of patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. We were informed that the practice nurse and the practice nurse who had recently left the practice both worked part time in other practices and that their training needs were met as part of their employment at those practices. However, the practice were unable to confirm this and there was therefore no evidence that nursing staff were up to date with their training. Patient Group Directives (PGDs) were in place.
- Staff had not received an appraisal for the past two years. The practice manager reported that team meetings were held monthly and was able to show us an agenda for one such meeting, but no minutes were available for us to view. Administrative staff reported that they did not attend regular team meetings.
- The practice had not carried out assessment of the training needs of staff.

Coordinating patient care and information sharing

Some information needed to plan and deliver care and treatment was available to relevant staff, however, patient

group registers were limited to those required for QOF returns. There was no evidence that there were processes in place to ensure that information from other services was acted on in a timely way.

- Care plans were in some case completed for patients, but had not been implemented at all in some patient groups, such as patients with learning disabilities and carers.
- There was no register of high risk patients and no recall system for patients who required regular monitoring. For example, the principle GP explained that for patients prescribed lithium, he relied on his memory to ensure that they are called for their 6-monthly check.
- Medical records and investigation and test results were available to relevant staff. The principle GP explained that he reviewed all test results (including those ordered by the other doctors), but that on average, it would take a week for him to review results. On the day of the inspection there were outstanding actions from three days previously.
- The practice shared relevant information with other services. We saw evidence that the principle GP attends monthly multi-disciplinary meetings with the local neighbourhood group, and 6-weekly meetings to discuss patients on the palliative care register.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Anecdotally, we were provided with examples of staff carrying-out assessments of capacity to consent before treating children, young people and people with impaired mental capacity. However, there was no policy in place to provide guidance to staff about obtaining consent.
- The process for seeking consent was not adequately recorded. For example, the practice did not record in patients' notes when a chaperone was offered, and whether the offer was accepted or declined.

Health promotion and prevention

Are services effective?

(for example, treatment is effective)

The practice had identified patients who may be in need of extra support and registers were in place. However, these could only be used for Quality and Outcomes Framework purposes, and it was not possible to monitor which patients had received care on the basis of the registers. Notwithstanding this, by using the QOF indicators the practices had indicated that outcomes for patients were in line with or better than the national average.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 75% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Following an audit of bowel cancer screening uptake at the practice, a programme had been put in place to encourage patients to attend, and this had led to an increase of 1% in the number of patients attending.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 88% and five year olds from 65% to 96%. However, flu vaccination rates for the over 65s were 58%, and at risk groups 44%. These rates were below CCG and national averages.

New patients checks had been carried-out by the nurse and any areas of concern are flagged for the doctor to review. However, the practice no longer provided these checks and an arrangement had been put in place for a nearby practice to provide this to patients. The principle GP carried-out a medication review for all new patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 30 patient CQC 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 also spoke with 14 other patients and a representative of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 87%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 89%).
- 86% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%).

There was no formal system for patients for whom English was not their first language, but staff told us they could access telephone interpretation services.

Patient and carer support to cope emotionally with care and treatment

The GPs in the practice could refer patients to health promotion information and support services. However, there was only limited information in place in the reception area, and the practice did not have a website whereby patients could access this information.

The practice's computer system alerted GPs if a patient was also a carer, but there was no formal register of carers at the practice. There were no systems in place to ensure that carers were supported with regular health checks.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had implemented services to meet the needs of the patient group as follows.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening until 8.00pm for working patients who could not attend during normal opening hours. Appointments were available between 8:00am 1:00pm and 2:00 to either 6:30pm or 8:00pm depending on the time that the practice closed. The practice was also open on Saturday mornings from 10:00am until 11:30am.
- There were longer appointments available for people with a learning disability, or for those patients with a long term health condition.
- Home visits were available for older patients / patients who would benefit from these.
- The practice principal told us that same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities available at the practice.
- There was a hearing loop in place at the practice, but the practice manager told us that it did not work.
- The practice had access to a telephone based interpretation service, but there was no written information in place detailing how and when it should be used.
- The practice did not have a website, so neither appointments nor prescriptions could be requested online.
- Appointments were available at the practice with both male and female GPs.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Extended hours surgeries were offered from 6:30pm until 8:30pm on Mondays and Fridays and every Saturday from 10:00am until 11:30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 69% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).
- 49% patients said they usually waited 15 minutes or less after their appointment time (CCG average 68%, national average 65%).

Listening and learning from concerns and complaints

The practice did not have a formal complaints policy in place, and there was no information provided to patients in either the waiting room or the practice leaflet as to how to make a complaint. This is not in line with recognised guidance and contractual obligations for GPs in England. The practice manager told us that she was the designated responsible person who handled all complaints in the practice but this process was not formalised.

We were provided with one formal complaint from the last 12 months. It was unclear from the documentation whether or not the complaint had been formally investigated.

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

The practice did not have a formal and clear vision to deliver high quality care and promote good outcomes for patients. Staff who we spoke to told us they were not aware of the practice's vision and strategy, either formal or informal.

Governance arrangements

The practice did not have a robust governance framework which supported the delivery of the strategy and good quality care. Specifically we found that:

- The practice did not have the required formal policies in place to support the delivery of safe and effective clinical care. In all cases where we asked to see a written policy one was not available. This included policies for needlestick injuries, infection control, policies for employed staff, recruitment, complaints, vision and strategy document, information governance and whistleblowing.
- Staff were aware of their roles, but it was unclear who had responsibilities for what given the lack of policies and protocols in the practice.
- The practice did not have formalised registers of patients with specific conditions in place outside of those used for the Quality and Outcomes Framework (QOF). As a consequence any patients who were not covered by QOF (such as carers) had their care managed reactively rather than proactively
- The practice did not have a full system of audit in place. Of the four audits undertaken in the past two years that were provided to us only one was an actual two cycle audit, and the practice principal was not able to detail how audits were proactively selected.
- The practice had not undertaken risk assessments, and there were insufficient systems in place to identify and mitigate risks. There were no risk assessments in place for health and safety, legionella, security, fire, trips and falls or Control of Substances Hazardous to Health (COSHH).

Leadership, openness and transparency

The practice principal told us that he and his practice were committed to offering the best care possible for his patients, but it was not evident in the systems policies and protocols that are necessary for a practice to operate effectively. This included clinical governance and risk management. However, the practice principal was visible in the practice and staff told us that he was both approachable and would take time to listen to staff.

The practice was able to ensure that it knew about notifiable safety incidents, although there was no formal mechanism to show that this was happening.

The practice did not have a formal complaints system and as such it was unclear that all issues relating to unexpected or unintended safety incidents were being identified. They kept written records of verbal interactions but did not keep records of any written correspondence.

Staff told us that they felt supported by management, although none of the staff had received an appraisal in the last year and a number of mandatory training courses had not been completed. Staff told us that:

- The practice held regular team meetings, although these were not minuted, and that they did not involve administrative staff.
- They considered that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and they felt confident in doing so and felt supported if they did.
- Staff said they felt respected and valued and supported.

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

The practice said that it valued feedback from patients, but we were told that it had been a year since the patient participation group (PPG) had last met. The PPG had been in place since 2007 and had originally met every three months, but it had not met as often recently. As a consequence the practice did not have formal mechanisms (outside of the national patient survey) for feedback to be provided by patients.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, there were no formal mechanisms in place for staff to provide feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Fit and proper persons employed.</p> <p>The provider had not ensured that administrative staff who acted as chaperones at the practice had been trained for this role.</p> <p>The practice had not ensured that staff who acted as chaperones either had received a check from the Disclosure and Barring Service (DBS), or that they had completed a risk assessment stating that such a check was not required.</p> <p>Regulation 19 (2).</p>

This section is primarily information for the provider

Enforcement actions

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
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: There were insufficient systems, policies and equipment in place to support safe care. This included equipment that was past its use by date and a lack of robust and safe infection control, medicines management and chaperoning processes. This was in breach of Regulation 12(2)(c)(e)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Governance systems and processes were not in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who might be at risk including staff. Staff records and records relating to overall management of regulated activities were not accurate, complete, detailed or accessible. Feedback from service users and staff was not adequately sought. This was in breach of Regulation 17(1), (2)(a)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met:

This section is primarily information for the provider

Enforcement actions

Staff at the practice had either not received requisite training, or the training had not been documented. There were limited formal means for sharing information with the practice staff. This was in breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.