Highfields Surgery - SR Choudhary

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highfields Surgery – S R Choudhary on 8 April 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It also required improvement for providing services for all the population groups. It was good for providing an effective, caring and responsive service.

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

- There was not a clear system for reporting incidents, near misses or concerns, therefore evidence of learning and communication to staff was limited.
- Risks to patients were not assessed and well managed.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients felt that the quality of care was good. They felt respected, well looked after and staff were kind and considerate.
- 94% patients who responded to the national patient survey said they had confidence and trust in the last GP they saw.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were still in the name of the previous practice manager and required reviewing and updating.
- The practice had not proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.
- Identify, assess and manage risks relating to the health, welfare and safety of patients, staff and other people who may be at risk within the practice. For

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example, risk assessments for, health and safety, legionella, general office environment, disclosure and barring (DBS) and control of substances hazardous to health (COSHH), infection control and fire safety.

- Ensure temporary ramp to back fire door is in place so that patients with reduced mobility can be evacuated in the event of a fire. This needs to be in place until building improvements have been finalised and implemented.
- Provide staff with guidance to ensure that fridges are kept at the required temperatures, and describe the action to take in the event of a potential failure. Staff should reset fridge temperature control after daily readings have been taken.
- Ensure that the practice have an approved set of Patient Group Directives to allow specified staff to administer a medicine directly to a patients without the need for a prescription.
- Ensure the practice has a robust system in place for infection prevention and control, for example, effective cleaning schedules, audits of cleaning standards, information relating to the control of substances hazardous to health (COSHH) and product safety data sheets and ensure that the cleaner has sufficient cleaning products available.
- Ensure that patient surveys prompt the delivery of improvement.

In addition the provider should:

- Ensure that staff have appropriate support, identified through a formal appraisal system to have the necessary training to enable them to deliver the care and work they carry out in the practice.

For example, consent, fire, infection control, chaperone, Gillick competencies and Mental Capacity Act 2005.

- Improve its recruitment arrangements and ensure necessary employment checks are in place for all staff.
- Ensure that all equipment is regularly PAT tested and a schedule of testing is in place.
- Ensure that the practice had a checklist for emergency equipment and it is checked regularly as per practice policy.
- Have a system in place to ensure audit cycles have been completed.
- Have a robust system in place to track prescription pads.
- The practice should have practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt. For example, significant events, complaints, risk management, infection control and NICE guidance. Meetings should be minuted in order to record summaries of topics discussed and actions to be taken.
- Make PPG minutes available for patients to see in the waiting room and on the practice website.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Embed the complaints process to ensure that themes and trends are identified and lessons are learnt.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Not all staff were clear about the process for reporting incidents, near misses and complaints. Although the practice reviewed when things went wrong, investigations were not thorough enough and lessons learned were not communicated and so safety was not improved

Not all medical equipment had been PAT tested. Risks to patients were not assessed, reviewed or well managed, such as risk assessments for the general office environment, control of substances hazardous to health (COSHH) and fire safety. The practice had not put in a ramp at the back fire exit door to ensure that all patients could be evacuated in the event of a fire. The practice did not have a robust system in place to track prescription pads.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.

There was no evidence of appraisals in the last 12 months but the business manager had identified this as outstanding and they were planned for July 2015. Staff worked with multidisciplinary teams. There was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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 had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice had only received one complaint in the last twelve months but learning from this complaint had not been shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. Governance meetings were not held. The practice had not proactively sought feedback from patients but had an active patient participation group (PPG). All staff had received inductions but staff had not received regular performance reviews.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing safe care and well-led services. It was rated as good for effective, caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Requires improvement

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

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. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Structured annual reviews were also undertaken for people with long term conditions. We were shown data that reviews had been carried out in the last year. For example, asthma 88.61%, COPD 81.63%, CVD 96.66%, diabetes 95.22% and dementia 96%.

Families, children and young people

Requires improvement

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

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There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

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

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

People whose circumstances may make them vulnerable

Requires improvement

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Longer appointments for those patients who needed them were available. It had carried out annual health checks for people with a learning disability, but there was no evidence that these had been followed up.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in

Summary of findings

vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

Patients with dementia were supported to make decisions through the use of care plans. 96% of patients with dementia had their care plan reviewed in the last year. Patients were offered double appointments when required. Shared care agreements were in place for patients under hospital care. These care plans were reviewed annually or more frequently if changes in clinical circumstances dictated it and had a section which held the patient's preferences for treatment and decisions.

92.3% of patients on the mental health register had received a mental health review. 88.8% of patients who suffered with depression had received a review.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. For example, access to the CRISIS team.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. MIND is a mental health charity in England and Wales. MIND offers information and advice to people with mental health problems.

Summary of findings

What people who use the service say

The January 2015 national GP patient survey had a 41% return rate. It showed that 57.7% of patients would recommend the surgery to others. 62.9% of patients who responded described the overall experience as good. 69.6% of respondents felt the GP treated them with care and concern (below CCG and national average) and 55.2% for the nurse.

We spoke with six patients on the day of our visit. All six were positive about the care and support they received at the practice. However patients identified that they had issues with getting an appointment and getting through on the phone. One patient had used the out of hours service a couple of times as they could not get an appointment. Another patient told us they got appointments easily. They would all recommend the practice to family and friends.

We reviewed 42 comments cards that had been completed and left in a CQC comments box. The comment cards enabled patients to express their views on the care and treatment received. 38 out of the 42 cards completed had positive comments on them. They all felt that the quality of care was good. They felt respected, well looked after and staff were kind and considerate. Four negative comments related to the time it takes to get through by telephone, long wait to get an appointment to see a nurse and the need for longer opening hours to ensure people who work are able to get an appointment. We spoke with the management team who were aware of the on-going issues.

We spoke on the phone with the chairperson of the patient participation group (PPG). The PPG is a group of patients who highlight patient concerns and needs and work with the practice to drive improvement within the service.

We spoke with the chair of the PPG who said they had been apprehensive about the changes in the practice but had found the new partners to be very engaged with the PPG and had kept them appraised of events

Areas for improvement

Action the service MUST take to improve

- Ensure there is a robust system to manage and learn from significant events, near misses and complaints.
- Identify, assess and manage risks relating to the health, welfare and safety of patients, staff and other people who may be at risk within the practice. For example, risk assessments for, health and safety, legionella, general office environment, disclosure and barring (DBS) and control of substances hazardous to health (COSHH), infection control and fire safety.
- Ensure temporary ramp to back fire door is in place so that patients with reduced mobility can be evacuated in the event of a fire. This needs to be in place until building improvements have been finalised and implemented.
- Ensure that the practice have an approved set of Patient Group Directives to allow specified staff to administer a medicine directly to a patients without the need for a prescription.
- Ensure the practice has a robust system in place for infection prevention and control, for example, effective cleaning schedules, audits of cleaning standards, information relating to the control of substances hazardous to health (COSHH) and product safety data sheets and ensure that the cleaner has sufficient cleaning products available.

Action the service SHOULD take to improve

- Ensure that staff have appropriate support, identified through a formal appraisal system to have the necessary training to enable them to deliver the care and work they carry out in the practice. For example, consent, fire, infection control, chaperone, Gillick competencies and Mental Capacity Act 2005.
- Improve its recruitment arrangements and ensure necessary employment checks are in place for all staff.
- Ensure that all equipment is regularly PAT tested and a schedule of testing is in place.

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- Ensure that the practice has a checklist for emergency equipment and it is checked regularly as per practice policy.
- Reset fridge temperature control after daily readings have been taken.
- Have a system in place to ensure audit cycles have been completed.
- Have a robust system in place to track prescription pads.
- The practice should have practice meetings which are regular, structured and relevant to give all staff the opportunity to take part, where information is shared and lessons learnt. For example, significant events, complaints, risk management, infection control and NICE guidance. Meetings should be minuted in order to record summaries of topics discussed and actions to be taken.
- Make PPG minutes available for patients to see in the waiting room and on the practice website.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Embed the complaints process to ensure that themes and trends are identified and lessons are learnt.
- Ensure that patient surveys prompt the delivery of improvement.

Highfields Surgery - SR Choudhary

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP, a GP practice manager and one CQC inspector.

Background to Highfields Surgery - SR Choudhary

Highfields Surgery is located at 25 Severn Street Leicester. The practice provides primary medical services to the area of Highfields in the centre of Leicester.

The practice has a General Medical Service contract (GMS) and serves 3,342 patients.

The practice is currently operated by two GP partners (one male and one female), two locum GP's, a part-time business manager, four receptionists, one health care assistant who also covers reception duties and two locum practice nurses. The General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The two GP partners had officially taken over the practice on January 1 2015 and were in the process of reviewing the systems and processes used by the previous practice team. They had employed a business manager to work with them for three hours a week. The practice did not have a practice manager.

The practice is located within the area covered by Leicester City Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice.

Highfields Surgery is a multi-level practice, with access for disabled patients but does not have car parking facilities. The surgery is open 8am to 6.30pm Monday, Tuesday, Wednesday and Friday. Thursday the practice is open 8am to 1pm. The practice offers an extended hours service with pre-booked appointments on Monday evenings between 6.30pm and 8.00pm.

Information from the local clinical commission group (CCG) and Public Health England showed that the practice had a younger patient population group. In Leicester approximately 60% of patients are under 40 compared with 51% in England. There is a large student population and migrant population with young families.

The practice has one location registered with the Care Quality Commission (CQC) which is

Highfields Surgery – S R Choudhary, 23 Severn Street, Leicester. LE2 0NN.

Highfields Surgery has opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Central Nottinghamshire Clinical Services.

We spoke with the management team with regard to their registration certificate. They did not have the correct regulated activities on their current certificate and did not fulfil the criteria in the CQC (Registration) Regulations 2009. After the inspection we received information that the registered manager had begun the CQC process to update their registration certificate.

Detailed findings

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.

This provider had been inspected before in July 2014 in the pilot phase of the CQC's new methodology. We have re-inspected to give the practice a rating for the regulated activities they provide.

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.

How we carried out this inspection

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. These 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from Leicester City Clinical Commissioning Group (LCCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 8 April 2015.

We asked the practice to put out a box and comment cards in reception where patients and members of the public could share their views and experiences.

We reviewed 42 completed comment cards. 38 out of the 42 cards completed had positive comments on them. They all felt that the quality of care was good. They felt respected, well looked after and staff were kind and considerate. Four negative comments related to the time it takes to get through by telephone, long wait to get an appointment to see a nurse and the need for longer opening hours to ensure people who work are able to get an appointment. We spoke with the management team who told us they would look into the concerns raised.

We spoke with two GP's, a business manager, one locum practice nurse, one health care assistant, two reception and administration staff and a member of the patient participation group.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Requires improvement

Are services safe?

Our findings

Safe track record

The current GP partners took over the practice in January 2015. Prior to this the practice had a different management team in place. Minutes of significant events and complaints meetings were not available prior to January 2015 therefore the practice were unable to demonstrate a safe track record over the long term. The records we looked at which related to significant events, near misses and complaints showed that issues had been considered. However, they had not always been reviewed or investigated in enough depth to ensure that relevant learning and improvement could take place.

We also reviewed safety records, incident reports and minutes of meetings and found little evidence that these had been managed consistently over time.

Learning and improvement from safety incidents

The practice did not have a clear or robust system for reporting, recording and monitoring significant events, incidents and accidents.

We looked at four significant event forms which had occurred in the last two years but we did not see any evidence of any learning and actions that had taken place. We found that significant events was an item on the practice meeting agenda for January 2015.We looked at meeting minutes for 11 February 2015 and found that significant events had been discussed. However no actions had been discussed. The practice had not documented who the actions were for or a date that the actions had to be completed by. There was no evidence that the practice had shared the findings with relevant staff. The practice did not have a dedicated meeting to review actions from past significant events to identify themes and trends. However staff, including receptionists, administrators, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Staff used incident forms on the practice intranet and sent completed forms to the GP's or business manager. We did not see any evidence of a system used to manage and monitor incidents. We saw little evidence of action taken as a result of any incidents and that the learning had been shared. Where patients had been affected by something that had gone wrong, we did not see any evidence that they were given an apology or informed of the actions taken.

National patient safety alerts were disseminated by the GP partners and kept in a file in reception. We saw four examples of alerts from 2014 where action had been taken and a signed staff signature list. However staff we spoke with were not able to give examples of recent alerts that were relevant to the practice. There was no process in place to ensure all staff were informed of national patient safety alerts. We were shown the practice safety incident policy which had recently been reviewed and updated.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

A staff member we spoke with was able to describe signs of abuse in older people, vulnerable adults and children. They described an incident that had occurred in relation to safeguarding concerns and how they had given this information to the GP to act on. The staff member was also able to show us the contact numbers and information in relation to safeguarding. They had knowledge of the flagging system on patient electronic record and what was highlighted in relation to vulnerable adults and children

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. However the practice were unable to provide us with evidence that they had been trained in both adult and child safeguarding. They were able to demonstrate they had the necessary competency to enable them to fulfil these roles. All staff we

spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern. We were shown the practice safeguarding policy which had recently been reviewed and updated.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans, safeguarding and carers. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

There was a chaperone policy in place and a poster which was visible in the waiting room and in consulting rooms offering the service of a chaperone. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The business manager told us that a receptionist was the only member of staff trained as a chaperone. They told us that if they were not available one of the GPs would act as a chaperone. The receptionist that had undertaken the training understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. The business manager told us there were plans to train at least another two members of staff as chaperones. We saw evidence that the staff member who undertook chaperone duties had received a Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The practice did not have a cold chain policy to ensure that medicines were kept at the required temperatures or describe the action to be taken in the event of a potential failure.

We saw there was a process in place to monitor the fridge temperature daily to ensure they were operating in line with guidance on vaccine storage. We found that the monitoring system only monitored and recorded the minimum and maximum temperatures and the thermometer was not reset after the temperature was recorded. We spoke with the management team who told us they would put a process in place to ensure that the thermometer was reset and recorded in the monitoring book.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were not tracked through the practice. Therefore they were not handled in accordance with national guidance as the practice did not keep a prescription pad log.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.

The locum practice nurse we spoke with told us they used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. However they were not aware of where the PGD's were kept in the practice.

A health care assistant we spoke with thought they had a PGD to administer influenza vaccinations but was unsure where it was kept and when it was last updated. We asked the management team who were unable to find a current set of PGDs. This meant that the nurse was administering certain medicines without an approved and signed PGD and therefore we were not assured that the practice were providing safe and effective care and treatment. We did not see evidence that the nurse and health care assistant had received appropriate training and been assessed therefore we could not be assured that they were competent to administer the medicines referred to under a PGD.

Whilst we saw a positive culture in the practice for reporting incidents and errors we could not be assured that appropriate actions were taken to minimise the chance of similar errors occurring again.

Requires improvement

Are services safe?

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. Patients we spoke with told us they found the practice clean and had no concerns about cleanliness. However some areas were found to be dusty. We found that effective cleaning schedules and systems were not in place. There were cleaning schedules but each task was not being signed by the cleaner to say it had been completed. Instead the cleaner signed once on a cover sheet to indicate that all cleaning of all rooms had been completed. There was no audit of cleaning standards undertaken to ensure the effectiveness of this. We looked at the cleaning equipment and materials stored at the practice and found the only cleaning products available were toilet cleaning liquid and hand soap. There was no information relating to the control of substances hazardous to health (COSHH) or product safety data sheets with a COSHH assessment and information on safe use.

The practice had a lead for infection control however they had not undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. Not all staff had received induction training about infection control specific to their role and there had been no annual updates. There was no evidence of any infection control audits being carried out.

An infection control policy and supporting procedures were available for staff to refer to in order to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. We found that the practice did not have elbow operated taps for hand washing sinks in line with national guidance.

We looked at the management of clinical waste. The practice had the correct clinical waste bags but in some rooms we found that domestic waste had been added to these bins. This system did not ensure that clinical and domestic waste was being disposed of in line with national guidance.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).However the policy stated that regular checks of water temperatures should be carried out to reduce the risk of infection to staff and patients. The only record of a check was in July 2014 and it did not record actual water temperatures.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us they thought that all equipment was tested and maintained regularly. Not all portable electrical equipment we looked at had been routinely tested and displayed stickers. Some equipment, for example, overhead examination lamp was last checked in 2001 and auroscope in 2007. We did not see a schedule of testing was in place. We saw evidence of calibration of relevant equipment, for example, auroscope, nebuliser, blood pressure measuring device and weighing scales.

Staffing and recruitment

We looked at six staff files which contained evidence that some recruitment checks had been undertaken prior to employment. For example, references, qualifications and registration with the appropriate professional body. We saw records of criminal records checks through the Disclosure and Barring Service (DBS), however some related to previous employers and one was 10 years old. We saw no evidence in the files of proof of identification including a photograph which is a requirement of the recruitment process for staff who provide a regulated activity under the Health and Social Care Act 2008 (regulated activities) Regulations 2010. The practice had a recruitment policy that set out the standards it followed when recruiting staff. The requirement of photographic identification and DBS checks were not included in the policy. The business manager told us he was in the process of updating all staff files and would ensure they included the necessary documentation.

The business manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place to ensure that enough staff were on duty. The business manager told us that they were in the process of recruiting a practice nurse to increase the availability of practice nurse appointments. There was an

informal arrangement in place for members of staff, to cover each other's annual leave and the business manager told us that locums would be used if necessary to cover the GPs annual leave.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice did not have systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There were no regular checks of the building or the environment.

There were no risk assessments in place and therefore risks had not been assessed, rated and mitigating actions put in place to reduce and manage any risks. The practice did not have identified risks on a risk log.

In July 2014 we found that there was not a ramp to allow for evacuation of disabled patients at the rear of the building. On this inspection we found that the practice still had not put a ramp in place. We spoke with the management team who advised us that they had plans to make major improvements to the building which would include alterations to the fire exits.

The meeting minutes we reviewed did not show that risks were discussed at GP partners' meetings or within team meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that some staff had received training in basic life support. We did not see any evidence that the locum practice nurse and one GP had received training.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). We found that the oxygen cylinder was empty. We spoke with the management team who immediately ordered a new cylinder. The practice did not have a checklist for emergency equipment to ensure that it was checked regularly as per practice policy.

When we asked members of staff, they all knew the location of this equipment even though the signage for the equipment directed them to a different area of the practice. We spoke with the management team who told us that they had informed all staff of the new location but had not updated the signs. They told us they would do new signage immediately. Records confirmed that the equipment was checked regularly.

We checked the pads for the automated external defibrillator to ensure they were within their expiry date. They were out of their expiry date so we spoke with the management team who immediately ordered some new pads.

The practice had a detailed emergency incident procedure however it had not be updated and reviewed since 2012.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Anaphylaxis is an acute allergic reaction to an antigen (e.g. a bee sting) to which the body has become hypersensitive. Hypoglycaemia is a low blood sugar**.** Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had an emergency medicine box used for home visits. We saw it was checked on a regular basis.

A service continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure and access to the building. The document also contained relevant contact details for staff to refer to which had been updated.

The practice had not carried out a fire risk assessment and the business manager told us that staff were not up to date with fire training but this was being implemented. There were no records available of fire drills having taken place.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could 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 that guidance from local commissioners was readily accessible on the practice computer system.

We discussed with the GP and nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us they supported all staff to review and discuss new best practice guidelines, for example, for the management of respiratory disorders. However our review of the clinical meeting minutes did not confirm that this happened.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and medicines management. These roles included data input and scheduling clinical reviews. Staff showed us how they accessed patient lists for recalls. They told us patients were telephoned instead of sending a letter. This was due to the number of patients where English was not the first language. Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the business manager.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). For example, we saw an audit regarding antibiotic prescribing. Much of the data was collected by the two locum doctors and the performance was lower than average for the CCG. They had not maintained any records since this audit to demonstrate how they had evaluated the service and documented the success of any changes. We did not see any evidence that this was discussed at any practice meetings. The practice showed us a further audit undertaken in the last 12 months in regard to their anti-coagulation service. This audit showed a high level of quality and performance. However there were no identified changes to treatment or care identified. None of the audits had a designated person identified to do any recommendations or actions. None had a date for the audit to be repeated. In failing to have a system in place for completing clinical audit cycles the practice had missed an important opportunity to review the care and treatment provided by the team and seek ways to improve patient outcomes.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This

Good

Are services effective?

(for example, treatment is effective)

practice was not an outlier for any QOF (or other national) clinical targets, It achieved 94.3% of the total QOF target in 2014, which was 0.9% below the CCG average and 0.8% above the national average.

Specific examples to demonstrate this included:

- Performance for diabetes related indicators was 97.1% which was better than both the CCG and the national average.
- The percentage of patients with COPD was 100% which was 9.6% above the CCG average and 4.8% above the national average.
- The percentage of patients with hypertension was 99.9% which was 1.7% above the CCG average and 7.9% better than the national average.
- Performance for mental health related QOF indicators was 87.2% which was 6.7% below the CCG and 3.2% below the national average.
- The dementia diagnosis rate was 100% and 8.7% above the CCG average and 6.6% above national average.

The practice was aware of all the areas where performance was not in line with national or CCG figures.

We reviewed data from the CQC data pack. It draws on existing national data sources and included indicators which covered a range of GP practice activity and patient experience, for example, the QOF and the National GP Patient Survey. Patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent had not been recorded. We spoke with the lead GP who told us that currently they do not have any patients with a fragility fracture.

The practice's prescribing rates were better than national figures in most areas.

For example:-

- Percentage of Cephalosporins & Quinolones prescribed was 1.4% compared to a national average of 5.57%.
- Number of antibacterial prescription items prescribed was 0.29% compared to a national average of 0.28%.
- Average daily quantity of Hypnotics prescribed was 0.17% compared to a national average of 0.28%.
- Number of Ibuprofen and Naproxen Items prescribed was 87.53% compared to a national average of 71.25%.

There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

The practice had a palliative care register and had regular informal multidisciplinary meetings to discuss the care and support needs of patients and their families. The patients on the palliative care register were flagged on the practice computer system to enable them to receive appropriate support as needed.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups. We were shown data that reviews had been carried out in the last year.

For example, learning disability 95.5%, depression 88.8% and mental health 92.3%.

Structured annual reviews were also undertaken for people with long term conditions. We were shown data that reviews had been carried out in the last year. For example, asthma 88.61%, COPD 81.63%, CVD 96.66%, diabetes 95.22% and dementia 96%.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed available staff training records but the business manager told us they were awaiting technical support as they were unable to access all training records on the computer and could not clarify which training had been completed by staff. We could therefore not be assured that all staff were up to date with attending mandatory courses.

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

Good

Are services effective?

(for example, treatment is effective)

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). Both GP's had additional qualifications, for example, Diplomas in family planning. They were members of the Royal Colleges of Physicians and Surgeons.

The business manager told us that since he took up his position he had identified the need for staff to have up to date appraisals in order to identify learning needs and these were planned for July 2015. Additionally he was waiting to gain access to the training programme on the practice computer system in order to assess the training needs of staff.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines, cervical cytology. Those with extended roles e.g. seeing patients with long-term conditions such as asthma, COPD and diabetes were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post.

A staff member we spoke told us what happened with mail, electronic or postal. They showed us how the information was communicated with staff via a task on the patient electronic computer system. When Pathology results were received they were also sent as a task to the GP. We looked at some results and found two which had been received six days earlier. These were in a shared "inbox" to both the GP's. The staff member explained that it was everybody's responsibility to check they were actioned. When the Pathology results were done the GP's recorded next steps and also ticked to say that they were completed so that other staff members where aware. However this did not appear to be a formal process within the practice.

Out-of hour's reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen and actioned on the day of receipt and all within five days of receipt. The GP who saw 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 was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The number of emergency hospital admissions for the practice was 16.53% compared to 13.6% for national average.

Currently the practice did not hold multidisciplinary team (MDT) meetings. We were told that the practice had contacted the Macmillan nurses and health visitors and were in the process of setting up MDT meetings.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the out-of-hours services.

Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use. Staff explained that they would action the choose and book referrals on the patients behalf. They would accept the earliest appointment and then inform the patient with details of how to change it if they wished to. Staff felt this worked well as the choose and book system as some patients may find it difficult to use. Referrals to be made where flagged as a task on the electronic system. Urgent referrals such as two week wait cancer referrals would be flagged as urgent and acted upon the same day. The patient would be told to contact the practice should they not hear anything about an appointment. The GP's often checked that appointments were given.

The practice had signed up to the electronic Summary Care Record and planned to have this fully operational in 2015. (Summary Care Records provide faster access to key

Good

Are services effective?

(for example, treatment is effective)

clinical information for healthcare staff treating patients in an emergency or out of normal hours). We were told that a GP takes a summary of the patient record when they went on a home visit.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

We saw evidence that both GP's had done audits to assess the completeness of their records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

Both GP's we spoke with were knowledgeable about the Mental Capacity Act 2005, Gillick competencies and their duties in fulfilling it. They understood the key parts of the legislation and were able to describe how they implemented it. The practice were particularly mindful of the Gillick competencies due to the religious beliefs of some of the patients registered with the practice.

Patients with a learning disability were supported to make decisions through the use of care plans, which were completed on a template in the patient electronic record system. Patients and where appropriate, their carers were involved in agreeing the care plan. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it).

Some clinical staff we spoke with could not demonstrate a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the discussion about the relevant risks, benefits and possible complications of the procedure. In addition, the practice obtained written consent for significant minor procedures and all staff were clear about when to obtain written consent.

Health promotion and prevention

The GP's we spoke with told us that many of their patients had very culturally related views on health promotion. They were sensitive to their patient's needs and how and when to give them information.

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was 83.96% compared to a national average of 83.13%.

The practice also offered NHS Health Checks to all its patients aged 40 to 74 years. Practice data showed that 53% of patients in this age group took up the offer of the health check. We were shown the process for following up patients if they had risk factors for disease identified at the health check and how further investigations were scheduled.

The practice had many ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice had identified the smoking status of 92% of patients over the age of 16 and actively offered advice to these patients. There was no evidence that these were having any success as the practice did not have any information.

The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 97.42% compared to a national average of 95.29%.

The practice's performance for the cervical screening programme was 79.8%, which was slightly below the national average of 81.9%. A receptionist told us that they had a system where a 'pop up' reminder comes on the electronic patient record screen to remind them to ask a patient to book an appointment. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening. We spoke with staff who told us that when they rang the patient for recalls any patients that declined were booked in for a telephone consultation for the GP to discuss.

Good

Are services effective?

(for example, treatment is effective)

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 was average for the majority of immunisations where comparative data was available. For example:

- Flu vaccination rates for the over 65s were 72.2%, and at risk groups 44.39%. These were slightly below the national averages.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 71.1% to 97.4%. These were below the CCG average. Childhood immunisation rates for the vaccinations given to five year olds ranged from 92.7% to 100%. These were above CCG averages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the January 2015 national GP patient survey. The practice or the PPG had not undertaken any patient surveys to improve services and the quality of care.

The evidence from the national survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the January 2015 national GP patient survey showed the practice was rated as good. The practice was slightly below average in some areas for its satisfaction scores on consultations with doctors and nurses. For example:

- 78% of patients who responded said the GP was good at listening to them compared to the CCG average of 86% and national average of 86%. 82% said the nurse was good at listening to them compared to the CCG average of 88% and national average of 91%.
- 79% patients who responded said the GP gave them enough time compared to the CCG average of 83% and national average of 87%. 84% said the nurse gave them enough time compared to the CCG average of 88% and national average of 92%.
- 94% patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%. 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 42 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and caring. They said staff treated them with dignity and respect. Four comments were less positive and related to the time it takes to get through by telephone, long wait to get an appointment to see a nurse and the need for longer opening hours to ensure people who work are able to get an appointment. We spoke with the management team who were aware of the on-going issues. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The practice had commenced the Family and Friends testing (FFT) on 1 December 2014. FFT will enable patients to provide feedback on the care and treatment provided by the practice. We saw that the practice had reviewed the data from January and February 2015. In both months a high percentage of patients had said they would be likely to extremely likely to recommend the practice to family and friends.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained 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.

We saw that staff were careful to follow the practice's confidentiality policy where possible when discussing patients' treatments so that confidential information was kept private.

The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. A system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that, where possible, it enabled confidentiality to be maintained. Additionally, 72% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The January 2015 national GP patient survey information we reviewed showed patients has responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in some areas. For example:

Good

Are services caring?

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%. 79% of respondents said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 90%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%. 69% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Patients we spoke with on the day of our inspection 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. A number of different languages which were common to the practice population were also spoken by various members of staff.

Patient/carer support to cope emotionally with care and treatment

The January 2015 national GP patient survey information we reviewed showed patients rated the emotional support provided by the practice below CCG and national average in this area. For example:

- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80 % and national average of 85%.
- 68% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them. We were shown the practice carer's policy which had recently been reviewed and updated.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The GP partners took over the practice in January 2015 and were in the process of looking at the needs of the practice population and putting systems in place to address the identified needs in the way services were delivered.

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. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements to better meet the needs of its population.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example the chair of the PPG told us that the telephone access to the practice had improved dramatically following the issue being raised at a PPG meeting and then addressed by the practice.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice could cater for different languages through online and telephone translation services. Staff told us that often patients who could not speak English brought someone with them who could. The practice had access to online and telephone translation services. GP's within the practice could speak English, Hindi and Urdu. Other staff could also speak English, Hindi, Gujarati, Punjabi and Swahili and some Bengali.

The current premises and services had not been adapted to meet the needs of patient with disabilities. The practice had plans to extend and improve the current building used by the practice which will include adding additional room downstairs, modifying the rooms upstairs to make them suitable for clinical use, adding a lift and putting in a ramp at the back fire door. On the previous inspection we advised the practice that they must put in a ramp to ensure that patients with reduced mobility could be evacuated in the event of a fire but this still had not be completed.

The practice was situated on the first and second floors of the building with most services for patients on the first floor. The practice did not have wide corridors for patients with mobility scooters. This made movement around the practice difficult. If a patient had mobility problems a home visit was offered.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and the treatment and consultation rooms were accessible. Toilet facilities were available for all patients attending the practice which were accessible.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice therefore patients could choose to see a male or female doctor.

Access to the service

The surgery was open from 8am to 12.30pm and 1.30pm to 6.30pm Monday, Tuesday Wednesday and Friday. Thursday from 8am to 12.30pm with a GP on-call until 6.30pm. Appointments were available from 9.00am to 12.30pm on weekdays and from 3.00pm to 6.30pm weekdays apart from Thursday. The practice offered extended hours and appointments were available on Monday evenings from 6.30pm to 8.00pm. Phlebotomy appointments were from 08.45am to 11.30am weekdays apart from Thursday. Thursday morning from 9.30am to 12.00pm there was an in-house therapist. The nurse appointments were currently on a Friday from 9.30am to 2.00pm. There were two pre-bookable on the day appointments, two in the morning and two in the afternoon, these were also bookable on line. Patients were able to book appointments on line as far in advance as they wished. The first three appointments for each GP were pre-bookable and the rest were book on the day. The practice' offered extended opening hours on Monday evenings for patients with work commitments.

Patients could book appointments online through the practice website. Urgent cases were seen in the morning between 8.00am and 12.30pm. The Surgery ran an advanced access appointment system. Patients could ring at 8.00am for a morning appointment or 2.00pm for an

Good

Are services responsive to people's needs?

(for example, to feedback?)

afternoon appointment. The majority of appointments need to be pre-booked and could be done up to two weeks in advance. Telephone consultations took place between 12.30pm and 2.00pm.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and for those with long-term conditions. This also included appointments with a named GP or nurse. Whilst patients may have a named GP, patients were still offered a choice of whom they wished to see.

The January 2015 GP national patient survey information we reviewed showed patients responded to questions about access to appointments and generally rated the practice slightly below the CCG and national average in these areas. For example:

- 71% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 97% of patients who responded said the last appointment they got was convenient compared to a CCG average of 90% and national average of 92%.
- 63% of patients who responded described their experience of making an appointment as good compared to the CCG average of 69% and national average of 74%.
- 58% of patients who responded said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.
- 59% of patients who responded said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 74%.

Most patients we spoke with and comments cards we looked at were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent. Routine appointments were available for booking two weeks in advance.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw the practice had information available to help patients understand the complaints system. A complaints leaflet was available but it did not have up to date information on how to complain for example, to the Parliamentary Health Service Ombudsman (PHSO) or PohWER. PHSO investigate complaints that individuals have been treated unfairly or have received poor service from government departments and other public organisations and the NHS in England. POhWER provides advocacy services in the UK and is England's largest provider of NHS Complaints Advocacy. There was no information in the practice or on the website describing the complaints procedure.

There was no information displayed in the reception area to advise patients of the complaints process and there were no leaflets available for patients to take away. A staff member told us that they did not get complaints however if anyone was not happy they would be directed to put a suggestion in to the suggestion box.

There was only one complaint received in the last 12 months. We found that it had not been satisfactorily handled or dealt with in a timely manner. The complaint letter did not have evidence of an acknowledgement, response or an investigation. When we spoke with the management team they told us that they assumed the previous management team would have dealt with this however no attempt had been made to corroborate this.

None of the patients we spoke with had ever needed to make a complaint about the practice.

We saw that the practice had a procedure in place which identified that the practice would review complaints on an annual basis. The procedure identified the documents required but they were not included within the procedure. Due to the lack of complaints we were unable to see an

Good

Are services responsive to people's needs?

(for example, to feedback?)

annual complaints report or discussion to identify and to detect themes or trends, however it was part of the policy that this was in place. The new GP partners had not been at the practice a year so had not undertaken a review.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to provide a high standard of medical care and had a commitment to their patient's needs. We found details of the practice values included in the practice's statement of purpose.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We spoke with both of the GP partners and found them both to be committed to improving the services provided by the practice. They had worked hard since they took over in January 2015 to improve patient outcomes. They also had plans to extend and improve the current building used by the practice which will include adding additional room downstairs, modifying the rooms upstairs to make them suitable for clinical use, adding a lift and putting in a ramp at the back fire door.

We spoke with seven members of staff but most did not know the vision and values the new GP partners had or their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 11 of these policies. The business manager told us that as part of a new induction process the practice were introducing staff would complete a cover sheet to confirm that they had read the policy and when. Six of the 11 policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding.

We spoke with seven members of staff and most were clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The GP and business manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed it was performing in line with national standards. In the minutes we looked at QOF data was not regularly discussed to maintain or improve outcomes.

The current governance arrangements had not ensured risk assessments had been carried out. They had not ensured that they were aware of any potential risks to patients, staff and visitors and planned any mitigating actions to reduce the possibility of harm. We spoke with the management team who informed us they would carry out the necessary assessments.

The GP partners had taken over the practice in January 2015 . They did not have a programme of clinical audits to use to monitor quality and systems to identify where action should be taken.

Evidence from other data from sources, including incidents and complaints were not currently used to identify areas where improvements could be made.

The practice did not have robust arrangements in place for identifying, recording and managing risks. There were no risk assessments or a risk log in place to identify and address potential issues.

We saw minutes of one clinical meeting which was held on 5 March 2015. It was a discussion about a significant event. The practice had not documented who the actions were for or a date that the actions had to be completed by. The minutes said the significant event would be discussed with staff at the next full team meeting to raise awareness but we could not find any evidence to demonstrate that learning had been discussed with staff.

The practice held monthly meetings and we looked at the minutes from the last three. From the minutes we looked at we found there was no standing agenda or evidence that performance, quality or risks had been discussed. Any discussions that had actions did not have named individuals or timescales for completion.

The business manager was responsible for human resource policies and procedures. He was in the process of

Are services well-led?

Requires improvement

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

introducing a staff handbook which would support staff and would include for example sections on sickness, equality and harassment and grievance procedures. Staff we spoke with knew where to find these policies if required.

The practice did not have a whistleblowing policy available to staff.

Leadership, openness and transparency

The partners in the practice were available in the practice. Most staff told us that they were approachable and always took the time to listen to all members of staff. Not all staff we spoke with were involved in discussions about how to run the practice and how to develop the practice.

The business manager told us he had introduced practice meetings for all staff to attend in order to gain feedback from staff. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues, felt confident in doing so and felt supported if they did. Most staff said they felt respected, valued and supported, particularly by the partners in the practice.

Seeking and acting on feedback from patients, public and staff

The practice had not yet gathered feedback from patients through a patient survey. There was a suggestions box in the patient waiting area in order for patients to comment on the service they received and put forward ideas for improvement.

The practice had an active patient participation group (PPG) and the practice was trying to encourage new members. They held meetings every two months. We spoke with the chair of the PPG who said they had been apprehensive about the changes in the practice but had found the new partners to be very engaged with the PPG and had kept them appraised of events. They had already worked with the practice to improve the rate of patients who did not attend appointments and there had been a month by month improvement. The PPG planned to carry out a patient survey in the near future. The business manager showed us the analysis of the last patient survey which had taken place in March 2014 and which was considered in conjunction with the PPG.

We were given copies of the recent PPG meeting minutes for 17 March 2015 but they were not available in the waiting room or on the practice website for patients to see.

The practice had commenced the Family and Friends testing (FFT) on 1 December 2014. FFT will enable patients to provide feedback on the care and treatment provided by the practice. We saw that the practice had reviewed the data from January and February 2015. In both months a high percentage of patients had said they would be likely to extremely likely to recommend the practice to family and friends.

The business manager told us that since he took up his position he had identified the need for staff to have up to date appraisals in order to identify learning needs and these were planned for July 2015. Additionally he was waiting to gain access to the training programme on the practice computer system in order to assess the training needs of staff.

Staff told us that they felt involved with the practice and that their ideas where listened too. For example, a staff member had raised a suggestion for two GP's on a Friday afternoon. We saw evidence that this had been discussed in the practice meeting minutes. The staff member also told us that changes were being introduced gradually rather all at once. The staff member said that they felt more secure in their role within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at six staff files and found that only one member of staff had received an appraisal in the last 12 months therefore staff may not have had the opportunity to update and improve their knowledge and skills. This had been identified as an issue by the business manager when he took up post and staff appraisals were planned for July 2015. Staff told us that although the new GP partners and business manager were new to the practice they found them supportive.

We saw limited evidence that information about the service was used in ways to develop and improve the service provided to patients. For example through learning from investigating significant events and complaints.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and Treatment must be provided in a safe way for service users. We found that the registered person did not have a robust system in place for incidents that affect the health, safety and welfare of people using services must be reported internally and to relevant external authorities/bodies. They must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result. Staff who were involved in incidents should receive information about them and this should be shared with others to promote learning. Incidents include those that have potential for harm. We found that the registered person had not done all that was reasonably practicable to mitigate risks. They should follow practice guidance and must adopt control measures to make sure the risk is as low as is reasonably possible, They should review methods and measures and amend them to address changing practice. Providers should use risk assessments about the health, safety and welfare of people who use their services to make required adjustments. For example, risk assessments for, health and safety, legionella, legionella water checks, general office environment, disclosure and barring (DBS), control of substances hazardous to health (COSHH), infection control and fire safety. The registered person did not have a system in place to ensure an appropriate standard of cleanliness and infection control, for example, checks on cleaning standards and infection control audits.

This section is primarily information for the provider

Compliance actions

The registered person did not have arrangements to take appropriate fire. For example, a ramp at the back fire door to evacuate patients with reduced mobility in the event of a fire.

This was in breach of 12 (2) (b) (d) (h) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes must be established and operated effectively to ensure compliance. We found that the registered person did not have records relating to the management of regulated activities relevant to the planning and delivery of care and treatment. This included governance arrangements such as policies and procedures. For example, significant events, infection control, cold chain, needlestick injury and legionella. Patient Group Directives were not available for clinical staff. The registered person did not operate effective systems and processes to make sure they assess and monitor their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended). The provider must have a process in place to make sure this happens at all times and in response to the changing needs of people who use the service. For example, patient survey's. This was in breach of Regulation 17 (1) (2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).