

# Friary House Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Friary House Surgery on 4 June 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice to require improvement for providing safe and caring services. We found the practice to be inadequate for providing effective, responsive and well led care.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Improvements were required to provide assurance to demonstrate patients could access timely care and treatment. Not all patients were positive about the Doctor First appointment system (a telephone led appointment system supported by NHS England). Urgent appointments were available on the day they

were requested. However, information from Healthwatch and complaints received by the practice showed patients said that it was difficult to get through to the practice when phoning to make an appointment.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, no audits had been undertaken for infection control.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Action the provider must take to improve:

- All staff must receive training in infection control and the practice must introduce and undertake a comprehensive infection control audit.
- The practice must ensure that all electrical equipment testing is up to date.

# Summary of findings

- All staff must receive up to date training in fire safety and undertake regular fire drills.
- Systems and processes must be established and operated effectively to prevent the possible abuse of service users, with up to date safeguarding and Mental Capacity Act 2005 training for all staff.
- Systems and process must be in place to ensure all staff receive regular appraisal of their performance.
- The provider must improve communication between all staff teams. Regular engagement must be held to ensure learning and changes within the practice are communicated to all staff.
- The provider must introduce systems for seeking and acting on feedback from patients, those acting on their behalf, staff and other stakeholders, so that the service is continually evaluated and improved.

On the basis of the ratings given to the practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again within six months to consider whether sufficient improvements have been made. If insufficient improvements have been made, such that there remains a rating of inadequate for any population group, key question, or overall, we will take action in line with our enforcement procedures.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Significant events were discussed as a standing agenda item at weekly business meetings that clinical staff on duty that day attended.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The management of medicines at the practice was well organised and in line with requirements.

The practice was clean and tidy. Staff were familiar with infection control policy and infection control leads had been identified, but infection control audits had not been implemented.

**Requires improvement**



### Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made. Care and individual treatment was delivered in line with best practice guidance. Data showed patient outcomes were either equal below average for the locality.

There was minimal engagement with other providers of health and social care to achieve the best outcomes for patients, for example learning disabilities nurses and the community matron.

Clinical audits had been undertaken but there was no evidence that audit was driving improvement in performance to improve patient outcomes.

**Inadequate**



### Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where it should make improvements. Data showed that patients rated the practice lower than others for some aspects of care. Information for patients about the services was available in the practice and on the practice website. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Requires improvement**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services, as there are areas where it should make improvements. Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.

Feedback from patients reported that they were not satisfied with the arrangements for making an appointment at the practice although urgent appointments and being able to speak with a GP were available the same day.

The practice was equipped to treat patients and meet their needs. Information was available to assist patients with making a complaint, however, there was no evidence that learning from complaints had been shared with staff.

Inadequate



## Are services well-led?

The practice is rated as inadequate for being well-led as there are areas where it should make improvements. The practice had a vision to deliver and promote good outcomes for patients. There was a documented leadership structure and most staff felt supported by management, but at times were unclear of whom to go to with particular issues. On the day of our inspection, a newly appointed practice manager had been in place for nine days. The practice did not hold regular governance meetings. The practice had a limited approach to obtaining the views of patients and had they not proactively sought feedback from staff or patients. The practice did not have a patient participation group (PPG) at the time of our inspection. Not all staff had received regular performance reviews. The newly appointed practice manager told us they planned to rectify this.

Inadequate



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as inadequate for older people. Patients over 75 years of age did not have a named GP; we were told that this process was being undertaken at the current time. The practice provided us with a copy of a plan for 2015-2016 showing that they recognised the need to develop more robust plans for patients over 75 years of age. The plan confirmed the need to organise regular meetings with other care professionals and develop their role in helping older patients to remain at home and reduce unplanned hospital admissions, as this was not currently in place. If older patients had mobility problems they were offered home visits. Flu immunisation clinics were offered to patients over 65 years of age.

Inadequate



### People with long term conditions

The practice is rated as Inadequate for the care of people with long term conditions. Patients with long term conditions did not have a named GP. The practice held nurse clinics for patients diagnosed with conditions such as diabetes, respiratory and cardiovascular disease. There was no system in place to recall patients to the surgery for review, monitoring and support. Recall was opportunistic or relied on patients requesting an appointment, this was reflected in lower achievement according to nationally reported data, for example the percentage of patients with hypertension was significantly higher than compared to the national average. The patient recall system was on the practice's 2015-2016 plan to be developed. Information for patients who suffered from long-term conditions was available on the practice social media web page.

Inadequate



### Families, children and young people

The practice is rated as inadequate for families, children and young people. Our findings were positive for this population group, however the provider is rated as requires improvement for being effective, safe, responsive and caring and inadequate for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Cervical screening and family planning advice was provided through booking an appointment with the GP. Advice on immunisation was available on the practice website. Childhood immunisations were carried out at the practice. We saw the waiting area and treatment rooms were able to accommodate patients with prams and baby changing

Inadequate



# Summary of findings

facilities was available. A midwife was available at the practice for care and advice. There was information for family health on the website and for minor health ailments there was guidance for patients to follow.

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

The practice is rated as inadequate for providing care to working age people. Our findings were positive for this population group, however the provider is rated as requires improvement for being effective, safe, responsive and caring and inadequate for being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice provided telephone consultations and emergency appointments on the same day. The practice used a call back system to allow working people to speak with a GP at a time convenient to them. Opportunistic health checks were being carried out with patients if they attended the practice. This included offering referrals for smoking cessation, providing health information, routine health checks including blood tests as appropriate. The practice website invited all patients aged between 40 years to 75 years to arrange to have a health check with a nurse. The practice website allowed patients to order prescriptions on-line.

**Inadequate**



## **People whose circumstances may make them vulnerable**

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice had a coding system to alert staff of vulnerable adults and children who may be at risk of abuse on the computer system. One GP told us that they did not use this system as they considered this as discriminatory. Most staff knew how to recognise signs of abuse in vulnerable adults and children and their responsibilities regarding information sharing of safeguarding concerns. However not all staff were aware of to whom to report their concerns. Multidisciplinary meetings with district nurses, and community mental health services were not taking place. We were shown a plan that showed integrated working with learning disability nurses was being developed.

**Inadequate**



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

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice planned to look at systems to identify and improve continuity of care to achieve positive outcomes for patients. Nationally reported data showed the number of patients with an affective disorder and other psychoses who had a comprehensive,

**Inadequate**



## Summary of findings

agreed care plan documented was significantly below the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in at face-to-face appointment in the preceding 12 months was also significantly below the national average. There was information for this population group on the practice website.



# Summary of findings

## What people who use the service say

We looked at patient experience feedback from the GP Patient Survey from 2014. The patients' survey showed 82% of the 107 patients that responded found that GPs gave them the time they needed. Of these, 88% of patients said that GPs were good at explaining treatment and tests to them. Patients responded about the way staff communicated with them and 92% of patients felt that the nursing staff were very helpful and explained their treatment well and 68% found the reception staff helpful. However only 50% of patients responded that their experience of making an appointment was good.

We spoke with two patients during the inspection and collected 10 completed comment cards which had been left in the reception area for patients to fill in before we

visited. Nine comment cards provided positive feedback, they told us the staff were friendly, they were treated with respect and their care was very good. The comment cards also told us how they felt listened to by the staff and how supportive staff were. The remaining comment card stated that they found making an appointment with a GP difficult as they could not get through on the telephone and did not feel listened to, which they found frustrating. Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients found it easy to get repeat prescriptions from the practice. The practice did not have a patient participation group (PPG) at the time of our inspection.

## Areas for improvement

### Action the service MUST take to improve

- All staff must receive training in infection control and the practice must introduce and undertake a comprehensive infection control audit.
- The practice must ensure that all electrical equipment testing is up to date.
- All staff must receive up to date training in fire safety and undertake regular fire drills.
- Systems and processes must be established and operated effectively to prevent the possible abuse of service users, with up to date safeguarding and Mental Capacity Act 2005 training for all staff.
- Systems and process must be in place to ensure all staff receive regular appraisal of their performance.
- The provider must improve communication between all staff teams. Regular engagement must be held to ensure learning and changes within the practice are communicated to all staff.
- The provider must introduce systems for seeking and acting on feedback from patients, those acting on their behalf, staff and other stakeholders, so that the service is continually evaluated and improved.

# Friary House Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, and a practice manager specialist advisor.

## Background to Friary House Surgery

The Friary House Surgery provides primary medical services to people living in central Plymouth and surrounding areas. This was a comprehensive inspection. At the time of our inspection there were approximately 10,800 patients registered at the service. The practice is contracted to provide personal medical services. This includes childhood vaccination and immunisation, influenza and pneumococcal immunisation, extended hours access, facilitation of timely diagnosis and support for people with dementia, identification of patients with alcohol related health risks and the identification of patients with learning disabilities who are offered annual health checks.

The practice had a team of eight GP partners, five male and three female, who provided a total of 48 surgery sessions. The partners held managerial and financial responsibility for running the practice. There were four part time nurses, two part time healthcare assistants and a part time phlebotomist (staff member who takes blood) at the practice. In addition there was a practice manager, finance manager and a team of administrative and reception staff. Longstanding staff had retired and key members of staff had been on long-term sick leave, which staff reported had

produced additional pressures. The practice had employed a new practice manager who had been in post for just two weeks, in this time they had produced a list of tasks that the practice planned to achieve for 2015-2016.

Patients who use the practice have access to community staff including district nurses, health visitors, counsellors and midwives.

The practice is open from 8am to 6pm Monday to Friday. All appointments were made using a triage system; patients telephoned the practice and a call back from a GP was arranged for later on the same day. The GPs each had 35 pre-booked telephone consultation slots for the morning and another 35 for the afternoon. GPs had a further 10 face to face appointments each day, to see the patients they had determined as necessary to see. The practice offered extended hours, pre-bookable telephone consultation appointments were available on Monday and Wednesday mornings. GP s could also book patients for telephone appointments on alternate Saturday mornings. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider. This is in line with the contract held by GP practices in the Northern, Eastern and Western Devon Clinical Commissioning Group.

The practice had been inspected by the Care Quality Commission in September 2014.

## 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

# Detailed findings

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

## How we carried out this inspection

Before conducting our announced inspection of Friary House we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. Organisations included the local Healthwatch, NHS England, and the local Northern, Eastern and Western Devon Clinical Commissioning Group.

We requested information and documentation from the provider which was made available to us either before, during or 48 hours after the inspection.

We carried out our announced visit on 4 June 2015. We spoke with five GPs, three of the nursing team and seven of the management and administration team. We collected 10 patient responses from our comments box which had been placed in the waiting room. We observed how the practice was run and looked at the facilities and the information available to patients. The practice employed a "Doctor First" telephone appointment led system, which had been funded and developed by NHS England and the clinical commissioning groups. A large number of patients were able to speak with their GPs on the telephone. Of the patients who attended the practice for face to face appointments, we spoke with two.

We looked at documentation that related to the management of the practice and several anonymised patient records to determine how their health was monitored and needs met. .

We observed staff interactions with other staff and with patients and made observations throughout the internal and external areas of the building.

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an open, transparent and systematic approach for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. For example, complaints were reviewed at the weekly practice business meeting and learning was evident in minutes seen. The practice had a system in place for reporting and monitoring significant events that may have implications for patient care, incidents and accidents. We reviewed records of six significant events that had occurred during the last year and saw this system was followed appropriately. Significant events was a standing item on the weekly business meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. For example, the team had reviewed an incident which involved the giving of immunisations to a baby. The learning shared was that information must be cross checked against records and with the parent. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings. For example, the practice had addressed the way pathology results were followed up and had raised awareness that these should be handled by the named GP in a timely way. National patient safety alerts were disseminated by the practice manager to practice staff. Alerts had been printed off and a paper copy given to the relevant staff.

### Reliable safety systems and processes including safeguarding

A GP partner in the practice was designated as the lead for safeguarding at the practice. The GP had been trained in safeguarding vulnerable adults and could demonstrate they had received the required level three training for safeguarding children, to enable them to fulfil this role. We spoke with staff about identifying and preventing abuse. Nursing staff were able to demonstrate that they had completed training or had updates planned. Administrative staff had received up to date training to an appropriate level for protecting vulnerable children and adults. Each consulting room had a flow chart with contact numbers for the local authority safeguarding team and police, and nursing staff were able to describe the procedure to be followed if they suspected or witnessed any concerns.

However, there were gaps in the systems and processes which could put patients at risk of abuse, for example the records provided showed that one GP was overdue for their annual safeguarding training. Staff were not clear about to whom to report safeguarding concerns within the practice; the staff gave us the names of three different GPs and told us when the named GP was unavailable they would contact the duty GP. One of the GPs was also unaware of who the safeguarding lead was within the practice.

The practice had a coding system to alert staff of vulnerable adults and children who may be at risk of abuse on the computer system. One GP told us that they did not use this system as they considered this as discriminatory. There was engagement with other relevant agencies to discuss vulnerable adults and children. We were told by a GP that GPs wrote reports for safeguarding meetings and attended when they could. There was a chaperone policy, (a chaperone is a person who accompanies a patient during consultation, examination or treatment with a GP or nurse). There was a poster about the chaperone service in the waiting room; there were no notices in the consulting rooms offering this service to patients. Nurses and healthcare assistants were used as chaperones within the practice. The nursing staff had received chaperone training. The newly appointed practice manager had identified chaperoning as a training need for other staff who had received disclosure barring service (DBS) background checks.

### 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. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature and thus safe to use for patients. Processes were in place to check medicines stored in locked cupboards and fridges at the practice 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. However, this did not include processes to reduce patient safety risks with regard to GP bags. GPs were responsible for their own bags, we looked at these and

# Are services safe?

found out of date medicines, including inhalers, medicines used to assist with breathing, and antibiotics. The GP partner removed these during the inspection so that they could not be used for patients. 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 handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. The practice had established a service for patients to pick up their dispensed medications from chemists across the local area.

## Cleanliness and infection control

We observed the premises to be clean and tidy. Patients written comments were that they found the practice clean and had no concerns about cleanliness, hygiene or infection control. The practice had two staff with lead roles for infection control, the practice manager and a nurse. An infection control policy and supporting procedures were available for staff to refer to, which enabled them 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 to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury. 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. Dedicated sharps boxes were available in all the treatment rooms and were used appropriately. A contract was in place for the collection and safe disposal of clinical waste and waste had been collected accordingly. There were gaps in systems to reduce the risk of cross infection to patients. For example, records showed that no infection control training for staff had taken place at the practice, and infection control audits had not been carried out, although were planned for the near future.

## Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. The portable electrical equipment displayed stickers indicating the last testing date was Nov 2013, thus annual testing was overdue. We saw evidence of calibration of relevant equipment that was carried out in

November 2014; this included the weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer. However, GP bags contained equipment that did not have up to date calibration to ensure accurate and reliable use. The GP removed this equipment during our inspection.

## Staffing and recruitment

The practice had a recruitment policy that set out the standards followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (these 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 vulnerable adults). Staff told us about the arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. No additional hours were available to cover for annual leave or sickness; however, staff said that any gaps in the rota would be covered because they would swap shifts around to cover these absences. There were sufficient staff on duty and there was a system in operation to ensure a GP covered for their colleagues when necessary, for example if they were on home visits or on leave.

## Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor health and safety risks to patients, staff and visitors to the practice. Systems included regular checks of the building and the working environment. The practice manager showed us a buildings and maintenance plan for 2015/16 detailing works to be carried out, for example new sinks and taps in consulting and treatment rooms. The practice also had a health and safety policy. Health and safety information was displayed for staff to see. Nursing staff received medical alert warnings or notifications about safety by email or verbally from the GPs or practice manager. These were stored on the computer system and on paper so were easy for staff to access. Alerts and notifications had been discussed at the weekly meeting so that staff were aware of any changes necessary and acted upon them to promote patient safety.

## Are services safe?

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

The practice had arrangements in place to manage emergencies. Records showed that all clinical staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. 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, and anaphylaxis. Systems were also in place to check whether emergency medicines held in this area were within their expiry date and suitable for use, we checked the medicines held here and found they were all in date and fit for use. The practice had carried out a fire risk assessment that included actions required to maintain fire safety. However, records showed that staff were not up to date with annual fire training and that this training last took place in November 2013. The latest fire drill (full evacuation) also took place in November 2013, although the practice policy stated that drills will be undertaken quarterly.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

There were examples where care and treatment followed national current practice and guidelines. For example, emergency medicines and equipment held by the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Care Excellence (NICE) guidance. Guidance from national travel vaccine websites had been followed by practice nurses. 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

Formal monitoring and systematic ways of improving outcomes for patients had not been taking place. The practice told us that this was due to the retirement of a member of staff. A new staff member had been identified for this work but this had yet to be established. The practice used the quality and outcome framework (QOF) to measure their performance. The QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. The QOF data for this practice showed the total overall score was 69.2%; this was much lower than national average score of 94.2% in areas that reflected the effectiveness of care provided. Anonymised patient records, viewed on computer during the visit, had alerts indicating that systematic reviews of their care and treatment were overdue. For example:

- Patient's living with diabetes were at risk because data from 31/03/2014 showed the performance for monitoring their blood pressure was 53.03% compared to the national average of 78.53%.
- The proportion of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was much lower at 47.24% compared to the national average of 88.61%

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face appointment in the preceding 12 months was much lower at 41.93% compared to the national average of 83.82%.

Every appointment request was screened by a GP, resulting in, for each GP, 35 telephone appointments each morning and 35 in the afternoon Monday to Friday. GPs held 10 face to face appointment slots in the mornings and 10 in the afternoons.

The practice showed us three audits that had been undertaken in the last year. These audits referred to an inadequate smear test, a medicine being used for patients over 65 years and care and treatment of patients with coeliac disease. Two out of three of these audits demonstrated that changes had taken place since the initial audit. For example the audit carried out about following National Institute for Health and Care Excellence guidance for patients suffering with coeliac disease had resulted in changes to the way blood screening took place. The results from this audit was repeated twice over a two year period and showed continued compliance with these guidelines. The impact of these audits on improving services for patients was minimal; however, GPs used them towards revalidation of their qualification.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. The majority of GPs and nurses worked part time at the practice which provided flexibility when cover was needed. There were sufficient staff on duty. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation of their professional qualifications. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The practice demonstrated that their nursing staff's entries on the Nursing & Midwifery Council register had been checked and were valid.

Nursing staff told us that they were also employed elsewhere within the health care industry, where they had received training appropriate to their role at the practice. Not all the staff had received an annual appraisal to identify

# Are services effective?

## (for example, treatment is effective)

their learning and support needs. Development and training plans had not been devised. Training records showed that some staff had not completed mandatory courses such as annual fire safety and infection control. However, the new practice manager had identified that action was required to address these. 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. Those with extended roles, for example, seeing patients with long term conditions (such as asthma) were also able to demonstrate that they had appropriate training to fulfil these roles.

### Co-ordinating patient care and information sharing

The practice referred patients to secondary care providers to meet patient needs and manage those with complex needs. Blood test results, x-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Out-of hours reports, 111 reports and pathology results for patients were all seen and actioned by a GP on the day they were received. Discharge summaries and letters from outpatients departments 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 any action required. All staff we spoke with understood their roles and felt the system in place worked well, indicating that patient care was coordinated in a timely way.

The practice did not currently hold multidisciplinary team meetings to discuss patients with complex needs. The lack of proactive management of these patients meant that there was an increased risk of unplanned hospital admission. Data showed the practice has a slightly higher than national average for emergency admissions to hospital at 17.6% with the national average being 14.4%. The new manager had identified the need for integrated care with other healthcare professionals, such as the community matron, learning disabilities nurse and health visitors, and we saw this on their task list.

### Consent to care and treatment

The GPs and nurses were aware of the Mental Capacity Act 2005. Evidence showed they had been involved in best

interest meetings where the patient did not have the capacity to make their own decisions and choices about care and treatment. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of the Gillick competency test (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). However records provided by the practice showed that staff had not received any training in this area.

### Health promotion and prevention

The practice promoted patients' independence in relation to monitoring and maintaining their own health and well-being. There was a private area with facilities for patients to measure their own height, weight, body mass index (BMI) and blood pressure. Smoking cessation advice and clinics were also provided.

Staff explained that when patients were seen for routine appointments, prompts appeared on the computer system to remind staff to carry out regular screening, recommend lifestyle changes, and promote health improvements which might reduce dependency on healthcare services. Patients with complex illness and diseases were offered regular appointments with a nurse. The nurse explained that there was no formal recall system and the onus was on the patient to make further appointments, this was so that patients could access care at a time convenient to them. An example was the practice was not consistently following NICE pathways to monitor patients effectively, for example, only 72.96 % of patients with diabetes had received foot checks, compared to the national average of 88.35%.

A full range of screening tests were offered for example, relating to alcohol consumption, asthma and depression. Vaccination clinics were organised on a regular basis to ensure vaccinations were available to those that needed them. National data showed the percentage of patients aged 65 and older who had received a seasonal flu vaccination was 69.57% compared to the national average of 73.24%. Family planning, contraception and sexual health screening was provided at the practice. Three GPs were trained to carry out intra-uterine contraceptive device (coil) fittings.



## Are services effective?

(for example, treatment is effective)

There was a range of leaflets and information documents available for patients within the practice in the waiting areas. The practice had information on minor illnesses, long term conditions, mental health, dementia and family health on their social media web page.

The practice offered a travel vaccination service.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 10 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered a helpful and caring service. They said staff treated them with dignity and respect.

We reviewed the most recent data available for the practice on patient satisfaction. This included a national survey performed in 2014 in which 107 responses demonstrated how patients were treated and that this was with compassion, dignity and respect. For example,

- 82.1% said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 87.2%.
- 78.8% said the GP gave them enough time compared to the CCG average of 89.2% and national average of 85.3%.
- 93.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.6% and national average of 92.2%
- 69.1% said the nurse was good at listening to them compared to the CCG average of 90.5% and national average of 79.1%.
- 71.6% said the nurse gave them enough time compared to the CCG average of 84.4% and national average of 80.2%.
- 81.3% said they had confidence and trust in the last nurse they saw compared to the CCG average of 88.9% and national average of 85.5%

Nine patients wrote in comment cards that they felt the practice offered an excellent service and staff were efficient, helpful and caring. One comment was less positive describing receptionists as not always being respectful. This was also reflected in the GP patient survey where 68% of patients said they found the receptionists at the practice helpful which was lower than CCG average of 90% and national average of 87%.

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 patient privacy and

dignity was maintained during examinations, investigations and treatments. We noted that consultation / 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 when discussing patients' treatments. The practice switchboard was located away from the reception desk and was shielded by glass partitions. Patients could not be overheard.

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

On the day of the inspection we spoke briefly with two patients as the practice consulted with the vast majority of patients over the telephone. However, 10 patients provided written comments for the inspection. These patients verified that they were involved in planning their care and treatment. The GP patient survey information we reviewed showed patients responded fairly positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 80.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.7% and national average of 82%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.4% and national average of 74.6 %.

And

- 71% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 80.2% and national average of 76.7%.
- 60.4% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 68.8% and national average of 66.2 %.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

The patient survey information we reviewed showed patients were generally positive about the emotional support provided by the practice and rated it well in this area. For example:

## Are services caring?

- 79.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.8% and national average of 82.7%.
- 70.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81.9% and national average of 78%.

The ten patients who made written comments expressed that staff responded compassionately when they needed

help and provided support when required. Notices in the patient waiting room 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. The practice website gave information for patients and carers to ensure they understood the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

An effective process was in place for managing blood and test results from investigations. Patients said on comment cards they had not experienced delays receiving test results. There was currently no patient participation group (PPG). The practice had attempted to create a PPG in the past without success. The practice was planning to organise a PPG and advertisements about the PPG were on display and featured on the practice website.

### Tackling inequity and promoting equality

The practice had recognised the needs of different patient groups in the planning of its services. The gender mix of the team reflected the practice population breakdown of male and female patients. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

To ensure patients were given enough consultation time, longer GP appointments were available particularly for older patients, those experiencing poor mental health, vulnerable patients, those with learning disabilities or long-term conditions. This also included longer appointments with a nurse.

The design of the premises met the needs of people with disabilities. It was accessible to patients with mobility difficulties and there was level access for patients using wheelchairs and those with pushchairs. The consultation and treatment rooms were large, on two floors and there were stairs and a lift to the first floor. The waiting area was large enough to accommodate patients. Accessible toilet facilities were available for all patients attending the practice and included baby changing facilities. This helped to maintain patients' independence. The practice had the medical equipment it required to provide the services it offered.

### Access to the service

The practice was open from 8am to 6pm Monday to Friday and patients accessed the service by making an appointment for a telephone consultation. The GP determined whether a face to face consultation was required. It was not possible for a patient to book an appointment in advance, as all appointments were able to

be made on the day and no-one was declined the opportunity to speak to a GP. Appointments times were usually accurate and the majority of patients were not delayed. Information from the local Healthwatch team showed that patients at the practice were dissatisfied with the appointment system at the practice and the patient survey information also reflected these sentiments. For example:

- 64.9% were satisfied with the practice's opening hours compared to the CCG average of 78.6% and national average of 75.7%.
- 50.1% described their experience of making an appointment as good compared to the CCG average of 82.4% and national average of 73.8%.
- 73.4% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.4% and national average of 65.2%.
- 55.5% said they could get through easily to the surgery by phone compared to the CCG average of 71.4% and national average of 65.2%.

During evenings and weekends, when the practice closed, patients were directed to an Out of Hours service delivered by another provider. This is in line with the contract held by GP practices in the Northern, Eastern and Western Devon CCG. Comprehensive information was available to patients about appointments on the practice website and in the waiting area. This included how to arrange urgent appointments and home visits. 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 numbers needed, including information and options about the Out of Hours service. Patients could telephone the practice after 2pm each day to obtain test results. These would be given either by the receptionist, or a telephone call booked with their GP if further information was needed.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures, written in May 2015, was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. Complaints

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

were an item on the practice weekly business meeting agenda. We saw that information was available in a summary leaflet to help patients understand the complaints system.

We looked at the complaints summary sent to us prior to inspection. Fourteen complaints were received in the last twelve months. The practice weekly business meeting minutes confirmed that four complaints had been investigated and satisfactorily responded to. There were eight complaints about the appointment system, including patients not having routine access to face to face appointments with a GP. This information corresponded with the data received from the local Healthwatch team. We requested the written complaint records to look in

depth at the responses and learning from the complaints, these were made available prior to and during the inspection. Records confirmed that learning from complaints had been discussed and communicated at the weekly business meeting.

The practice had adopted a telephone appointment system at the instigation of, and funding from, NHS England and the clinical commissioning group. One GP told us that the patient list size had decreased by 1000 patients since the change in the appointment systems in 2013. However, an NHS data cleansing exercise in December 2013 had removed out of date patient records (due to a highly transient migrant worker and student population) and this accounted for the loss of approximately 500 patients.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver care and promote good outcomes for patients. We noted details of the vision and practice values on the website, which stated that the practice was committed to providing patients with high quality care, with the principles of confidentiality, non-judgmentalism, and non-discrimination. The practice had identified gaps in systems, which once actioned, they felt would provide a more proactive approach to risk management. The new practice manager provided us with an action plan showing us how the business will be developed in the near future, for example this included establishing an 'at risk' patient register and care plans for patients who are at high risk of hospital admissions. The practice had arranged an away day for GPs, nurses and administrative staff in July 2015 to discuss these matters, this would include how to help patients remain independent at home and avoid hospital admission.

### 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 six of these policies and procedures, which included confidentiality, health and safety, safeguarding, complaints, management of locum recruitment, mental capacity. Most staff had completed a cover sheet to confirm that they had read the policy and when. All six 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. Lead roles included a lead nurse for infection control, a GP with the lead role for safeguarding and a lead GP for prescribing. Not all the other staff were clear or aware of this, for example, staff gave us three different named GPs as the lead for safeguarding.

The practice manager was responsible for human resource policies and procedures. We reviewed the recruitment policy and induction programme which were in place to support staff. We were shown information that was available to all staff, which included sections on employment and whistleblowing. Staff we spoke with knew where to find these policies if required.

Communication was not embedded across the practice as a whole. For example, reception staff had not been included in meetings, we were told that there had been no whole practice meetings and team away days had not been held. However, there were weekly business meetings held on rolling days so that each part time GP had the opportunity to attend if it fell on their work day. These meetings were attended by GPs, a nurse and the practice manager. Topics of discussion were appointments, governance, any safeguarding, NHS England and LMC information as well as any other items that had arisen within the practice. We looked at minutes from these meetings and found that performance, quality and risks had been discussed. The minutes of these were circulated to GPs and nurses.

The GPs used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data from 2013-14 for this practice showed it was performing lower than national averages for several areas. For example, monitoring patients with diabetes, dementia and complex mental health needs.

### Leadership, openness and transparency

The lead GP told us they had considered succession planning and were concerned about the future recruitment of GPs. A new practice manager had been appointed and had identified areas which required improvement which they shared with us. For example, a staff survey had been completed but had yet to be analysed.

We found staff satisfaction was mixed. Staff told us they were clear about their own roles and responsibilities. However, some staff told us that communication was very poor and they would speak with a colleague if they had any concerns, in contrast to this, the nursing staff said they felt able to raise any concerns or discuss any issues with the GPs. The practice manager had plans to introduce a staff newsletter to improve communication.

Each staff group worked collaboratively and supported the common focus of improving quality of care and people's experiences. Whole team meetings had not been held but an away day for staff had been planned for July 2015. The lack of meetings had limited the opportunities to ensure cross communication between staff groups and thus did not embed learning, improvements and innovation across the whole practice team.

# Are services well-led?

Inadequate



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

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

The practice could not demonstrate that they had a track record of encouraging and valuing patient feedback. It did not have a patient participation group (PPG) to gather feedback, in-house surveys were not undertaken.

There was no over-view or summary of positive or negative feedback from patients, the public or staff, or complaints. Some complaints received had not been acted upon. For example, patients had consistently expressed their dissatisfaction about the appointment system and one GP had linked this to the decrease in patients since the change in the appointment system two years ago. Patient feedback about the appointment system was on the agenda for discussion at the practice away-day planned for July 2015. This was further verified by a GP partner when we spoke with them.

Staff told us that the practice supported them to maintain their clinical professional development. We looked at staff files and saw that regular appraisals had not taken place since 2012; we were told this was due to the staff member responsible for these interviews leaving the practice. GPs had not been involved with this process. Supervisions for staff had been completed in 2014. The practice manager had identified the need to organise supervision for all staff in their task plan. We were told that continuing professional development and training was available at the practice.

The practice had completed reviews of significant events and other incidents and shared this with the relevant staff through the weekly business meeting. This had led to changes being made to procedures. For example, the practice had changed the system for storing vaccinations - adult and child immunisations had been separated, which reduced the risk of incorrect ones being used for patients.

## Management lead through learning and improvement

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Services users must be protected from abuse and improper treatment in accordance with this regulation.</b></p> <p><b>Systems and processes must be established and operated effectively to prevent abuse to service users.</b></p> <p><b>How the regulation was not being met</b></p> <p><b>Regulation 13 (1)</b></p> <ul style="list-style-type: none"><li>Robust procedures and processes were not in place as some staff were unaware of to whom to report safeguarding concerns in the practice.</li></ul> <p><b>Regulation 13 (2)</b></p> <ul style="list-style-type: none"><li>Not all staff had received up to date training in safeguarding adults and children or the Mental Capacity Act 2005</li></ul>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems or processes must be established and operated effectively to ensure compliance with the requirements.</b></p> <p><b>Systems or processes must enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity(including the quality of the experience of patients in receiving those services)</b></p> <p><b>How the regulation was not being met</b></p> <p><b>Regulation 17(2)(a)</b></p> <ul style="list-style-type: none"><li>Audit systems were not in place to asses, monitor and improve effectiveness of the service.</li></ul>



## Requirement notices

### Regulation 17(2)(b)

- Fire drills had not taken place in accordance with the provider's policy.
- Portable electrical equipment was overdue for testing.
- An infection control audit had not been performed to assess the risks and to demonstrate any mitigating risks where reasonably practicable.
- The practice did not have a patient participation group or systems for seeking and acting on feedback from patients, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.
- There were gaps in communication and learning across all staff teams as meetings for all staff were not held.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.**

### Regulation 18 (2)(a)

- The provider had not ensured that staff were appropriately supported by receiving regular appraisal of their performance.
- Some staff had not received training in infection control, to enable them to undertake their responsibilities safely and to an appropriate standard.

**Staff had not received training in fire awareness and procedure.**