

# Auckland 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

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 Auckland Surgery on 5 October 2016. Overall the practice is rated as requires improvement.

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

- There were arrangements in place for managing risks, but we identified some significant areas of risk that had not been addressed, relating to patient safety alerts, monitoring the collection of prescriptions and test request forms and for managing emergency medicines (including access to emergency medicines on home visits). We brought these to the attention of practice staff, who took swift action and made improvements.
- Annual appraisals had not been happening consistently. The practice had employed an assistant practice manager and developed a new GP timetable to allow more resource for such activities, and the outstanding appraisals had been scheduled.
- Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. There was no specific support for the nurses with independent prescribing responsibilities, to support this extended role.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- We heard examples of practice staff providing extra support for patients; when following up test results, supporting changes in accommodation or care arrangements or by providing cups of tea in reception or help with taxis.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Review the new systems put in place for acting on patient safety alerts, monitoring prescription forms, monitoring of emergency medicines and taking emergency medicines on home visits, and monitoring uncollected test request forms and prescriptions to ensure they are working effectively.
- Ensure that signed patient group directions are in place to allow the nurse who is not an independent prescriber to administer medicines in line with legislation.

- Establish a system of support and oversight to ensure that the prescribing of the nurses with independent prescribing responsibilities is within competence and in line with best practice.
- Ensure that all staff receive an annual appraisal.

The areas where the provider should make improvement are:

- The practice should continue to monitor and improve its identification and recording of patients with long-term conditions, including Coronary Heart Disease.
- The practice should consider methods to verify if all of the patients with a learning disability have been identified and recorded, and to ensure that these patients receive an annual health check.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There were arrangements in place for managing risks, but we identified some significant areas of risk that had not been addressed, relating to patient safety alerts, monitoring the collection of prescriptions and test request forms and for managing emergency medicines (including access to emergency medicines on home visits). We brought these to the attention of practice staff, who took swift action to make the required improvements.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse who was not an independent prescriber to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) There were no signed PGDs in place at the time of the inspection.
- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- There were two indicators for which the practice was an outlier for the period 2014 – 15, both measures of the practice's identification and recording of patients with long-term conditions. We saw evidence that the practice had taken action to improve their performance in this area.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Annual appraisals had not been happening consistently. The practice had employed an assistant practice manager and developed a new GP timetable to allow more resource for such activities, and the outstanding appraisals had been scheduled.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed 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.
- Patients at the practice had priority to see the visiting cognitive behavioural therapy (CBT) therapist. GPs also directed patients to the online 'mood gym' CBT modules. One of the GPs also provided seven hours of therapy per week.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- We heard examples of practice staff providing extra support for patients; when following up test results, supporting changes in accommodation or care arrangements or by providing cups of tea in reception or help with taxis.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for being well-led.

- Practice specific policies were in place, but these were not sufficiently comprehensive or well-implemented to ensure that patients would always be kept safe. For example, there were no effective systems to monitor uncollected prescriptions and test request forms.
- There was a clear staffing structure, but arrangements for the supervision and support of staff were not effective. Appraisals had not taken place annually, and there was no specific support for the nurses with independent prescribing responsibilities, to support this extended role.
- There were arrangements for managing risks, issues and implementing mitigating actions, but these had failed to identify some significant risks with arrangements to act on patient safety alerts, and to manage prescriptions and prescribing.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

## Requires improvement



# 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 provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP to support their care, and those at risk of deterioration were monitored to reduce the risk of hospital admission.
- GPs routinely visited older patients discharged from hospital, both those on the practice 'avoiding unplanned admissions' list and those who requested a visit.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes and other long-term health related indicators was comparable to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

**Requires improvement**



# Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was designated seating for children in reception.
- The practice offered review consultations for children aged three, to allow parents to discuss any concerns prior to children starting school.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice appointed a GP to act as community nurse and health visitor liaison to improve communication, as district nurses and health visitors were finding it difficult to attend multidisciplinary meetings.

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

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. The practice was an early provider of online appointment booking, prescription requesting and results viewing. The practice had made all patient notes (from April 2015) available for patients to read online. GPs told us that they wrote up agreed care plans in a form that would support patients' self-management, for patients who had online access.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients 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.
- The practice offered longer appointments for patients with a learning disability. Only six patients were recorded as having a learning disability (0.08% of the patient list, compared to 0.48% in the CCG and 0.34% nationally), and none had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



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

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. Performance for other mental health related indicators was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and seventy-seven survey forms were distributed and 113 were returned. This represented 1.6% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 90% of patients found it easy to get through to this practice by phone compared to the local average of 73% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 75% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 63 comment cards. Fifty-four were all positive about the standard of care received, eight cards were mainly positive, but said that it was sometimes difficult to get an appointment and four cards had negative comments, about different aspects of the practice.

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

# Auckland Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Auckland Surgery

Auckland Surgery has just over 7200 patients and is in South East London. The surgery is purpose built, over two floors with four consulting rooms and two treatment rooms.

There is onsite parking for both staff and patients, including disabled parking, and the area is well served by public transport. The building is accessible for people with mobility issues. All the consulting rooms are on the ground floor, along with a toilet with disabled access.

Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The surgery is based in an area with a deprivation score of four out of 10 (1 being the most deprived), on measures of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed.

Five doctors work at the practice: three male and two female. Two of the doctors are partners (Dr Paul Nunn & Dr Anna Clarke) and there are three salaried GPs. Some of the GPs work part-time.

Full time doctors work 8 sessions per week. The practice has 35 GP sessions per week.

The nursing team has one male and two female practice nurses, two of whom are nurse prescribers.

The practice is open 8am to 6.30pm Monday to Friday. Appointments with GPs are available on:

- Monday: 8am to 11.30am and 3.30pm to 6pm
- Tuesday: 8am to 11.30am and 2pm to 6pm
- Wednesday: 7.30am to 11.30 and 4pm to 6pm
- Thursday: 8.30am to 11.30am and 2.30pm to 6pm
- Friday: 8am to 11.30am and 3pm to 6pm.
- Saturday: 8.30am to 10.30am.

When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Croydon Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice was inspected by the CQC on 20 January 2014 (before ratings were introduced) and was found to be operating in line with the regulations in place at that time.

## 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. The 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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an issue with an urgent referral, the practice introduced a system to check that appointments had been received.

There was not a consistent system for acting on patient safety alerts, and from a sample of patient notes we found evidence that some alerts about medicine safety had not been acted upon. For example, in February 2016 GPs were reminded that it is essential to monitor patients prescribed certain medicines for high blood pressure and heart failure and diuretics (often known as water tablets, and used to treat various conditions, including high blood pressure), because the combination of medicines can lead to dangerously high levels of potassium in the blood. We found that the practice had not put in place processes to ensure that patients' potassium was checked regularly.

- We raised this during the inspection. The practice acted swiftly, and on the same day as the inspection put in place a system to ensure that all clinical staff received future patient safety alerts and to make relevant alerts a standing item on the clinical meeting agenda.
- Within two days of the inspection an email sent to all clinical staff giving summary details of all of the relevant alerts from 2014 to date.

- The practice also began immediate work to ensure that patients were on appropriate treatment based on the previous alerts. Audits of patient records were undertaken and we saw evidence of action taken to ensure that patient treatment was in line with the latest guidance. For example, the practice checked their records for all patients taking the diuretics known to sometimes cause problems with medicines for high blood pressure and heart failure, and checked when those patients had last had a blood test to measure their potassium level. Seventeen patients were found that had not had their blood potassium checked in the last three months. The practice contacted these patients to arrange for them to go for blood tests as soon as possible, and put in place mechanisms to ensure that patients receive regular reminders in future.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, one manager and one nurse were trained to child protection or child safeguarding level 3 and other nurses to level 2. Non-clinical staff had received internal training, and those we spoke to knew what was meant by safeguarding and what action to take.
- A notice in the waiting room advised patients that chaperones were available if required. All staff in the practice had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who acted as chaperones were trained for the role.

## Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed four personnel files and found 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.
- There were arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing, security and disposal), but some of these were not sufficient to keep patients safe.
  - Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
  - Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. The nursing staff did not attend the clinical meeting, but had regular meetings with a GP to talk about processes and clinical issues. There was no specific support for the nurses with independent prescribing responsibilities, to support this extended role.
  - Blank prescription forms and pads were securely stored, but there was no system to monitor their use. We brought this to the practice's attention. The day after the inspection we were sent details of a new protocol to track prescription forms within the practice.
  - Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse who is not an independent prescriber to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The

PGDs in the practice were dated September 2016 and had not been signed by the nurse. The practice nurse had been administering medicines since September, when the previous PGDs expired. Staff told us that the previous PGDs had been destroyed a few days before the inspection, when the nurse had been due to sign the new versions. Unfortunately the nurse had been required to take urgent leave, so had been unable to sign the PGDs. The practice planned to rectify this as soon as the nurse returned from leave.

- We looked at prescriptions and test request forms which had been left in reception for patients to collect and found that some these dated back four months. Shortly after the inspection we were sent new protocols to ensure that uncollected prescriptions and test request forms would be reviewed by a GP, and anonymised notes of a meeting at which it was checked that the patients concerned had come to no harm.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. One medicine that we would expect was not present although it was on the practice list: hydrocortisone, a medicine used to treat acute severe asthma or severe or recurrent anaphylaxis. We raised this with the practice during the inspection, and saw evidence that hydrocortisone was ordered the same day.
- GPs were not taking emergency medicines when visiting patients at home, and had not risk assessed this practice. We raised this with the practice during the inspection. The day after the inspection we were sent a risk assessment, and details of a new policy for GPs to take medicines from the practice stock for home visits, based on their assessment of the patient's needs.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2014/15) were 96% of the total number of points available, compared to the local average of 94% and the national average of 95%.

- Performance for diabetes related indicators was comparable to the local and national average.
  - 82% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 72% and the national average of 78%.
- 84% of patients with diabetes had well controlled blood pressure, compared to the local average of 78% and the national average of 78%.
- 99% of patients with diabetes had an influenza immunisation, compared to the local average of 90% and the national average of 94%.
- 87% of patients with diabetes had well controlled total cholesterol, compared to the local average of 76% and the national average of 81%.
- 97% of patients with diabetes had a foot examination and risk classification, compared to the local average of 87% and the national average of 88%.

- Performance for mental health related indicators was comparable to the local and national average.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 85% and the national average of 88%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 88% and the national average of 90%.
- 100% of the patients recorded as diagnosed with dementia had a face-to-face review of their care, compared to the local average of 85% and the national average of 84%. Two of the 25 patients were excepted. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- 94% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 94% and the national average of 94%.

Rates of exception reporting overall were also similar to local and national averages. (

There were two indicators for which the practice was an outlier for the period 2014 – 15, both measures of the practice's identification and recording of patients with long-term conditions.

- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD): 0.26 compared to 0.35 and 0.63 nationally.
- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD): 0.39 compared to 0.64 locally and 0.71 nationally.

The practice showed us audit work that they had undertaken to check and update patient notes and evidence that the learning from this had been shared with all clinical staff. We saw evidence (published by the local public health intelligence team) that showed that for the period 2015-16 the practice was comparable with local and national averages for the recorded prevalence of COPD, and that the recorded prevalence of CHD had improved (although was still below the local and national average).



# Are services effective?

## (for example, treatment is effective)

Practice staff showed us evidence that the practice had previously been an outlier for reported versus expected prevalence of chronic kidney disease, and that action taken had brought the practice into line with expectation.

There was evidence of quality improvement including clinical audit.

- There had been 23 clinical audits carried out in the last two years, 16 of these were part of completed audits where the improvements made were implemented and monitored. Learning from audits was shared with the clinical team.
- Audits were used for a variety of purposes: to check service outcomes (for example audits of minor surgery and of hypnotherapy outcomes), to check and improve prescribing (for example of antibiotics or of specific medicines), to check coding in patient notes and as part of pilots for new services (for example, of counselling to help patients manage diet and improve management of diabetes).
- In the last example, a GP offered advice, using a specific technique called motivational interviewing, to five patients with diabetes and poor control of their blood sugar (measured by HbA1c blood test results). It is important for patients with diabetes to manage their blood sugar to avoid complications. All five patients achieved substantial reductions in their HbA1c blood test results, some with medicines and diet, some with diet alone, and sustained these reductions for the two years that the audit ran. The practice is considering a larger pilot of group consultations, to see if this allowed patients to receive the same benefits in a time-efficient way.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support and facilitation and support for revalidating GPs. Practice staff told us that annual appraisals had not been happening consistently, because of the availability of staff. The practice had employed an assistant practice manager and developed a new GP timetable to allow more resource for such activities, and the outstanding appraisals had been scheduled.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by

using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% (local rates ranged from 85% to 93%) and five year olds from 82% to 96% (local rates ranged from 73% to 92%).

The practice did not offer routine adult health checks, such as the NHS health checks for patients aged 40–74. The practice was considering offering specific services for patients with learning disabilities, such as annual health checks. Only six patients were recorded as having a learning disability (0.08% of the patient list, compared to 0.48% in the CCG and 0.34% nationally).

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Most of the 63 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care, such as translation services for patients who did not have English as a first language.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 86 patients as carers (1% of the practice list). Carers were offered personalised support and flu vaccinations. Written information was available to direct carers to the various avenues of support available to them. A member of staff had recently attended a carers awareness training programme and the practice were considering how to improve the services offered to carers.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered minor surgery, to avoid patients having to attend hospital for treatment. The practice was an early adopter of telehealth diagnosis for electrocardiogram tests; where the test is taken in the practice, the results sent electronically to specialists for diagnosis.

- The practice consulted patients about their preferred times for extended hours. Patients said that early morning and Saturday would work best, and this was implemented.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was an early provider of online appointment booking, prescription requesting and results viewing. The practice had made all patient notes (from April 2015) available for patients to read online. GPs told us that they wrote up agreed care plans in a form that would support patients' self-management, for patients who had online access.
- We heard examples of practice staff providing extra support for patients; when following up test results, supporting changes in accommodation or care arrangements or by providing cups of tea in reception or help with taxis.
- The practice appointed a GP to act as community nurse and health visitor liaison to improve communication, as district nurses and health visitors were finding it difficult to attend multidisciplinary meetings.

- GPs routinely visited older patients discharged from hospital, both those on the practice 'avoiding unplanned admissions' list and those who requested a visit.
- The practice offered review consultations for children aged three, to allow parents to discuss any concerns prior to children starting school.
- Patients at the practice had priority to see the visiting cognitive behavioural therapy (CBT) therapist. GPs also directed patients to the online 'mood gym' CBT modules. One of the GPs also provided seven hours of therapy per week.

### Access to the service

The practice was open 8am to 6.30pm Monday to Friday. Appointments with GPs were available on:

- Monday: 8am to 11.30am and 3.30pm to 6pm
- Tuesday: 8am to 11.30am and 2pm to 6pm
- Wednesday: 7.30am to 11.30 and 4pm to 6pm
- Thursday: 8.30am to 11.30am and 2.30pm to 6pm
- Friday: 8am to 11.30am and 3pm to 6pm.
- Saturday: 8.30am to 10.30am.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the local average of 75% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

GPs called patients requesting a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, with information available in reception and on the practice website.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, after complaints about the walk-in phlebotomy service the practice decided that there was now too much demand to make a walk-in service practical, and an appointment-based system was developed.

# 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement. This was not displayed in the waiting areas, but staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

- Practice specific policies were in place, but these were not sufficiently comprehensive or well-implemented to ensure that patients would always be kept safe. For example, there were no effective systems to monitor uncollected prescriptions and test request forms.
- There was a clear staffing structure, but arrangements for the supervision and support of staff were not effective. Appraisals had not taken place annually, and there was no specific support for the nurses with independent prescribing responsibilities, to support this extended role.
- There were arrangements for managing risks, issues and implementing mitigating actions, but these had failed to identify some significant risks with arrangements to act on patient safety alerts, and to manage prescriptions and prescribing.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested information that would be useful to share with other patients in the practice newsletter. The PPG was being re-structured, with a new chair and a new GP lead for the PPG.
- The practice carried out structured analysis of responses to the Friends and Family test responses, and took action where patients gave negative feedback, for example, providing additional customer service training for reception staff.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.



# Are services well-led?

Requires improvement 

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

## Continuous improvement

Audit was used effectively to assess and improve the practice's performance, and to pilot new services. New staff roles were created to improve communication in key areas,

such as GP support the PPG and a named GP for liaison with district nurses and health visitors. A new GP timetable was developed to allow more time for staff training, appraisal and complaints review.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with:</p> <ul style="list-style-type: none"><li>• ineffective systems to act on patient safety alerts</li><li>• lack of signed patient group directions (PGDs)</li><li>• ineffective systems to monitor uncollected prescriptions and test request forms</li><li>• incomplete stocks of emergency medicines and</li><li>• GPs not taking medicines on home visits.</li></ul> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>How the regulation was not being met:</b></p> <p>Systems or processes did not enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The systems and processes had failed to deal adequately with significant risks associated with patient safety alerts, prescribing and emergency medicines had not been well managed.</p>

This section is primarily information for the provider

## Requirement notices

There was insufficient oversight:

- Staff were not receiving annual appraisals.
- There was a lack of specific supervision and support for the nurse independent prescribers.

This was in breach of regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.