Balham Hill Medical Practice

Quality Report

143-145 Balham Hill
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Balham Hill Medical Centre on 26 October 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, infection control audit findings had not been actioned and clinical equipment had not been calibrated. The practice was also not equipped to deal with medical emergencies.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patient outcomes were in line with national averages in all areas with the exception of the management of diabetes. There were only limited audits and quality improvement at the practice.
- Patients were positive about their interactions with non-clinical and nursing staff and said they were treated with compassion and dignity. However, they reported that GP's did not treat them with dignity and respect.
- Patients were able to access appointments at short notice.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Implement formal governance arrangements including systems for assessing and monitoring risks (including significant event analysis, and a business continuity plan) and the quality of the service provision (including audit/quality review). The practice should ensure that staff are able to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice,

Summary of findings

including ensuring that all staff are aware of their safeguarding responsibilities. All staff must also have appraisal as necessary to enable them to carry out their duties

- Ensure that there is appropriate equipment in place to manage emergencies and that the all potential risks have been assessed in the practice.
- Ensure that all clinical equipment is calibrated.
- Ensure that systems are in place to effectively monitor patients with diabetes, and recall patients for cervical smears.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements and ensure that systems are in place to support good practices. Where patient care and changes to process are discussed, ensure that the practice is able to review these decisions.
- Develop systems to consult patients and review their feedback, including feedback provided about GP consultations in the national patient survey.
- Ensure that a business plan is developed for the practice and share this with staff.

The areas where the provider should make improvement are:

- Consider formally discussing and documenting any discussions about NICE guidelines and best practice.
- Ensure that all actions from the last infection control audit are taken forward and that a cleaning schedule is implemented.
- Ensure that proof of identification is retained in staff files.
- Consider formalising the induction process.
- Consider working with the CCG to review the needs of the local population.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were not clear about reporting incidents, near misses and concerns. Although the practice did not have any serious events in the previous year, there were insufficient governance arrangements in place for the practice to assure itself that events were not being missed.
- Patients were at risk of harm because systems and processes were not in place or were not implemented in a way to keep them safe. For example, staff had not received training, and non-clinical staff were unaware of safeguarding. Clinical equipment had not been calibrated and the practice did not have equipment and medicines to manage an emergency.
- The practice had not carried out sufficient risk assessments to assure itself that patients were protected from risks.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average with the exception of diabetes related indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice participated in CCG instigated audits, but there were no audits provided that had been instigated by the practice.
- There was minimal engagement with other providers of health and social care.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example all scores for GP consultations were lower than the national average by at least 17%.
- Patients said they were not consistently treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement 

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

- Practice staff had not formally reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning.
- 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.
- 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.

Are services well-led?

Inadequate 

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

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was no clear leadership structure but staff reported that they felt supported by management.
- The practice had some policies and procedures to govern activity, but some were missing and others had not been reviewed in more than five years.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- Staff told us they had not received regular performance reviews.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people.

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. 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.

People with long term conditions

Inadequate

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

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the national average. The practice had scored 35% for diabetes related indicators in the last QOF which is significantly lower than the national average of 89%. The exception reporting rate for diabetes related indicators was 3%, lower than the national average of 11%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Inadequate

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

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

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. However, not all staff had been trained in safeguarding, and they were not aware of their responsibilities.
- Immunisation rates were in line with national averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 70%, which was lower than the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was limited joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

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

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. 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.

People whose circumstances may make them vulnerable

Inadequate

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

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. 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.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice did not share the case management of vulnerable patients with other health professionals.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Non-clinical staff did not demonstrate knowledge of how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Inadequate

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

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 100% of four 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 mental health related indicators was similar to the national average. The practice had scored 100% for mental health related indicators in the last QOF, which was similar to the national average of 93%. The exception reporting rate for mental health related indicators was 3%, lower than the national average of 12%.
- The practice did not share the case management of patients experiencing poor mental health with other healthcare professionals.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results for 2015/16 showed the practice was performing in line with local and national averages in some areas, but was lower than the national average in others. Three hundred and seventy six survey forms were distributed and 74 were returned. This represented 5% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 69% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients commented that they could easily make an appointment with the doctor and that they felt well cared for by the practice.

Balham Hill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and an Expert by Experience.

Background to Balham Hill Medical Practice

The practice operates from 143-145, Balham Hill, London, SW12 9DL in the London Borough of Wandsworth. The practice is on the ground floor of a premises that has been converted from two commercial properties.

The practice has approximately 1,500 patients. The surgery is based in an area with a deprivation score of 7 out of 10 (10 being the least deprived). The practice population's age demographic is not in line with the national average. The practice has a significantly higher than average number of patients between the ages of 25-39 (particularly in the number of male patients), and a far lower number of patients for all age groups over 45. This demographic means that disease prevalence within the practice population is also not in line with national averages. For example, the practice had fewer than expected patients with Chronic Obstructive Pulmonary Disease (COPD).

The GP team includes two partners (one male and one female, 1.00 whole time equivalent [WTE], 10 clinical sessions provided). The nursing team includes two female nurses. The clinical team is supported by a practice manager, a deputy practice manager and three other administrative or reception staff.

The practice is open from 8.00am to 7:00pm Monday to Friday. Further extended hours are available between 7:00pm and 8:00pm on Fridays. The practice offers appointments from 9:30am to 11:30pm and 1:45pm until 7:00pm on Mondays, to Thursdays and from 9:30am to 11:30pm and 1:45pm until 8:00pm on Fridays.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice had been inspected by the CQC in 2013 at a time when practices were not rated. At that time the practice was compliant in all areas.

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 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 26 October 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff including one of the GP partners, the practice manager and two administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice did not have an effective system for reporting and recording significant events.

- We were told that there was an ad-hoc process for managing serious untoward events in place but there was no policy in place at the time of the inspection
- Some members of staff were unaware of serious untoward events and their responsibilities in reporting events.
- We were told that there had not been any serious untoward events in the last year. However, the practice did not have an effective mechanism in place to discuss care such that it could assure itself that no serious untoward events were being missed.
- The lead GP and practice manager detailed what actions they would take in the event that something went wrong with care and treatment. They told us that patients would be informed of the incident, that they would provide them with truthful information and a written apology.
- The practice did not have any meetings in place where serious events were discussed and action points were minuted.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- There was a policy 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 identified 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 told us that they attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Non-clinical staff at the practice were not able to demonstrate that they understood their responsibilities and they had not received training on safeguarding children and vulnerable adults relevant to their role. The lead GP who was lead for safeguarding was trained to child protection or child safeguarding level 3. There were no records that the other GP partner or the nurses in the practice had received safeguarding training in the last three years.
- A notice in the waiting room advised patients that chaperones were available if required. The staff who acted as chaperones had not been trained for the role but were aware of where to stand when chaperoning. None of the staff who chaperoned had received a Disclosure and Barring Service (DBS) check, and the practice had not risk assessed this. (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).
- We observed the premises to be clean and tidy. However, we found that the cleaning company who had recently taken on the contract had not been provided with cleaning schedules. The lead GP was the infection control clinical lead who liaised with the local infection prevention teams. There was an infection control protocol in place but not all staff had received up to date training. Annual infection control audits were undertaken. However, we saw that actions from the last infection control audit were overdue.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient, after the prescriber had assessed the patients on an individual basis).
- We reviewed four personnel files and found that some appropriate recruitment checks had been undertaken

prior to employment. For example, references, qualifications, registration with the appropriate professional body. However, none of the files reviewed contained proof of identification and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There were no procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills, and there was a Legionella risk assessment in place. However, there were no risk assessments for health and safety or premises security in place. Electrical equipment was checked to ensure the equipment was safe to use, but the last time clinical equipment had been checked to ensure it was working properly was 2013. These checks should be carried out annually. (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. The practice had recently recruited two further members of staff in regards to the practice manager reducing his hours of work.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff had received annual basic life support training. There were emergency medicines available in the treatment room but there was no benzylpenicillin (used to treat meningitis in stock.
- The practice did not have a defibrillator or oxygen in place and no risk assessment had been completed to show how the practice would be able to adequately manage any medical emergency. 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.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Inadequate

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 did not monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records. There was also no formal mechanism in place for discussing and minuting discussions

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 verified and published results were 86% of the total number of points available, lower than the national average of 95%. The exception reporting rate for the practice was 6%, similar to the national average of 9% (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).

This practice was an outlier for the management of diabetes, for which it was rated significantly lower than the national average. However, in all other areas the practice scored in line with the national average. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. The practice had scored 35% for diabetes related indicators in the last QOF which is significantly lower than the national average of 89%. The exception reporting rate for diabetes related indicators was 3%, lower than the national average of 11%.
- Performance for mental health related indicators was similar to the national average. The practice had scored 100% for mental health related indicators (relating to 18 patients) in the last QOF, which was similar to the national average of 93%. The exception reporting rate for mental health related indicators was 3%, lower than the national average of 12%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators (relating to 12 patients) was 100% and was similar to the national average of 96%. The exception reporting rate for COPD related indicators was 0%, lower than the national average of 11%.

The results for the last year were not available until after the CQC visit. The practice did not offer an explanation as to why the score for diabetes was so low. Records that we reviewed of patients with diabetes showed that they were receiving appropriate care. In all but one of the other domains in QOF the practice had scored 100%.

There was no evidence of quality improvement activity .

- The practice had been involved in three CCG instigated medicines audits in the last year. However, there were no examples of audits initiated by staff at the practice.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

Staff did not have all of the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a formalised induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that the practice nurse had attended relevant courses in the last year.
- 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 practice did not have a comprehensive system of appraisals, meetings and reviews of practice development needs. Staff had access to some training

Inadequate

Are services effective?

(for example, treatment is effective)

to meet their learning needs and to cover the scope of their work, but there were not systems to monitor what training each member of staff had attended. No employed staff at the practice had received an appraisal within the last 12 months.

- Staff had not received relevant training. Some staff had not received training in safeguarding, fire safety awareness, basic life support or information governance.

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.

The practice did not have formal working relationships with other health and social care professionals (including out of hours providers) in order to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice did not hold multi-disciplinary team meetings with other health care professionals.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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.
- The process for seeking consent was monitored through patient records audits.

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 and smoking and alcohol cessation. Patients were signposted to the relevant service.
- A counsellor who was not employed by the practice was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 70%, which was lower than the CCG average of 81% and the national average of 82%. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 60% to 100% and five year olds from 72% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

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.

All of the 13 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 six patients. All of them reported that reception staff were helpful. However, four of them reported that they felt rushed in appointments and three patients said that the GPs in the practice did not listen to them.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores in some areas, but was below average for consultations with GPs. For example:

- 66% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 79% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 56% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%).
- 86% of patients said they found the receptionists at the practice helpful compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they did not feel involved in decision making about the care and treatment they received. They also told us they did not consistently feel listened to and supported by staff and had insufficient time during consultations to make an informed decision about the choice of treatment available to them.

However, patient feedback from the comment cards we received was positive and patients reported that they were happy with the service being provided.

We saw that care plans were personalised.

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 59% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 58% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

We asked the GP and the practice manager whether any action had been taken with regard to the below average rating of GPs. The practice manager said that he had mentioned it informally with the GPs, but that no formal action had been taken.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

Requires improvement

Are services caring?

The GPs in the practice were also able to consult in several languages other than English. We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (4.6% of the practice list).Carers were provided with longer appointments and regular health checks. Written information was available to direct carers to the various avenues of support available to them. The practice did not provide any details of information provided to patients who had suffered a bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not specifically 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. However, the practice did provide responsive services to patients in several areas:

- The practice offered extended appointments to 7pm four days per week and until 8pm on Friday. Nursing appointments were also available during extended hours.
- 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. In general terms same day appointments were available for all patients, including those who were non-urgent.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am to 7pm Monday to Friday. Further extended hours were available between 7pm and 8pm on Fridays. The practice offered appointments from 9:30am to 11:30pm and 1:45pm until 7pm on Mondays to Thursdays and from 9:30am to 11:30pm and 1:45pm until 8pm on Fridays. In addition to pre-bookable appointments that could be booked up to three 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.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to 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.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The doctor working on any given day would field these queries and protected time was available. 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.

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. There were notices and leaflets available at reception, and information on the practice's website.

We looked at the only complaint that had been made in the last 24 months. The response from the practice was appropriate and the patient was provided with details of the Ombudsman in case response did not address their complaint. There was no system in place for monitoring how verbal complaints had been managed.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement outside of its statement of purpose. Staff were unaware of the practice's vision and values.
- The practice did not have a formal business plan in place.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Some practice specific policies were implemented and were available to all staff. However, reviews for policies were in some cases overdue, and in other cases, such as in the case of serious untoward incidents, a formal policy was not in place.
- The practice did not maintain a comprehensive understanding of the performance of the practice.
- There was no programme of quality improvement and audit at the practice was limited to medicine reviews instigated by the CCG.
- There were insufficient arrangements in place for identifying, recording and managing risks, and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice told us that they wanted to deliver high quality care. This was not demonstrated in the inspection and we found a lack of management capacity and systems in place. The practice had begun to address this by appointing new members of staff, but in many areas systems had not been updated, staff had not completed required training and equipment had not been calibrated for several years. However, 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 did not keep written records of verbal complaints.

The practice did not have a formalised leadership structure, although staff told us that they did feel supported by management

- The practice did not hold regular formal staff meetings.
- The practice manager was working in the practice approximately 10 hours per month. It was reported that this was not sufficient given his range of roles and responsibilities.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. However, staff were not involved in decisions about how the practice was run.

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

The practice did not have formal processes in place to seek and review patient feedback.

- The practice had tried to start a patient participation group but reported that they had struggled to do so given their small practice list size. The practice did not have formal mechanisms for acting on patient feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The practice did not retain papers proof of identification in staff files. This was in breach of regulation 19 (3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not discuss serious untoward incidents either in a designated meeting or as a standing item in a clinical meeting. The serious untoward incidents policy had not been updated in line with the practice's own review timelines. There was insufficient audit and governance in the practice to assure them that all serious untoward incidents were being picked up. The practice had not calibrated clinical equipment since 2013. Some equipment, such as a set of weighing scales and a blood pressure monitor looked never to have been calibrated as there were no stickers on the equipment indicating that this had been completed. The staff who acted as chaperones had not received chaperone training, although they were aware of how to chaperone. They had not received DBS checks, and the practice had not risk assessed allowing staff to work in the practice who had not been DBS checked. The practice had not provided the cleaning contractor with details of which areas of the practice required cleaning and how often this would be required, although the practice appeared to be clean. The practice did not have risk assessments in place for anything other than Legionella. There were no health and safety or premises risk assessments in place. The practice neither had oxygen nor a defibrillator, both of which are required to manage potential emergencies. There was no benzylpenicillin, which is required for the treatment of sepsis, in the emergency drugs.

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice had undertaken medicines audits requested by the CCG, but had not completed any audits that had been instigated by the practice itself. The practice received updates from NICE, MHRA and the GMC but the practice did not have formal mechanisms, such as documented clinical meetings, to review them. The practice staff told us that they did not hold formal clinical meetings, and that there had not been MDT meetings with any community health services in at least two years. The practice could therefore not demonstrate shared care or learning. The practice did not have a business continuity plan in place. As a consequence the practice could not mitigate the risk of either the whole service or part of it becoming unavailable. There was no PPG in place, although the practice was small and had been trying to recruit members for a meeting. A PPG is a requirement of the practices contract. The practice manager worked only 10 hours a month and it was reported that they had insufficient time in the practice to complete tasks that had been delegated to them. The practice had not taken action to address significantly poor feedback from the 2015/16 national patient survey on doctors' consultation style.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff (including clinical staff) had not received training that was relevant to their role. This included training in basic life support, infection control or safeguarding. One of the members of staff that we spoke to was not aware of child protection principles, or their responsibilities with regard to safeguarding.

This section is primarily information for the provider

Enforcement actions

The practice did not have mechanisms in place to ensure that all staff had received training relevant to their role.