

Lincoln House Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Lincoln House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lincoln House Surgery on 5 April 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some of the practice's systems and processes designed to keep patients safe were insufficient. These included the safe use and management of medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, staff who acted as chaperones were not appropriately trained and the practice's programme of staff appraisals was insufficient.

- Information about services and how to complain was available and easy to understand.
- Patients gave a mixed response about access to the practice and appointments. However, all patients were positive about access to urgent appointments and appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- Although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, it was insufficient in ensuring the implementation of and adherence to some systems, processes and procedures.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure an appropriate system is in place for the safe use and management of medicines, medical consumables and prescriptions, including those used in an emergency.
- Ensure a plan of action to control and resolve risks identified by the Legionella risk assessment is completed.
- Ensure that a comprehensive business continuity plan is in place so that a service could be maintained in the event of a major incident.
- Ensure that staff who act as chaperones are appropriately trained.
- Ensure that all staff employed are receiving appropriate supervision and appraisal.

In addition the provider should:

- Ensure that all staff complete a formal programme of infection control training.
- Take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are improved.
- Take steps to improve access to the practice by telephone.
- Continue to identify and support carers in its patient population.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. 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 safeguarded from abuse.
- There were insufficient systems in place to ensure the safe use and management of medicines, medical consumables and prescriptions, including those used in an emergency. There was no documented system in place to record the amount and type of medicines kept at the practice and check all medicines and medical consumables were in date. Blank prescription pads and forms were not stored securely at all times. There was no system in place to ensure these prescription pads and forms were logged on arrival at the practice and monitored whilst on the premises. The emergency medicines available did not meet the requirements of the practice's own policy.
- Staff who acted as chaperones were not appropriately trained.
- Systems and processes to address risks were not always implemented well enough to ensure patients and staff were kept safe. For example:

Areas of risk identified by the Legionella risk assessment were not dealt with.

The practice did not have a comprehensive business continuity plan in place to respond to major incidents.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with or above the local and national averages.

Requires improvement



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- There was no programme of appraisals for non-clinical staff. The programme of appraisals for nursing staff was behind schedule.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice in line with or below local and national averages for most aspects of care. In some areas we looked at there was evidence to suggest the below average satisfaction scores did not properly reflect the patient experience at the practice. For example, the satisfaction score for patients who felt the GP gave them enough time was below local and national averages. However, when we reviewed some of the GPs' morning surgeries on the day of our inspection, we found that most patients were given more than the allotted 10 minutes. They also had the opportunity to discuss more than one medical issue.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We 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.
- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice similar to local and national averages in some areas of access to the practice and lower for others. For example, patients' satisfaction with being able to see or speak with a preferred GP was similar to the local and national averages, but getting through to the practice by

Summary of findings

phone was lower than average. There was a mixed response from the patients we spoke with or who left comments for us about access to the practice and appointments. Most said access to the practice by phone was reasonable and they were able to get appointments when they needed them. Some said getting through to the practice by phone could be difficult and there could be a considerable wait for pre-bookable appointments. However, all of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

- The practice had adequate facilities and was 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?

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

- 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 this.
- There was a clear leadership structure and staff felt supported by management.
- The provider 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group met regularly.
- There were some areas where the practice demonstrated continuous learning and improvement.
- Practice specific policies were available to all staff, but were not always implemented appropriately.
- Although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, it was insufficient in ensuring the implementation of and adherence to some systems, processes and procedures. These included the safe use and management of medicines and the arrangements in place for the practice to respond to emergencies and major incidents.

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 practice is rated as requires improvement for providing safe and effective services and for being well-led. The issues identified as requiring improvement 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 people had access to targeted immunisations such as the flu vaccine.
- The GPs completed regular visits to local nursing and residential homes to ensure continuity of care for those patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe and effective services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- GPs and 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 similar to the CCG and national averages. The practice achieved 91% of the points available compared to the CCG average of 91% and the national average of 89%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- 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 GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for providing safe and effective services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the local area 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 87% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe and effective services and for being well-led. The issues identified as requiring improvement 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 offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients. There was extended opening from 7am every Monday and Tuesday and until 7.30pm once a week on a Monday or Tuesday in rotation. There was extended opening one Saturday each month from 9am to 11am for GP and nurse pre-bookable appointments.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe and effective services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 57 patients on the practice's learning disability register at the time of our inspection. Of those, 15 (26%) had received a health review in the past 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Additional information was available for patients who were identified as carers and there were two nominated staff leads for these patients. Although the total number of carers identified was low.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe and effective services and for being well-led. The issues identified as requiring improvement affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- An NHS counsellor was based at the practice every week.

Requires improvement



Summary of findings

- There were GP leads for mental health and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing below local and national averages in some areas, but in line with local and national averages in most areas. There were 288 survey forms distributed and 117 were returned. This was a response rate of just over 40% and represented slightly less than 1% of the practice's patient list.

- 60% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 81% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 83%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards. We also spoke with seven patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were polite, supportive and caring and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

Comments from patients during the inspection about getting through to the practice on the phone and access to appointments were more mixed. Most said access to the practice by phone was reasonable and they were able to get appointments when they needed them. Some said getting through to the practice by phone could be difficult and there could be a considerable wait for pre-bookable appointments. However, all of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

Lincoln House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP acting as a specialist adviser.

Background to Lincoln House Surgery

Lincoln House Surgery provides a range of primary medical services from its premises at 163 London Road, Hemel Hempstead, Hertfordshire, HP3 9SQ.

The practice serves a population of approximately 12,000. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 25 to 34 years and 45 to 59 years. There is a lower than average population of those aged from 0 to 24 years.

The clinical team includes three male and two female GP partners, two female salaried GPs, three practice nurses and one healthcare assistant. The team is supported by a practice manager, a reception manager and 12 other administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract.

Lincoln House Surgery is staffed with the phones lines and doors open from 8.30am to 6.30pm Monday to Friday. There is extended opening from 7am every Monday and Tuesday and until 7.30pm once a week on a Monday or Tuesday in rotation. There is extended opening one Saturday each month from 9am to 11am for GP and nurse

pre-bookable appointments. Appointments are available from approximately 8.30am to 11.30am and 2pm to 4.30pm or 3.30pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 5 April 2016. During our inspection we spoke with a range of staff including four GP partners, two practice nurses, the practice manager, the reception manager and members of the reception and administration team. We spoke with seven patients and a representative of the Patient Participation Group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed 34 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

Detailed findings

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.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident 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 and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following a patient's collapse in the surgery the practice identified areas of their procedures and protocols which could be more robust and these improvements were completed.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some of the practice's systems and processes designed to keep patients safe were insufficient.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and a policy was accessible to all staff. The policy 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 who was trained to the

appropriate level. Staff demonstrated they understood their responsibilities and all had received training relevant to their roles. GPs were trained to an appropriate level to manage safeguarding concerns.

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (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). However from our conversations with staff and our review of training documentation we found that none of the staff who acted as chaperones had received the appropriate training.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the practice nurses was the infection control 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 infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result. We saw the practice nurses had completed infection control training. However, there was no formal infection control training programme in place for all staff. Despite this, the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- There were insufficient arrangements for managing medicines, including emergency medicines and vaccines, in the practice. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the

Are services safe?

production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. However, there was no documented system in place to record the amount and type of medicines (including vaccines) kept at the practice and check all medicines and medical consumables were in date. This included those kept in the doctors' bags. All the medicines (including vaccines) we checked in the treatment rooms were in date. However, we found 33 speculums that were beyond their expiry dates. We saw that one spray used to relieve Angina pain in one of the doctors' bags was out of date. Staff took immediate action to remove the out of date medicine and medical consumables.
- Blank prescription pads and forms were not stored securely at all times. We saw blank forms were left in printers in rooms that were not locked when unattended. There was no system in place to ensure these prescription pads and forms were logged on arrival at the practice and monitored whilst on the premises. There was a risk that prescription pads and forms could be taken and used inappropriately and practice staff would be unaware of this.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

In most cases risks to patients were assessed and well managed. However, we found one example where risks to patients were identified and there was an insufficient process in place to ensure these were assessed and well managed.

- There was a health and safety policy available and a poster was displayed which identified local health and safety representatives. The practice had up to date health and safety and fire risk assessments and a recent fire drill had been completed. 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 Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Completed in June 2015, the assessment identified areas of medium risk which we found had not been dealt with. For example, water temperature checks were not completed at the practice.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received basic life support training. The next training for all staff to attend was booked for 21 April 2016.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- 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. However, we found that the medicines available did not meet the requirements of the practice's own policy. For example, there was no Glucagon (a medicine which raises the levels of glucose in the bloodstream) in the emergency medicines despite being required by the policy. No risk assessments had been completed as to why these medicines were not available.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan in place was basic and did not contain details of any formal or informal arrangements with other providers in the event of an emergency that prevented the practice operating properly. There were no emergency contact numbers for staff to use.

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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

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 showed the practice achieved 98% of the total number of points available, with 8% exception reporting. (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). The practice's overall exception reporting was similar to the CCG average of 8% and the national average of 9%. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 91% of the points available with 9% exception reporting compared to the CCG average of 91% with 11% exception reporting and the national average of 89% with 11% exception reporting.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 85% of the points available, with 2% exception reporting, compared to the CCG and national average of 84% with 4% exception reporting.

- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available with 17% exception reporting compared to the CCG average of 96% with 9% exception reporting and the national average of 93% with 11% exception reporting.

We discussed some areas of above CCG and national average exception reporting for the 2014/2015 year with senior clinical staff during our inspection. We also looked at individual examples of why patients had been exempted. The practice's exception reporting for asthma was 13%, compared to the CCG average of 6% and the national average of 7%. The practice's exception reporting for cancer was 23%, compared to the CCG average of 12% and the national average of 15%. There was also a higher than average exception reporting for mental health. We found that in all the cases we looked at the exception reporting was clinically appropriate. Also, the practice was able to demonstrate there were discrepancies in some of the figures and that actual exception reporting was much lower.

There was evidence of quality improvement including clinical audit.

- We looked at four clinical audits completed in the past two years. All of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed an audit on patients taking an oral anticoagulant with paracetamol due to the known potential for complications in some cases. By analysing the results and modifying its policy and approach to these medicines, the practice reduced the number of patients taking both medicines from 16 to three. The remaining three were appropriately managed.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, although the practice's system of staff appraisal was insufficient.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources. We looked at documentation demonstrating clinical staff had recently attended training and updates on a range of long-term conditions.
- The learning needs of staff were identified through meetings, ad-hoc discussions and reviews of practice development needs. Clinical staff had access to appropriate role specific training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, mentoring, clinical supervision and facilitation and support for revalidating GPs. However, at the time of our inspection the system of appraisals for nursing staff was behind schedule. There was no programme of appraisals in place for non-clinical staff.
- Staff received in-house training that included: safeguarding, fire procedures and basic life support. For non-clinical staff further training was limited as the practice did not have access to and make use of e-learning training modules. Senior staff we spoke with said they were awaiting a funding decision by the local Clinical Commissioning Group (CCG) for the provision of such a facility.

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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place every two months. These patients' care plans were routinely reviewed and updated.

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.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the nurses.

The practice's uptake for the cervical screening programme was 87%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were

Are services effective?

(for example, treatment is effective)

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 consequence of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 87% to 95%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children,

people with long-term conditions and those over 65 years. The practice had 1,950 patients aged over 65 years. Of those 1,526 (78%) had received the flu vaccine in the 2015/2016 year.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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 area to discuss their needs. We saw there was a room next to reception used for this purpose.

The 34 patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were polite, supportive, caring and helpful and treated them with dignity and respect.

We spoke with a member of the Patient Participation Group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed the practice was mostly in line with or below average for its satisfaction scores on consultations with GPs and above average for its satisfaction scores on consultations with nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 88%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

We discussed some areas of below CCG and national average satisfaction scores with senior staff during our inspection. In some areas staff said they felt the satisfaction scores did not properly reflect the patient experience at the practice. For example, the GPs said they felt they gave as much time as they realistically could for each patient. We reviewed some of the GPs' morning surgeries for the day of our inspection and saw that for each 10 minute appointment slot each patient had received between 11 and 15 minutes of GP time. There was also evidence to suggest that more than one medical issue had been addressed in most of those appointments as the GPs at the practice did not enforce a one issue per appointment policy. However, there were also areas where the practice was unaware of its below average satisfaction scores and had no specific plans to address the issues. This included the below average score for GPs treating patients with care and concern.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. They also told us they felt listened to and supported by staff.

Results from the National GP Patient Survey published in January 2016 showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly similar to local and national averages. For example:

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

Are services caring?

- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. A British Sign Language interpreting service was also available and staff knew how to access this.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients on the practice list as carers. This was less than 1% of the practice's patient list. Of those, 86 were invited for and 28 (30%) had received a health review in the past 12 months. We saw there was greater flexibility with appointments for

patients identified as carers, including access to pre-bookable appointments not available to other patients. A dedicated carers' notice board in one of the waiting areas provided information and advice including signposting carers to support services. Considerable information was also available online (through the practice website) to direct carers to the various avenues of support available to them. One of the GP partners and a member of non-clinical staff were the practice's carers' leads responsible for providing useful and relevant information to those patients. The practice had hosted a carers' event in March 2016 and all patients identified as carers were invited to attend along with those they cared for. The event had included presentations by representatives of local carers' support groups.

We saw that the practice maintained a record of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The reception manager sent a bereavement card signed by the most appropriate GP to the family of each deceased patient.

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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 206 patients (2% of the practice's patient population over 18) were receiving such care.
- Home visits were available for older patients and patients who would benefit from these.
- The GPs completed regular visits to local nursing and residential homes to ensure continuity of care for those patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilet facilities for all patients, a hearing loop was provided and translation services were available. The practice was located on the first and second floors of a shared premises. A working lift was available to all floors and this was regularly serviced.
- The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.

- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- There were six week post-natal checks for mothers and their children.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. An NHS counsellor was based at the practice on Monday every week. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The practice offered extended opening from 7am every Monday and Tuesday and until 7.30pm once a week on a Monday or Tuesday in rotation. There was extended opening one Saturday each month from 9am to 11am for GP and nurse pre-bookable appointments. Appointments were available from approximately 8.30am to 11.30am and 2pm to 4.30pm or 3.30pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages in some areas, but lower in others.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 60% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 63% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 63%, national average 59%).

The patients we spoke with or who left comments for us gave mixed responses about access to the practice and appointments. Most said access to the practice by phone was reasonable and they were able to get appointments when they needed them. Some said getting through to the practice by phone could be difficult and there could be a

Are services responsive to people's needs?

(for example, to feedback?)

considerable wait for pre-bookable appointments. However, all of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

We discussed some areas of below CCG and national average satisfaction scores with senior staff during our inspection. They were aware of the practice's below average satisfaction score for access to the practice by phone. In response to this the practice was promoting patient use of the online appointment booking facility. Information on this was distributed in all new patient registration packs. We saw notices informing patients of the online booking facility displayed around the practice. The staff we spoke with said they were encouraged to promote the facility with patients. In response to some patients saying there could be a considerable wait for pre-bookable appointments we looked at the practice's appointment availability at the time of our inspection. We found the next GP pre-bookable appointment was available within three working days and the next nurse pre-bookable appointment was available the next working day.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible persons who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. An overview of the practice's complaints procedure was available on its website. A complaints procedure leaflet was available from reception.

We looked at the details of four of the 11 complaints received since April 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had reviewed and amended its procedures and arrangements for providing baby immunisations following an avoidable error.

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 values statement to provide care with courtesy and maintain a quality health service dedicated to meet the needs of its patients. This was displayed on the practice website and staff knew and understood the values.
- The practice had a documented statement of purpose which included their aims and objectives including high quality, effective treatment in safe surroundings.
- A business plan was in place to support the practice in achieving its strategic aims, objectives and values. The monthly practice meeting attended by the GPs and the practice manager was used to monitor the implementation of the business plan and strategic direction of the practice throughout the year.

Governance arrangements

Although the practice had an overarching governance framework which supported the delivery of the strategy and good quality care, it was insufficient in ensuring the implementation of and adherence to some systems, processes and procedures.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- In most areas there was a basic understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators. However, there were areas of the National GP Patient Survey results published in January 2016 where the practice was unaware of its below average satisfaction scores and had no specific plans to address the issues.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Practice specific policies were available to all staff, but were not always implemented appropriately.
- In some instances, the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were insufficient. These included:

- The management of medicines and security and monitoring of blank prescription pads and forms.
- The arrangements in place for the practice to respond to emergencies and major incidents.
- The management of risks identified by the Legionella risk assessment.

Leadership and culture

The GP partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider was aware of and complied 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). 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 and truthful information.
- They 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.

- There was a regular schedule of meetings at the practice for individual staff groups, multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with mental health issues, dementia, diabetes and end of life care needs. There were also nurse led clinics for patients with respiratory conditions

Are services well-led?

Requires improvement 

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

such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

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 (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice had distributed a patient survey in late 2014. From the responses received, the PPG had worked with the practice to develop priority areas including increasing the number of nursing appointments. We saw the practice reorganised the distribution of work within its nursing team, including better utilising the time of the healthcare assistant (HCA) to assist in meeting this requirement.
- The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from September to December 2015 showed that six of the eight respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

- The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There were some areas where the practice demonstrated continuous learning and improvement. The practice valued patient feedback and there was an emphasis on seeking this when planning service delivery and ensuring services were maintained and improved. During 2015, the Patient Participation Group (PPG) had become completely patient led. A patient chair was appointed and the group decided its own meeting agenda.

The practice had appointed a member of non-clinical staff as its customer feedback champion. One of the priorities of the role was to make the feedback options available to patients more visible and accessible. As part of this the practice was planning to install a customer feedback station at the main entrance.

As part of its new approach to more focussed surveys, the practice had completed a carers' survey in February 2016 to assist in identifying what worked well for carers and what could be improved. As a result of this the carers' notice board was relocated next to reception to make it more accessible and carers were able to use parts of the car park restricted to other patients.

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>How the regulation was not being met:</p> <p>We found that the registered person had not protected people from the risks associated with the improper and unsafe use and management of medicines by means of the making of appropriate arrangements for the storing and recording of some medicines used for the purpose of the regulated activity.</p> <p>There was no documented system in place to record the amount and type of medicines kept. Policies, processes and checks relating to medicines, including medicines kept in GPs' bags and those for use in an emergency were insufficient. One medicine and 33 units of one type of medical consumable were out of date. There was no process in place that would identify if blank prescription pads and forms were missing or used inappropriately. Prescription pads and forms were not stored securely at all times.</p> <p>This was in breach of Regulation 12 (2) (g) 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>How the regulation was not being met:</p> <p>We found that the registered person had not fully protected people against the risk of inappropriate or unsafe care and treatment because some systems designed to assess, monitor and mitigate the risks relating to the health and safety and welfare of patients and staff were insufficient.</p>

Requirement notices

No action was taken to reduce or eliminate the areas of risk identified in the practice's Legionella risk assessment. There was no comprehensive business continuity plan in place to ensure a service could be maintained in the event of a major incident. The plan in place was basic and lacked sufficient detail.

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all persons employed received the appropriate training and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

There was no programme of appraisal in place for non-clinical staff. The programme of appraisal for nursing staff was behind schedule. Staff who acted as chaperones were not appropriately trained.

This was in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.