Park Lodge Medical Centre

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?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Lodge Medical Centre on 31 March 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Patients always received a verbal and written apology.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Risks to patients were not all well managed, in particular, the practice was deficient in regard to: recruitment checks; chaperone training; disclosure and barring service checks; safeguarding training; infection control training; failing to act on recommendations in its fire risk assessment; basic life support training for all staff; failing to act on recommendations in its legionella report; and it did not have a defibrillator on the premises or a suitable risk assessment of the need for one.
- Data showed patient outcomes were low compared to the locality and nationally. However, audits had been carried out, and we saw evidence that audits were driving improvement in performance to improve patient outcomes.

The areas where the provider must make improvements are:

- Ensure that recruitment arrangements include all necessary employment checks for all staff, and that

Summary of findings

staff follow a suitable induction programme following appointment, and thereafter receive appropriate professional development, supervision, and appraisals, as necessary to enable them to carry out their duties.

- Ensure that staff receive appropriate training and updates, including: chaperone training for all non-clinical staff who act as chaperones; safeguarding of vulnerable children and adults; basic life support training; and infection control.
- Ensure that all staff undergo Disclosure and Barring Service (DBS) checks or have a suitable risk assessment in place.

- Ensure that it addresses concerns identified in regard to: infection prevention and control including legionella assessments; and fire risk assessment including holding fire drills
- Ensure that there is a defibrillator available on the premises in the event of a medical emergency, or carry out a suitable risk assessment.

In addition the provider should:

- Review its QOF achievement (Quality and Outcomes Framework) (QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care) to identify ways to improve patient treatment.
- Review provision for non-urgent appointments to meet patient demand.
- Review how it identifies and records patients with caring responsibilities.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- However, staff personnel files did not contain evidence that complete and appropriate recruitment checks had been undertaken prior to employment for all staff.
- Not all staff who acted as chaperones had been trained, nor had they 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) or a suitable risk assessment of the need for a DBS check.
- While they were able to explain their role and responsibilities in regard to safeguarding, not all staff had been formally trained in safeguarding children and adults. The practice did have a programme for staff to receive this training, though no timescale had been set for staff to complete the learning.
- There was an up to date infection control audit, but we were not provided with information to confirm that all staff had received up to date training.
- The practice had carried out a fire risk assessment but could not show that it had acted on the recommendations therein. Nor did it carry out regular fire drills.
- Not all staff had received basic life support training. The practice did have a programme for staff to receive this training, however, no timescale had been set for staff to complete this.
- The practice had an up to date Legionella report (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) which showed that there was no Legionella present, but could not show that it had acted on other recommendations in the report.

Summary of findings

- The practice did not have a defibrillator nor had it risk assessed the need for one.

Are services effective?

Requires improvement

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff regularly worked with multi-disciplinary teams to understand and meet the range and complexity of people's needs. Clinical meetings were held weekly.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- Data showed patient outcomes were low compared to national averages. For example:
  - 77% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 1 August to 31 March compared to a national average 94%.
  - 69% of patients with hypertension had a last blood pressure reading, measured in the preceding 12 months, of 150/90mmHg or less (national average 84%).
  - 64% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (national average 90%).
- There was no evidence of recent appraisals or personal development plans recorded on staff personnel files.
- The practice did not have an induction programme for newly appointed members of staff.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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. For example the practice had undertaken an audit of diabetic patients with high blood pressure, following which it had worked with this group of patients to improve their blood pressure control.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. Though some responses received via the CQC comment cards complained of having to wait up to two weeks for a non-urgent appointment. The practice told us they had made changes to their appointment system to improve access.
- 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?

Good

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

- The practice had a strategy to deliver quality care and promote good outcomes for patients, all staff were aware of this and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a commitment to learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

- Care and treatment of older people did reflect current evidence-based practice, and older people did have care plans where necessary.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered personalised care to meet the needs of the older people in its population.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed, and all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.
- However, only 51% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less, compared to a national average of 78%.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall 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 were at risk. For example, children and young people who had a high number of A&E attendances.

Summary of findings

- Immunisation rates for the standard childhood immunisations were worse than local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 15% to 20% (CCG averages 11% to 60%) and five year olds from 59% to 95% (CCG averages 65% to 86%).
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 79% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years, compared to a national average of 82%.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and for effective. 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 reflected the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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 in reporting any concerns, however, not all of them had received training in safeguarding.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- However, only 46% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to a national average of 88%.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed that the practice was performing in line with local and national averages. Three hundred and seventeen survey forms were distributed and 132 were returned. This represented 1.5% of the practice's patient list.

- 83% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 77% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 20 comment cards most of which were positive about the standard of care received. Patients said they were treated with respect and care, that the staff were friendly and the doctors took the time to listen and gave good support and care. The concern most often expressed was the long wait for routine appointments with patients often having to wait two weeks. The practice told us that they had made changes to their appointment system to reduce waiting times but that many patients wanted to see their preferred GP and that contributed to the delay in appointments.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring, though some said it was getting more difficult to get an appointment. Eighty-one percent of patients responding to the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member) would recommend the practice to friends and family.

Areas for improvement

Action the service MUST take to improve

- Ensure that recruitment arrangements include all necessary employment checks for all staff, and that staff follow a suitable induction programme following appointment, and thereafter receive appropriate professional development, supervision, and appraisals, as necessary to enable them to carry out their duties.
- Ensure that staff receive appropriate training and updates, including: chaperone training for all non-clinical staff who act as chaperones; safeguarding of vulnerable children and adults; basic life support training; and infection control.
- Ensure that all staff undergo Disclosure and Barring Service (DBS) checks or have a suitable risk assessment in place.
- Ensure that it addresses concerns identified in regard to: infection prevention and control including legionella assessments; and fire risk assessment including holding fire drills
- Ensure that there is a defibrillator available on the premises in the event of a medical emergency, or carry out a suitable risk assessment.

Action the service SHOULD take to improve

- Review its QOF achievement (Quality and Outcomes Framework) (QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care) to identify ways to improve patient treatment.
- Review provision for non-urgent appointments to meet patient demand.
- Review how it identifies and records patients with caring responsibilities.

Park Lodge Medical Centre

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, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Park Lodge Medical Centre

Park Lodge Medical Centre provides primary medical services in the London Borough of Enfield to approximately 8700 patients and is one of 49 member practices in the NHS Enfield Clinical Commissioning Group (CCG).

The practice population is in the third less deprived decile in England. There is lower than national average income deprivation affecting children (income deprivation affected 14% of children in the practice population compared to a national average of 20%). The practice had surveyed the ethnicity of approximately 85% of the practice population and had determined that 40% of patients identified as having white ethnicity, 4% Asian, 3% black and 38% as having mixed or other ethnicity.

The practice operates from a converted residential property with patient facilities on the ground and first floors. The ground floor is wheelchair accessible. There are offices for administrative and management staff on the first and second floors. All three floors are accessed via stairs.

The practice operates under a General Medical Services (GMS) contract (a contract with NHS England under which general practices deliver general medical services. This contract allows the flexibility to offer local and enhanced services within the contract) and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; minor surgery; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of two full-time male GP partners. There are five part-time female salaried GPs, and a part-time GP providing maternity cover. Park Lodge Medical Centre is a teaching and training practice with, at the time of our visit, one medical student and a full-time female GP registrar. The doctors provide 46 clinical sessions per week. The nursing team consists of two part time female practice nurses.

There are 10 administrative, clerical and administrative staff including one full-time practice manager, and a part-time practice secretary.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.30am and from 4.00pm to 6.30pm daily. Extended surgery hours are offered from 6.30pm until 8.00pm on Tuesdays, and from 8.00am to 11.00am on Saturdays. The practice has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directs patients to the OOH provider for NHS Enfield CCG.

Park Lodge Medical Centre is registered as a partnership with the Care Quality Commission to provide the regulated activities of maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury; family planning; diagnostic and screening procedures.

Detailed findings

Park Lodge Medical Centre has been inspected twice before by CQC under its old inspection methodology. The first inspection on 21 January 2014 found it non-compliant because there had been no recent infection control audit undertaken or risk assessment of infection control. This meant that there was no effective system in place to assess the risk of and to prevent, detect and control the spread of health care associated infections. On being re-inspected on 15 May 2014 the practice had undertaken an infection control audit and established a risk assessed action plan.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 31 March 2016. During our visit we:

- Spoke with a range of staff including doctors, nurses, admin and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient needed blood tests as part of oncology treatment, after arranging for a patient to have these the GP did not action the results as they assumed that the oncology department would do so. The mistake was rectified the following day by another GP. The practice met with the patient twice to discuss the error. It subsequently reviewed the incident and introduced a system to check who would be responsible for actioning results, and a text messaging service to notify patients that test results were available.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but not all had received formal training relevant to their role. The practice had a programme of training for staff but had not set timescales for completion of training. GPs were trained to Safeguarding level 3. However, neither of the practice nurses personnel files contained evidence of safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. However, not all staff who acted as chaperones had been trained for the role, nor had they all 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) or a suitable risk assessment of the need for a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, and annual infection control audits were undertaken, but we were not provided with information to confirm that all staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed eight personnel files and found that some files did not contain complete and appropriate recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were not all present in all files.

Requires improvement

Are services safe?

- 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.

Monitoring risks to patients

Risks to patients were assessed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice had an up to date fire risk assessment, but could not provide evidence of having acted on the recommendations made, nor did the practice carry out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Although the Legionella risk assessment was up to date and showed that Legionella was not present, the practice could show no evidence that it had acted on other recommendations in the risk assessment management plan.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff had received basic life support training. As a minimum training requirement, clinical staff should receive basic life support training annually, with non-clinical staff being trained every three years. The practice did have a programme for this training but had not set a timescale for its completion.
- There were emergency medicines available in the treatment room.
- The practice had oxygen with adult and children's masks available on the premises. A first aid kit and accident book were available. It did not, however, have a defibrillator or a written risk assessment for not needing to have one available. The practice did not undertake to buy a defibrillator following our visit.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 78% of the total number of points available (compared to a local average of 92%, and a national average of 95%), with 7% 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). Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to or worse than the national average. For example, 80% of patients on the diabetes register had had a foot examination and risk classification within the preceding 12 months which was comparable to the national average of 88%.
- Performance for mental health related indicators was similar to or worse than the national average. For example, 92% of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months were comparable to the national average of 94%.

However, there were areas of management where the practice's' performance fell below the local and national averages:

- 51% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (national average 78%).
- 69% of patients with diabetes, on the register, had a last measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less (national average 81%).
- 77% of patients with diabetes, on the register, had had an influenza immunisation in the preceding 1 August to 31 March (national average 94%).

The practice told us it was working to improve its performance in regard to diabetes, as evidenced by a blood pressure audit of diabetic patients which had resulted in 22 patients gaining increased control. It had made wide-ranging efforts to engage with its diabetic patients by sending letters and phoning to remind and encourage attendance for monitoring but had found it difficult to engage with these patients.

- The percentage of patients with hypertension having regular blood pressure tests was worse than the CCG and national average. For example, 69% of patients with hypertension had a last blood pressure reading, measured in the preceding 12 months, of 150/90mmHg or less (national average 84%).
- 64% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (national average 90%).
- The practice ratio of reported versus expected prevalence for chronic obstructive pulmonary disease (COPD) was 0.2 compared to a national average of 0.63.
- 64% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months (national average 90%).
- 46% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (national average 88%).

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice prescribed 55% Ibuprofen and Naproxen as a percentage of all Non- Steroidal Anti-Inflammatory drugs Items prescribed compared to a national average of 77%.

The practice told us that its QOF performance had recently improved, as the practice discussed QOF performance at its regular Monday meetings and had developed action plans. It had also involved non-clinical staff in managing the performance for QOF.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, two of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients being prescribed disease-modifying antirheumatic drugs (DMARDs) (DMARDs are a group of medicines commonly prescribed to patients with rheumatoid arthritis). Specifically the practice looked at the monitoring of this group of patients as these medicines could have serious side-effects, and found that only 45% were having regular blood tests either via the practice or from secondary care. The GPs agreed that before authorising repeat prescriptions they should confirm that patients' blood tests were up to date, and if not to ask the patient to have blood tests. On re-audit the number of patients with up to date blood tests on record had increased to 71%.

Effective staffing

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

- We were not provided with evidence of an induction programme for all newly appointed staff.
- The practice demonstrated that they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff had been identified and a programme for completion of the necessary training had been implemented, however, there was no timescale for completion of the training. Nor was there evidence of recent appraisals or personal development plans, completed within the last 12 months, on staff files.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training via e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- 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 diet, smoking and alcohol cessation and asthma. Patients were then signposted to the relevant service.
- A dietician and smoking cessation advice were available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given ranged from worse than to comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 15% to 20% (CCG averages 11% to 60%) and five year olds from 59% to 95%(CCG averages 65% to 86%).

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

Good

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 20 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. However, some patients mentioned that non-emergency appointments often required a two-week wait. The practice told us that they had made changes to their appointment system to reduce waiting times but that many patients wanted to see their preferred GP and that contributed to the delay in appointments.

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

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

- 80% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 82%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 74% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 78% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. However the practice had only identified 66 people (less than1% of the practice list) as carers.

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

Good

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. One of the GPs was the GP Member for the South West Locality of the CCG, so was able to feedback CCG meeting outcomes to the practice.

- The practice offered evening appointments from 6.30pm until 8.00pm on Tuesdays, and also opened from 8.00am to 11.00am on Saturdays for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Some patients responding via the CQC comment cards complained of having to wait two weeks for a non-urgent appointment. The practice told us that they had made changes to their appointment system to reduce waiting times but that many patients wanted to see their preferred GP and that contributed to the delay in appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice participated in virtual MDT (Multi-Disciplinary Team) meetings every month with social and community care and hospital consultants to discuss concerns about elderly patients.
- There was regular phone contact with district nurses, palliative care teams and community matrons to discuss individual patients needs.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am and from 4.00pm to 6.30pm daily. Extended surgery hours were offered from 6.30pm until 8.00pm on Tuesdays, and from 8.00am to 11.00am on Saturdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 83% patients said they could get through easily to the surgery by phone (national average 73%).
- 26% patients said they always or almost always saw or spoke to the GP they preferred (national average 36%).

People told us on the day of the inspection that they were able to get appointments when they needed them, though, as noted above, some patients had complained of having to wait up to two weeks for an appointment.

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. A leaflet was available from reception, as well as information on the practice website about how to make a complaint.

We looked at 9 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained that a GP had not paid attention to the patient during a consultation. The practice manager met with the patient to get full details of the complaint, and then met with the responsible GP and a partner in the practice. The patient was then invited to a meeting to discuss the matter. The responsible GP apologised to the patient verbally and

Good

Are services responsive to people's needs?

(for example, to feedback?)

explained what they had learnt from the experience. The practice implemented training for the GPs to maintain the doctor-patient relationship and to listen to patients and to give them options for their treatment and care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice sought to deliver high quality care and promote good outcomes for patients.

- The practice had a practice charter which was displayed on the practice website.
- However, it did not have a current business plan.
- The practice manager told us that her predecessor had left before she started work at the practice. On her appointment, she had found that record keeping, in particular in regard to: training, personnel records; and financial record keeping were disorganised as the previous practice manager had prioritised other areas. Similarly staff admitted that prior to the new practice manager starting some were demoralised and unclear about their roles. The practice manager had given staff clear responsibilities and held regular one-to-one meetings with staff to support them, while also addressing a backlog of financial payment claims.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised compassionate care. The partners were visible in the practice and 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 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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- 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.

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG raised the issue that the reception staff were not friendly or supportive of patients. Since then the practice had

Are services well-led?

Good

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

met with staff on several occasions to review and reinforce customer care skills. The PPG was satisfied that the receptionists had improved and were helpful and understanding of patient issues.

- The practice had gathered feedback from staff through social events and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. For example: The provider did not have a defibrillator and had failed to identify the risks associated with not having one; The provider had failed to ensure that staff had the qualifications, competence, skills and experience to provide care and treatment safely, including chaperone training. The provider had failed to ensure that actions identified as necessary following risk assessments in relation to fire safety and legionella had been implemented. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 **How the regulation was not being met:** The provider had failed to ensure that staff received appropriate support through appraisals or supervision. The provider had not provided development plans for staff. This was in breach of regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.