Dr Lawson and Dr Alalade

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Lawson and Dr Aladade on 18 May 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Patients did not always receive an apology.
- Risks to patients were assessed and managed.
- Data showed patient outcomes were low compared to the national average. Some audits had been carried out, an audit finding was used by the practice to improve services with recent action taken for the reviewing of the prescribing protocol for antibiotics to ensure their use was necessary and effective.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information about services was available and interpreters were available if needed.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvement are:

- Ensure care and treatment is consistently provided in a manner which meets patients' needs and preferences. Ensure improved health outcomes for patients who may be reluctant to attend the practice for personal or religious reasons.
- Ensure that information about care needs are appropriately shared with other relevant professionals.
- Arrangements for consent for procedures must be clear and recorded; and allow for an auditable trail of when consent is obtained.
- Ensure training is completed for staff safeguarding adults and that policies and procedures are current and relevant.
- Ensure governance arrangements in the practice are implemented and managed effectively to demonstrate that risks to patients are minimised; staff are provided

Summary of findings

with opportunities to formally feedback on service provision; staff have received training appropriate for their role and records demonstrate that this is planned for and given.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Risks to patients who used services were assessed; although the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was a system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did not always receive a verbal and written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Improvements were needed to ensure that procedures and protocols for adults were as robust as those for safeguarding children, and that staff attended level 3 training in safeguarding as required by their role.
- Infection control processes and systems ensured that care and treatment was provided in a safe environment.
- Medicines and prescriptions were appropriately handled in the practice.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. The practice was rated as inadequate for the population groups of people with long term conditions and working age people (including those recently retired and students). Therefore this has led to the overall effective domain being rated as inadequate.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the national average. Action to engage patients in their care and treatment was limited.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We found that there was no clear training schedule in place and there were gaps in training provided, for example in safeguarding adults and infection control.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Improvements were needed to ensure that information about care needs was appropriately shared with relevant people. Arrangements for consent did not show that there was a clear auditable trail of when consent for procedures had been obtained.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey was mixed about involvement with care and treatment.
- Patient comment cards indicated that 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could make an appointment with a GP. Urgent appointments were available the same day.
- The practice had extended hours appointments available and patients could attend without a pre-booked appointment.
- There were limitations with patients being able to request longer appointments. Sufficient time was not routinely allocated for those patients who required longer appointments, for example, those who needed health checks or dressing changes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Care provided for population groups was not consistently identified and planned for. For example, young people did not have access to an onsite sexual health screening services were not available on site at the practice.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was not effectively shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. The practice was rated as inadequate for the population groups of people with long term conditions and working age people (including those recently retired and students). Therefore this has led to the overall well-led domain being rated as inadequate.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of the vision but were not fully engaged in promoting the values of the practice.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held governance meetings. These meetings did not routinely involve all relevant staff. Systems to action learning were not sufficient to ensure that areas identified for improvement were actioned, monitored and shared with staff effectively.
- The practice had a governance framework which did not always support the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and this information was shared with staff.
- The practice sought feedback from patients, which it acted on. The patient participation group was active. However, staff did not have any formal mechanisms for providing feedback on the service provided.
- There was limited focus on continuous 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

Inadequate

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

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

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

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

Nursing staff had roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

- Indicators for diabetes care were significantly below national averages. The practice did not have a clear plan to ensure that these patients' needs would be met.
- For example 46% of patients with diabetes at the practice who had had a blood test to monitor their average blood sugar reading compared with the national average of 77%.
- Twenty six percent of the patients (18 of the 68 patients) on the practice's register of diabetic patients were excepted from the practice reporting on blood tests. (Exception reporting is where a patient is not included in reporting figures for a number of reasons, for example newly registered with the practice or refused to attend.)
- Home visits were available when needed.
- All patients with a long term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Inadequate

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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 29%, which was significantly lower than the CCG average of 71% and the national average of 74%. The practice did not have a clear system in place to monitor uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Inadequate

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted some of the services it offered to ensure these were accessible, flexible and offered continuity of care.

People whose circumstances may make them vulnerable

Inadequate

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

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable children. Improvements were needed in processes and awareness of safeguarding adults.
- 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.

People experiencing poor mental health (including people with dementia)

Inadequate

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

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

- There were 10 patients on their mental health register, one was excepted, therefore a total of nine patients had an agreed care plan in place.
- The three patients living with dementia had all had their care reviewed and an agreed care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living 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 those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or below local and national averages. A total of 410 survey forms were distributed and 33 were returned. This represented less than 1% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 39 comment cards. Comments made included that staff were helpful and friendly and they were able to get an appointment when needed. Negative comments included the withdrawal of the sexual health service for young people and only being able to discuss one condition at each appointment due to time constraints. Comments were also made about staff appearing abrupt and rushed. There were also comments on not being referred in a timely manner to other services. All respondents considered that the environment was clean and hygienic.

We were unable to speak with patients during the inspection, this was in part due to the nature of having walk in appointments, but also it was examination time at the university and patient numbers were lower during the day.

Dr Lawson and Dr Alalade

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Lawson and Dr Alalade

Dr Lawson and Dr Aladade are also known as the University Practice. The practice is situated in the centre of Portsmouth and provides care and treatment to approximately 17,500 patients. The majority of patients, approximately 13,000, are students at the University of Portsmouth. The practice has a high percentage of patients in the 15 to 34 age group when compared with the England average. Numbers for the other age groups are significantly below England averages. The practice is situated in one of the fourth most deprived areas in England. The practice population is mainly white British, with approximately 10% of patients who live in the area identifying themselves as Black or Asian in origin. The university has students from all parts of the world who register as patients at the practice.

Dr Lawson and Dr Aladade has two GP partners, in addition there are two part time salaried GPs and the practice also uses three locum GPs on a regular basis. There are three female GPs and four male GPs. In total this equates to 4.5 full time GPs, providing 36 to 38 sessions per week. The practice has three practice nurses, one who works full time and two nurses who work part time hours. The clinical team are supported by reception and administration staff and a practice manager. The practice provides services under a personal medical service contract.

The practice's usual opening hours are:

8.00am until 6.30pm daily, with extended hours being offered between 6.30pm and 8pm on alternate Wednesday and Thursday evenings; 9am until 11am on Saturdays with a GP and 9am until 1pm on a Saturday with a practice nurse. When the practice is closed patients are requested to access out of hours GPs via the NHS 111 service. At the time of the inspection the practice was trialling new extended opening hours for the period 11 April to 1 July 2016:

8am to 8pm on Mondays and alternate Wednesdays and Thursdays; 7am to 7pm on Fridays and alternate Wednesdays and Thursdays; 8am to 12pm or 9am to 1pm on Saturday's dependant on GP availability.

We inspected the only location:

University Surgery

The Nuffield Centre

St Michael's Road

PO1 2BH

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.

Detailed findings

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 18 May 2016. During our visit we:

- Spoke with a range of staff including three GPs, a practice nurse, the practice manager and administration staff and reviewed feedback from patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 living with dementia).

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

- Risks to patients who used services were assessed; although the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, this was not consistently implemented when needed.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did not always receive a verbal and written apology. For example, a GP wrote about an appointment on the incorrect patient medical record and the patient received a prescription which had the details of this patient on it. The pharmacist identified the error and the patient returned to practice to change the prescription for a correctly addressed one. There was no evidence that the practice had apologised for this error.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice did not carry out a thorough analysis of their significant events. We reviewed minutes from significant event meetings and found that there were no details on who had attended. Action points were identified and cascaded to staff via memos. However, there was no evidence that actions needed had been monitored to ensure risk was minimised. For example, there were two events which concerned incorrect information being placed on patient records. The action did not specify what monitoring systems had been put into place to prevent reoccurrence and there was no evidence of patient involvement.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse but these were insufficient to ensure that adults as well as children were protected from harm.
- All staff had received training to level 2 for safeguarding children, but the practice was unable to demonstrate that comprehensive training to level 3 for GPs was carried out. Training on safeguarding adults had not been given to any staff who worked in the practice. Training records reviewed showed that the nurses and health care assistant had last received training on safeguarding adults in 2013. One of the salaried GPs had also received similar training at that time; this was a refresher session on level 3 safeguarding training for children.
- Policies were in place for safeguarding adults and children. Both had been reviewed recently. The children's safeguarding policy identified who the safeguarding lead was in the practice; contained relevant contact details and the process staff should follow should they suspect a patient was at risk. The adult policy did not identify the lead GP and there were no contact details of other agencies who needed to be contacted should the staff suspect abuse. The adult safeguarding policy did not state timeframes for training intervals. Policies for the practice were usually held on the shared drive of the computer system, but, at the time of our inspection, both safeguarding policies were only available in paper form.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The chaperone policy was clear and relevant to what occurred at the practice. It contained information on any specific actions needed based on a patient's faith or ethnic origin. There were sections on supporting patients who were diagnosed with a mental health condition or had learning disabilities, which included maintaining boundaries to minimise distress and recognising that some behaviours should be deemed that the patient was not consenting to the procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be clean and tidy. A practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and some staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. At the most recent audit in July 2015 no actions were needed. The practice did not have a written annual statement for their infection control processes.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commission group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. There was evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had risk assessed the need for a defibrillator and had deemed that they did not need to keep one on the premises, as they considered the ambulance response time would allow them to manage an emergency situation. There were adult and child oxygen masks available for use.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice 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.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

The practice 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 76% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related Quality and Outcomes Framework (QOF) indicators was worse than the national average. For example 46% of patients with diabetes at the practice who had had a blood test to monitor their average blood sugar reading compared with the national average of 77%.
- We found that there were a total of 68 patients on the diabetes register who were eligible for this blood test; however 18 of the patients had been excepted from this outcome. 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.
- A total of 16 patients out of 68 on the diabetes register had been excepted from the outcome related to having a blood pressure reading, which was within normal ranges, carried out in the previous 12 months.
- There were 10 patients on their mental health register, one was excepted, therefore a total of nine patients had an agreed care plan in place.
- The three patients living with dementia had all had their care reviewed and an agreed care plan in place.
- We found that exception ratings for patients diagnosed with depression were significantly higher than national averages. A total of 32% of eligible patients had been excepted, compared with the national average of 25%.

We discussed the QOF results with the GPs and found that there was no clear plan on how they planned to engage patients with diabetes to have relevant checks on their health. It was not clear who had overall responsibility for ensuring recalls were carried out and whether there was scope for opportunistic checks if appropriate. The practice acknowledged that a high proportion of their patients suffered from stress related illnesses and depression, and they worked with the university to support these patients.

There was limited evidence of quality improvement including clinical audit.

We noted that audits were carried out in response to clinical commissioning group (CCG) guidance and there was limited auditing of practice specific procedures.

- We reviewed a sample of audits undertaken in the past two years. Three of these were completed audits where the improvements made were implemented and monitored. All audits related to medicines use, and prescribing. For example, one audit looked at the use of salbutamol, an inhaler used for asthma. The results in 2014 showed that out of 13 patients four had not had a review of usage of the inhaler undertaken; results from 2015 showed that out of 15 patients, five had not had their usage reviewed. Patients identified as not having a review were written to inviting them to attend the practice.
- We noted clinical audits on whether referrals to hospitals for further tests or treatment been commenced in March 2016, there was one audit for neurology and one audit for trauma and orthopaedic reviews, but these was not dated. Neither of the audits had a date for re-audit and action plans did not contain sufficient detail to ascertain when actions would be taken and by whom.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Inadequate

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included reviewing the prescribing protocol for antibiotics to ensure their use was necessary and effective.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff received training that included: fire safety awareness, basic life support and information governance, but this was inconsistent. Staff had access to and made use of e-learning training modules and in-house training. We noted that there was no overall plan to ensure that all staff had received relevant training for their role, for example on safeguarding and infection control.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work, but training was not planned for and records did not demonstrate that staff had received training as required by the practice. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not consistently 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. We found that care plans were in paper format and the practice was unable to demonstrate that these had been shared with other health professionals or the patient concerned.
- The practice shared some information with other services in a timely way, for example when referring patients to other services.
- The practice used a message book for GPs to inform them of tasks related to patient care that needed to be completed. We noted that staff would sign and date when the action was requested, however, the GPs did not sign to indicate it had been completed.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We noted that the practice linked closely with the mental health team and university to support patients who had a mental health condition. Community psychiatric nurses were able to access patient records in the practice with consent from the patient, in order that information could be shared effectively.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance, however processes to ensure this was appropriately recorded were limited.
- 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.

Inadequate

Are services effective?

(for example, treatment is effective)

- There was no consistent system in place to ensure consent forms were scanned onto the computerised record. One GP said that it was difficult to retrieve documents once they had been scanned in as there was no formal naming convention for files.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 29%, which was significantly lower than the CCG average of 71% and the national average of 74%. The practice did not have a clear system in place to monitor uptake. There was no system in place to capture this information and enable the practice to offer screening to those patients who were unable to have this carried out elsewhere.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and data for these services were in line with CCG and national averages.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 95% and five year olds from 62% to 95%. Figures for infant HIB/Men C booster were 0% compared with the CCG average of 0.2%.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 39 comment cards and found that comments were mixed on the service provided. Comments made included that staff were helpful and friendly and they were able to get an appointment when needed. Negative comments included the withdrawal of the sexual health service for young people and only being able to discuss one condition at each appointment due to time constraints. Comments were also made about staff appearing abrupt and rushed. There were also comments on not being referred in a timely manner to other services. All respondents considered that the environment was clean and hygienic.

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

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect, but results were varied. Improvements were needed in some areas, in particular consultations with GPs. For example:

- 15% of patients said the last GP they saw or spoke with was poor at listening to them, compared with the national average of 4%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.
- Data also showed that 24% of patients saw or spoke with the GP they prefer compared with the national average of 36%.

At the time of the inspection the practice had not taken steps to address these concerns from patients.

Care planning and involvement in decisions about care and treatment

Patients told us via comment cards that 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were below the national average for GPs, but average or above average for consultations with nurses.

For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 70% of patients said the GP was good at involving them in decisions about their care or treatment compared with the CCG average of 83% and the national average of 82%.
- However, 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Requires improvement

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

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

Requires improvement

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.

- Longer appointments were only routinely available for travel vaccines. Minutes from meetings stated that double appointments should only be booked if a patient requested them, but patients were not made aware of this.
- New patient health checks were undertaken within the routine 10 minute appointment time.
- Nurses would request to have longer appointments for treatments such as dressing changes, but these were not built into the appointment system.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, a hearing loop and translation services available.
- Care provided for population groups was not consistently identified and planned for. For example, young adults. Up until April 2016 the practice offered a sexual health clinic for patients aged 18 to 25 years. However, this service had been stopped when funding was withdrawn and patients were referred to other health care providers. The practice said they had attempted to gain further funding but had not been successful. Feedback we received showed that a lack of this service for the majority of the patient population had impacted negatively on patients as they were not able to access care and treatment in a timely manner.
- The practice staff said that they would attend Fresher's Week, which is a week of activities and information sessions for new university students, each year to sign up new patients and would also offer a flu vaccine at the same time.
- During the course of our inspection visit we learnt that there was a high proportion of patients who were Muslim and a high proportion of patients who had sickle cell disease. The patient participation group chair said that the practice held regular support groups for patients with sickle cell disease at the practice. There was not any specific support for patients of different religious beliefs where these might impact on health needs.

Access to the service

The practice's usual opening hours were:

8am until 6.30pm daily, with extended hours being offered between 6.30pm and 8pm on alternate Wednesday and Thursday evenings; 9am until 11am on Saturdays with a GP and 9am until 1pm on a Saturday with a practice nurse. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them.

At the time of the inspection the practice was trialling new extended opening hours for the period 11 April to 1 July 2016:

8am to 8pm on Mondays and alternate Wednesdays and Thursdays; 7am to 7pm on Fridays and alternate Wednesdays and Thursdays; 8am to 12pm or 9am to 1pm on Saturday's dependant on GP availability.

Results from the national GP patient survey published in January 2016 showed that patient satisfaction with how they could access care and treatment was comparable or above national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had a 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. Information on the parliamentary Health Service Ombudsman and patients liaison services was contained within the complaints policy.
- There was a designated responsible person who handled all complaints in the practice.
- The practice website stated that complaints should be made in writing. Information on how to make a complaint was not included in the patient charter. We found that verbal complaints were accepted and there was a system in place for recording concerns.

We looked at seven complaints received in the last 12 months and found that these were investigated and responded to appropriately, but it was not clear whether the practice had ensured the complainant was satisfied with the final response. Complaints were discussed at a monthly lunch time meeting, which the partners, practice manager and one nurse attended. Learning from complaints was shared with other staff by use of written memos, but the practice were unable to demonstrate clear action points and learning. For example, in January 2015 a patient complained that they were not able to make a double appointment with a GP. The explanation the practice gave was that this was the protocol of the practice.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a vision to deliver services that met the needs of patients and provide accessible quality care and promote outcomes for patients. This was not widely publicised in the practice. Staff were aware of the values and vision but were not routinely involved in how they were implemented.

There was a business plan in place. This did not fully demonstrate how succession planning would be achieved and how the practice aimed to develop its services. At the time of our inspection there was the equivalent of 4.5 full time GPs, for a practice population of 17,500 patients.

Governance arrangements

The practice had a governance framework which did not always support the delivery of the strategy and good quality care. This outlined the structures and procedures in place:

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Systems in place did not sufficiently demonstrate that complaints, clinical concerns related to the Quality and Outcome framework (QOF) and significant events were monitored and resolved.
- Salaried GPs were involved in audits of referrals or managing improvements for targets.
- Any programme of continuous clinical and internal audit was limited to being in response to clinical commissioning group (CCG) requests and not practice initiated.
- Arrangements for maintaining patient records were not sufficiently embedded to ensure that all relevant information was available. For example, paper copies of consent forms were not routinely scanned and saved into a patient's record.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care but evidence of this was lacking. Staff told us the partners were approachable and listened to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- The practice gave affected patients reasonable support, truthful information but a verbal or written apology was not always given.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice did not routinely hold whole staff meetings or meetings for specific staff roles. Salaried GPs were involved in practice meetings. Other staff we spoke with said that meetings were held on an ad hoc basis.
- We found changes and information were discussed by partners and senior staff. Information from these meetings about changes to working practice or sharing of learning was cascaded to staff via a memorandum system. The current system did not have the facility for staff to provide feedback on these memorandums. Staff indicated that they considered there were too many memorandums and there was not always sufficient time to read and retain the information.
- Staff said they felt supported by the partners in the practice. All staff were able to offer ideas for how the practice could improve but there were no formalised systems for this. Staff said that they would ask if there was anything they needed or if they had ideas on improvements, this was usually achieved by speaking with their line manager who then spoke with the GP partners.
- The partners considered this arrangement for staff engagement was sufficient to provide care for their patients. However, we spoke with a number of staff who commented that there was no protected administration time and extended hours had been imposed on staff without proper consultation or regard to their health and wellbeing.
- Quality and outcome framework reporting exceptions were significantly higher than national and clinical commission group averages, but action to engage patients in their care and treatment was limited.

Are services well-led?

Inadequate

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

- Complaints were investigated and a response was provided to the complainant. However, lessons learnt were not clear and not widely shared with relevant members of staff to drive improvements.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had four face to face meetings per year and consisted of approximately 20 members. The PPG had carried out a survey on appointment times and as a result the practice had introduced the extended hour's service.
- The practice had gathered feedback from staff through appraisals and through staff discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Feedback from staff showed that the practice acted on their suggestions, for example changes were due to be made to the reception area as a result of staff feedback.

Continuous improvement

There was limited focus on continuous learning and improvement at all levels within the practice. There was evidence of good teamwork, but this did not extend across all staff groups as a whole to ensure all staff were driving continuous improvements and ensuring that identified shortfalls were effectively monitored.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered person did not consistently provide care and treatment in a manner which met service users' needs and preferences.** • Appointment systems at the practice were limited and did not reflect service users' needs. All appointments were of a standard 10 minute length, unless they were for travel vaccines. Sufficient time was not routinely available to treat patients who had more complex needs, but only available on the request of staff. • The registered person did not consistently provide services to meet the needs of those with specific religious, disease or age related conditions. **This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person did not have systems and processes established which were operated effectively to prevent the abuse of adult service users.** • Staff did not consistently receive training on safeguarding adults and children to ensure they were aware of their responsibilities and were competent to identify and act on situations where service users may be at risk of harm. • Policies and procedures to support safeguarding awareness did not contain sufficient information and guidance to ensure that when a concern was identified that it would be managed appropriately.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have appropriate systems, processes and policies in place to manage and monitor risks to the health, safety and welfare of patients, staff and visitors to the practice.** • Systems in place to demonstrate that significant events were handled appropriately were not effective and did not show that actions had been taken to minimise risk and was monitored. • The registered person did not have systems in place to ensure they were able to maintain an accurate and complete record in respect of each service user at all times. • There was no consistent system in place to ensure the consent form has been scanned onto the computerised record. • We found that care plans were in paper format and the practice was unable to demonstrate that these had been shared with other health professionals or the patient concerned. • The registered provider did not proactively engage with staff or provide opportunities for staff to formally feedback on service provision. • Training arrangements did not demonstrate that all staff had the necessary skills and competencies to carry out their role. **This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**