

# Stuart Crescent Health Centre

## Quality Report

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Date of inspection visit: 5 September 2016

Date of publication: 30/11/2016

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stuart Crescent Health Centre on 5 September 2016. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because some systems and processes were not implemented effectively enough to keep people safe. For example, fridge temperatures were not effectively recorded, prescription pads not effectively monitored and emergency medicines were not appropriately logged and some were found to be out of date.
- Some Patient Group Directions (PGDs) were found to be either out of date or not appropriately signed.
- Patient records were not fully completed after child immunisations.
- There were no formal systems for identifying new guidance and medicines alerts.

- Data showed patient outcomes were comparable to the national average. Some audits had been carried out, and we saw evidence that one audit was a two cycle audit and was driving improvements to patient outcomes.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were undertaken and patients received an apology when things went wrong.
- Patients said they were treated with compassion, dignity and respect.
- Information about services was available in a way that everybody would be able to understand or access it.
- The practice had a number of policies and procedures to govern activity.

The areas where the provider must make improvements are:

- Ensure all PGDs are available and up to date, appropriately signed and that the most current immunisation schedules are implemented.

# Summary of findings

- Ensure patient electronic records are fully completed for childhood immunisations.
- Ensure that effective systems are put in place to monitor medicines alerts and the latest clinical guidance.
- Ensure fridge temperatures are accurately recorded and that staff are trained to manage the fridge in the absence of the nurse.

Ensure all medicines and equipment is up to date in the emergency medicines and doctors' bags and produce a log of these which includes expiry dates.

In addition the provider should:

- Develop a system to ensure that prescription pads and scripts are monitored.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- look at ways to improve the number of patients attending for cervical screening.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Patients were at risk of harm because systems and processes did not ensure they were kept safe:
  - there was no effective system in place to log and respond to medicines alerts;
  - Although prescription forms were locked away securely, there was no system for logging the forms;
  - The nurse did not keep accurate computer records for childhood immunisations however the children's red books were kept up to date;
  - Fridge temperatures were not being consistently recorded and staff did not know how to reset the fridge after checking the temperature or if the fridge alarm sounded. Following the inspection, the nurse confirmed that staff had been trained in order to undertake these tasks in her absence.
  - Out of date equipment, such as blood bottles and dressings were found in the emergency medicines store and within the doctor's bag. The checking system did not include expiry dates.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Knowledge of and reference to national guidelines was inconsistent. There was no formal system for regular review of guidelines within the practice.
- There was limited use of clinical audits however those undertaken demonstrated quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management

Requires improvement



# Summary of findings

- There was limited use of clinical audit within the practice; however audits undertaken showed improvement to patient outcomes.
- The practice had a number of policies and procedures to govern activity.
- Full records were not being kept for child immunisations.
- All staff had received inductions and had received regular performance reviews and attended staff meetings.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as, requires improvement for safe and well led and good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



### People with long term conditions

The provider was rated as, requires improvement for safe and well led and good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



### Families, children and young people

The provider was rated as, requires improvement for safe and well led and good for providing an effective, caring and responsive service. 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

Requires improvement



# Summary of findings

- Immunisation rates for the standard childhood immunisations were mixed  
Concerns were raised that the immunisation schedule used by the practice was dated 2013 and that patient group directions (PGDs) which are guidance for the administering of vaccinations were also out of date Full records of immunisations were not being kept.
- 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 71%, which was below the CCG average of 80% and the national average of 82%.
- 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)**

The provider was rated as, requires improvement for safe and well led and good for providing an effective, caring and responsive service. 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 including booking appointments and ordering repeat prescriptions.
- A full range of health promotion and screening that reflects the needs for this age group was available from the practice.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as, requires improvement for safe and well led and good for providing an effective, caring and responsive service. 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.

**Requires improvement**





# Summary of findings

- The practice offered longer appointments for patients 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 adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as, requires improvement for safe and well led and good for providing an effective, caring and responsive service. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 76% compared to the CCG average of 86% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in their record was 90% compared to the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Requires improvement



# 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 local and national averages. Four hundred and five survey forms were distributed and 120 were returned. This represented 3% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all positive about the standard of care received. Patients were pleased with the treatment provided and felt included in their care by both GP and nurse.

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

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure all PGDs are available and up to date, appropriately signed and that the most current immunisation schedules are implemented.
- Ensure patient electronic records are fully completed for childhood immunisations.
- Ensure that effective systems are put in place to monitor medicines alerts and the latest clinical guidance.
- Ensure fridge temperatures are accurately recorded and that staff are trained to manage the fridge in the absence of the nurse.

- Ensure all medicines and equipment is up to date in the emergency medicines and doctors' bags and produce a log of these which includes expiry dates.

### Action the service **SHOULD** take to improve

- Develop a system to ensure that prescription pads and scripts are monitored.
- To review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Look at ways to improve the number of patients attending for cervical screening.

# Stuart Crescent Health 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, and a practice nurse specialist adviser.

## Background to Stuart Crescent Health Centre

Stuart Crescent Health Centre is located in Haringey, North London. The practice has a patient list of approximately 3876. Twenty six percent of patients are aged under 18 (compared to the national practice average of 15%) and 20% are 65 or older (compared to the national practice average of 17%). Fifty nine percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises a male GP partner (working 9 sessions a week), a regular female locum GP working four sessions per week (we were informed following the inspection that the locum had recently relinquished a partnership position at the practice following retirement, but continued to work as a locum). A female practice nurse (working three days a week), a business manager, practice manager, secretarial and reception staff. Stuart Crescent Health Centre holds a Personal Medical Service (PMS) contract with NHS England.

Due to the retirement of one of the partners, the practice was in the process of changing their CQC registration from a partnership to an individual provider.

The practice's opening hours are:

- Monday, Tuesday Wednesday and Friday 8.00am-7.00pm
- Thursday 8.00am – 1.00pm

Appointments are available at the following times:

- Each morning between 8:30am and 12:30pm
- Each afternoon between 5.00pm and 6.30pm

The practice offers extended hours opening at the following times:

- Monday, Tuesday, Wednesday and Friday 6:30pm – 7.00pm

The telephone lines are diverted to the out of hour's provider when the practice is closed.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them.

The practice is registered to provide the following regulated activities which we inspected: family planning, treatment of disease, disorder or injury; diagnostic and screening procedures, surgical procedures and maternity and midwifery services.

Stuart Crescent Health Centre was previously inspected in January 2014. This was under the previous CQC inspection programme. The practice was found to be compliant in all areas inspected at the time.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 September 2016. During our visit we:

- Spoke with a range of staff (GPs, practice management and administration staff) 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.

# Are services safe?

## Our findings

### Safe track record and learning

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

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

The practice did not have an effective system for reviewing safety records, incident reports, or patient safety alerts. When alerts were received, the practice manager would print out any administrative alerts and hand to the administration team. Those regarding clinical issues were forwarded to the GP via email. There was no system for logging incoming alerts and recording actions that were taken. When asked, the GP stated that they were read but no action taken. We asked about a specific medicines alert which had been issued by the MHRA (the use of sodium valproate during pregnancy) and the GP showed no awareness of the alert and there was no record of the alert in the emails. However we saw evidence that lessons were shared and action was taken to improve safety in the practice following significant events. For example, following the attempt of a patient to obtain medicines on a stolen prescription using a forged signature of the GP, the practice reviewed its prescription safety policy and ensured that pads were locked in a secure drawer.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, not all systems were being appropriately implemented in a way that would keep patients safe.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurse were trained to child protection or child safeguarding level 3. Administrative staff were trained to level 1.
- 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. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning was the responsibility of the building management. The buildings manager held all records regarding the cleaning contracts and cleaning schedules which the practice had access to. We viewed the schedules and found them to be up to date. The practice reported any concerns regarding the cleaning to the buildings manager who was situated on site. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken (latest audit dated January 2016) and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients mostly safe (including obtaining, prescribing,

# Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; however, these were not monitored to provide an audit trail. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we found that there were a number of issues regarding the PGD's and the administering of vaccines.

- 8 of the 13 PGD's seen were out of date and 5 of the 13 were not properly completed.
- The PGD for Meningitis C was not present.
- The nurse was working from an out of date routine childhood immunisation schedule as the available schedule was dated June 2013.
- On review of records we found that:
  - Children had been called on two separate occasions for the four vaccines required at 12 months, which should be given at the same time. This delayed the immunisation process and put the child at risk.
  - A child under 12 months old was given the Meningitis C vaccine after the cut-off date of 1 July 2016. A directive had been distributed stating that from 1 July 2016 the vaccine should not to be given to children under 12 months.
  - A child was given the third Meningitis B vaccination but it was not evident from the notes whether the previous two vaccinations had been given.
- Following the inspection we spoke with the practice nurse who provided evidence of the latest immunisation schedule that she was working from and confirmed that the PGDs were being brought up to date. The nurse also stated that the child's red book was being updated each time they came for a vaccination; however, the computerised record was not always being updated. The two week break in administering the 12 month vaccination was at the parent's request which should have been recorded in the notes.
- Fridge temperatures had been recorded for the two medicines fridges; however, these were not logged

on a daily basis. The temperature for the smaller fridge was logged using decimals; however, the display on the fridge did not have the facility to show decimals. A member of staff who stated that they checked and recorded the fridge temperatures in the absence of the nurse did not know how to reset the fridge when the alarm went off while on the inspection. Following the inspection the nurse confirmed that all vaccinations had been moved to one fridge and that staff had been trained in the correct management of the fridge and taking the fridge temperatures to ensure consistency.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## 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 in September 2013 to ensure the equipment was safe to use (next due September 2018) and clinical equipment was checked in July 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

## Are services safe?

The practice had arrangements in place to respond to emergencies and major incidents. However some were in need of review.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked the emergency medicines and

found medicines to be in date; however, we found dressings and blood bottles that were out of date. These were removed and brought to the attention of the practice. We checked the doctor's bag and found that there were expired medicines and equipment including two ampules of adrenaline (expired August 2016), hydrocortisone (expired May 2016) and blood bottles (expired July 2015). We found a system for checking the stock on a monthly basis which included a check list of what should be there but this did not include expiry dates. Therefore the practice were not appropriately checking stock to ensure it was fit for purpose.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had an informal system in place to keep all clinical staff up to date. Clinicians would use a google search to find new guidance that was released by NICE. There were no formal links from the practice computer system designed to alert clinicians of new guidance that was available. However, when new guidance was released, a search would be undertaken and any new guidance found would be discussed in a clinical meeting. We were provided with evidence of meeting minutes where new guidelines such as prescribing guidelines were discussed.

### 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 97% of the total number of points available. The practice did not present higher exception reporting than the CCG average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had a combined clinical exception rate of 6.5% compared to the CCG average of 8.5% and the national average of 9.2%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example:
  - The percentage of patients in whom the last IFCC-HbA1c was 64 mmol/mol or less was 74% compared to the CCG average of 74% and the national average of 77%.

- The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 82% compared to the CCG average of 75% and the national average of 78%.
- The percentage of patients with a record of a foot examination and risk classification was 91% compared to the CCG average of 85% and the national average of 88%.
- Performance for mental health related indicators was comparable to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in their record was 90% compared to the CCG average of 87% and the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 76% compared to the CCG average of 86% and the national average of 84%. The practice was aware of this low result and were working on identifying and recalling more patients for these reviews.

There was evidence of quality improvement including clinical audit.

- There was limited use of clinical audit within the practice and no established programme of audit. However there had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an adjustment to the medicines of patients using preventative inhalers on the asthma register which ensured that they were receiving the correct treatment. The practice looked at patients that used more than 12 inhalers in a one year period in 2015. Of the 186 patients on the register, 12 patients were found to have used 12 or more inhalers in the year. These patients were called in for an inhaler technique check and a spacer prescribed. The audit was repeated in 2016 and it was found of the original 12 patients, two had passed away



# Are services effective?

## (for example, treatment is effective)

but six of the remaining 10 had reduced the number of inhalers used with one patient not using an inhaler over the period. The practice planned to search the registers on an annual basis and repeat the audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. We were provided evidence of the nurse's update qualification for undertaking baby immunisations dated October 2015.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 80% and 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 was aware of the low results for cervical screening and stated that they sent reminders and the GP would remind patients during consultations but there was an unwillingness to attend.

## Are services effective?

(for example, treatment is effective)

However, 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 90% (CCG average range of 85% to 94%) and five year olds from 70% to 85% (CCG average range of 84% to 91%).

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.

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

We spoke with one member of the patient participation group (PPG). They also told us they were more than 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 78% 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%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%.

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

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

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format.
- The practice was able to offer British Sign Language support.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (less than 1% of the practice list). All registered carers were offered an annual health check. Written information was available to direct carers to the various avenues of support available to them. The practice stated that this was an area that they were planning to look into and develop in the coming months.

Staff told us that if families had suffered bereavement, the GP would offer a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice undertook an analysis of the main ethnic groups within the patient population and employed a Polish speaking member of staff due to the recent influx of the Polish community into the area.

- The practice offered extended hours surgeries on a Monday, Tuesday, Wednesday and Friday evening until 7.00pm for working 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided online facilities for arranging appointments and ordering repeat prescriptions.
- The practice provided a weekly phlebotomy clinic within the surgery.
- The practice set up a social media page in order to provide practice updates and health information.

### Access to the service

The practice's opening hours were:

- Monday, Tuesday Wednesday and Friday 8.00am-7.00pm
- Thursday 8.00am – 1.00pm

Appointments were available at the following times:

- Each morning between 8:30am and 12:30pm
- Each afternoon between 5.00pm and 6.30pm

The practice offered extended hours opening at the following times:

- Monday, Tuesday, Wednesday and Friday 6:30pm – 7.00pm

The telephone lines were diverted to the out of hour's provider when the practice was closed.

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 that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

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

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.

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

### Listening and learning from concerns and complaints

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

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

## Are services responsive to people's needs? (for example, to feedback?)

We looked at five complaints received in the last 12 months and found they were handled in a timely way and in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the

quality of care. For example, following a complaint received regarding a delay in receiving a referral, the practice changed their policy to ensure that a further check was implemented to ensure the referral had been sent. The patient received a written apology.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a strategy to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a supporting business plan which reflected the vision and values and were regularly monitored.

### Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- 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.
- There was limited use of clinical and internal audit but those areas audited were used to monitor quality and to make improvements
- Record keeping was not effective. For example, childhood immunisation data was not fully recorded on the computerised records. However the information was recorded within the child's red book.
- A lack of effective governance had led to the issues being found. For example cold chain management and child immunisation programme.
- We found that there was a communication issue between staff in relation to some aspects of the day to day running of the practice. The staff present on the day of inspection were unaware of this breakdown in communication. For example cold chain management and the recording of fridge temperatures.

### Leadership and culture

The leadership had the necessary experience, knowledge and capability to lead effectively.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group were involved in re-organising the way the practice dealt with routine matters by suggesting that more telephone consultations were made available in order to free up consultation time for patients who needed to be seen

# Are services well-led?

Requires improvement



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

by the GP or nurse. The PPG also suggested that those patients who used a car received a call from the surgery if their appointment was running late so they could sit in their car to wait and avoid high parking costs.

- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.



## 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
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to</p> <ul style="list-style-type: none"><li>• Ensure that the cold chain management was upheld while the practice nurse was absent. Fridges were not being reset after the temperature was checked, therefore accurate temperatures were not being kept;</li><li>• Ensure that the nurse PGDs and immunisation schedules were up to date or appropriately signed,</li><li>• Ensure that emergency equipment was in date and there was a log to check expiry dates.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assure good governance of the practice. They did not ensure that effective systems were in place to monitor the latest guidelines (NICE, MHRA). There was no system to log incoming alerts and track actions that needed to be done. Patient records were not completed appropriately in regard to childhood immunisations.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>