

Dr Alma Sarajlic

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Alma Sarajlic, also known as Staines Road Surgery on 5 May 2016. The overall rating for the practice was good; however, we identified breaches of regulation in respect of safety, and the practice was rated as requires improvement for the safe domain. We issued a requirement notice in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the practice submitted an action plan, outlining the actions they would take to address the issues identified. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Alma Sarajlic on our website at www.cqc.org.uk.

At the time of the initial inspection, the practice was undergoing a major refurbishment and was temporarily operating from porta cabins and a single room in the main building. We undertook this announced comprehensive inspection on 15 August 2017 to check that the practice had followed their plan and to confirm

that they now met the legal requirements, and to check that their newly refurbished premises were compliant with regulations. This report covers our findings in relation to the follow-up inspection.

The practice is now rated as inadequate in respect of safety, and requires improvement in respect of providing effective services and being well led; the practice is rated requires improvement overall.

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

- The practice had some systems, processes and practices to minimise risks to patient safety; however, patients were at risk due to the practice's failure to ensure that staff had the skills and competence to carry-out their roles.
- Staff demonstrated that they understood their responsibilities in relation to safeguarding children and vulnerable adults and all had received training on safeguarding relevant to their role; however, not all staff had received refresher training within the recommended timeframe.

Summary of findings

- The practice was not always able to demonstrate how it ensured that staff were working within their scope of competence.
- There was some evidence of quality improvement; the practice had a programme of regular reviews of their lists of certain patients; however, the practice had not initiated any new clinical audits in the past year.
- The practice's performance in respect of the delivery of care to patients and patient outcomes was largely comparable with local and national averages; however, the practice's uptake rate for childhood immunisations was below average.
- Information about services and how to complain was available; however, some staff were unclear about the process. Improvements were made to the quality of care as a result of complaints and concerns.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events; however, whilst learning from incidents was shared with those concerned, the practice did not routinely share information and learning with the wider practice team.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. The practice scored highly for patient satisfaction in all areas. Translation services were available for patients; however, this was not advertised in the patient waiting area.
- Patients we spoke with 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure that care and treatment is provided in a safe way for service users.
- Ensure that processes are in place to assess, monitor and improve the quality and safety of service, in particular, putting in place a process of clinical audit.

In addition, the provider should:

- Ensure that all staff are clear about the practice's significant events reporting process and complaints process, and that the learning from all incidents is shared with all staff.
- Improve the uptake of childhood immunisations.
- Advertise the availability of translation services to patients.

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 inadequate for providing safe services.

- The practice had some systems, processes and practices to minimise risks to patient safety; however, patients were at risk due to the practice's failure to ensure that staff had competence to carry-out their roles.
- Staff demonstrated that they understood their responsibilities in relation to safeguarding children and vulnerable adults and all had received training relevant to their role; however, not all staff had received refresher training within the recommended timeframe.
- The practice had failed to put in place processes to ensure that the correct legal paperwork was used to allow the healthcare assistant to administer medicines.
- The practice did not store prescription printer sheets in line with NHS guidance, and they did not keep a log of their stock of prescription pads.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; these incidents were discussed with the staff involved; however, significant events were not discussed more widely with all staff. When things went wrong, patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Inadequate



Are services effective?

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

- Staff received training in order to provide them with the skills and knowledge to deliver effective care and treatment; however, the practice was not always able to demonstrate how it ensured that staff were working within their scope of competence.
- There was evidence of quality improvement; the practice had a programme of regular reviews of their lists of certain patients; however the practice had not initiated any new clinical audits in the past year.

Requires improvement



Summary of findings

- Data from the Quality and Outcomes Framework showed that overall, patient outcomes were at or above average compared to the national average. However, the practice's uptake rate for childhood immunisations was below average.
- Staff were aware of current evidence based guidance.
- 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.
- End of life care was coordinated with other services involved.

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 higher than others for several aspects of care.
- Survey information we reviewed showed that 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 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.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from one example reviewed 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.

Requires improvement



Summary of findings

- The practice had a governance framework which supported the delivery of the strategy and good quality care; however, in some areas this required further development in order to ensure that care was provided to patients safely.
- The practice had policies and procedures to govern activity; however, their recruitment policy did not contain sufficient levels of detail. The practice held regular governance meetings.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents; information was shared with individuals involved in the incident, but was not routinely shared more widely with the practice team.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They were in the process of developing a strategy for the future.
- There was a clear leadership structure and staff felt supported by management.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group by email.

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 inadequate for providing safe services and requires improvement for providing effective services and being well led. These issues affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns; however, the member of staff responsible for carrying-out reviews of patients with long-term conditions had not received training in this area.
- 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.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Requires improvement



People with long term conditions

The provider was rated as inadequate for providing safe services and requires improvement for providing effective services and being well led. These issues affected all patients including this population group.

- The healthcare assistant (HCA) had a role in reviewing patients with long-term conditions and had received some training in this several years ago, which had not been reviewed or updated. The practice had failed to put in place formal guidance and arrangements to ensure that the HCA worked within their scope of competence.

Requires improvement



Summary of findings

- Overall, performance for diabetes related indicators was below the CCG and national average; however, the practice's exception reporting rate for this group was than local and national averages at 3.6%, compared to a CCG average of 8.6% and national average of 12.7%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

The provider was rated as inadequate for providing safe services and requires improvement for providing effective services and being well led. These issues affected all patients including this population group. There were, however, examples of good practice.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were below average for three of the four childhood immunisation indicators.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as inadequate for providing safe services and requires improvement for providing effective services and being well led. These issues affected all patients including this population group. There were, however, examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe services and requires improvement for providing effective services and being well led. These issues 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing safe services and requires improvement for providing effective services and being well led. These issues affected all patients including this population group. There were, however, examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients at the practice diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local and national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Requires improvement



Summary of findings

- 92% of patients at the practice with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in the records within the preceding 12 months, which was comparable to the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and fourteen survey forms were distributed and 112 were returned. This represented approximately 4% of the practice's patient list.

- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards and all but one was positive about the standard of care received. Patients commented that staff were kind and treated them with respect. One patient commented that they would like the nurse to be more available.

We spoke with seven patients during the inspection. All but one of the patients we spoke to said they were satisfied with the care they received and all said that they thought staff were approachable, committed and caring.

Dr Alma Sarajlic

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Alma Sarajlic

Dr Alma Sarajlic, also known as Staines Road Surgery, provides primary medical services in Twickenham to approximately 2600 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 9%, and for older people the practice value is 14%, which is higher than the CCG average of 11%. The practice has a larger proportion of patients aged 0-4 years and 25-44 years than the CCG average, and a smaller proportion of patients aged 45+ years. Of patients registered with the practice, the largest group by ethnicity are white (78%), followed by asian (13%), mixed (4%), black (3%) and other non-white ethnic groups (2%).

The practice has recently completed a major re-build of their premises. The practice is located on the ground floor of the premises and comprises a reception area, waiting room, four doctor consulting rooms, two nursing consultation rooms, a staff room and administrative offices. There are also patient toilets, including an accessible toilet.

The practice team at the surgery is made up of one full time female GP, one long-term locum GP, one part time female nurse and one part time female healthcare assistant. The practice team also consists of a practice manager and reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8:30am and 6.30pm Monday to Friday. Appointments are from 9am to 11:30am every morning, and 4pm to 6pm every afternoon apart from Wednesdays when there is no scheduled afternoon surgery (emergencies are seen when necessary). An extended hours surgery is offered between 6:30pm and 7:45pm on Mondays. In total 9 GP sessions are available per week. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a sole provider with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Alma Sarajlic (also known as Staines Road Medical Centre) on 5

Detailed findings

May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services.

We issued a requirement notice in respect of safety and informed the practice that they must become compliant with the law by 21 December 2016. We undertook a follow up inspection on 15 August 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Alma Sarajlic on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 15 August 2017. During our visit we:

- Spoke with a range of staff including the principal GP, healthcare assistant, practice manager and administrative staff, and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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?

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

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection prevention and control, storage of blank prescription pads, checking that emergency equipment is in working order, and fire procedures were not adequate.

We issued requirement notices in respect of these issues. When we undertook a follow up inspection of the service on 15 August 2017 we found that the practice had made some improvements in these areas but that there were some further areas which impacted patient safety which did not comply with regulations. The practice is now rated as inadequate for being safe.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system but not all staff were aware of the location of the form. 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).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events but did not routinely discuss all incidents with all staff.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident was recorded where patient information on blood test results has been inaccurately entered by the hospital laboratory; this was recognised

by a GP, and the laboratory was contacted to correct the mistake. The practice had reflected on this incident and concluded that it had highlighted that their internal checking systems were effective.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. Staff had received training on safeguarding children and vulnerable adults relevant to their role; however, not all staff had received refresher training within the guideline timescale. GPs and the practice nurse were trained to child protection or child safeguarding level three, the Healthcare Assistant was trained to level two and administrative staff were trained to level one.
- 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. There were cleaning schedules and monitoring systems in place.
- The principal GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had

Are services safe?

received up to date training. The practice had not had an IPC audit undertaken since moving into the new premises; however, we were told that one had been scheduled to take place shortly.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. There was a system to monitor the use of blank prescription forms; however, these were not stored in line with NHS guidance. Blank prescription pads were securely stored, but there was no system 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. The healthcare assistant (HCA) was trained to administer vaccines and medicines; however, we found that the practice did not have the correct documentation in place to allow the HCA to do this, as there was no process of patient specific directions being used to ensure that a prescriber checked that the medicine was safe and appropriate for each patient before it was administered by the HCA.

We reviewed four personnel files and found that the practice had not always undertaken appropriate recruitment checks prior to employment. During the previous inspection we noted that the practice did not always take up references prior to employing staff, and that they did not record any risk assessments relating to this decision. When we re-inspected we found that the practice's recruitment policy had been updated in January 2017 to state that references would be requested for all staff recruited following this date. We noted that one member of administrative staff had been recruited in January 2017, but that no reference had been requested for them. We were told that this member of staff had been known to the principal GP, and therefore it was not deemed necessary to request a reference; however, this decision had not been formally documented. Whilst we saw evidence that the practice had carried-out Disclosure and Barring Service (DBS) checks on some staff, we noted

that the recruitment policy did not include the details of when a DBS check would be completed, nor did it specify exactly what qualification and professional registration checks would be carried-out for clinical staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety; however, some risks to patients were not well managed.

- The practice employed a nurse for two sessions per week, who was responsible for carrying-out tasks such as cervical screening and childhood immunisations. Other tasks, such as administering influenza vaccinations, phlebotomy, and annual reviews of patients with long-term conditions such as diabetes and asthma were undertaken by the healthcare assistant (HCA) and the HCA would refer patients for a review by the GP in cases where they determined that clinical input was necessary. The HCA had attended training courses in subjects such as diabetes education, spirometry, phlebotomy and chronic obstructive pulmonary disease (COPD); however, the majority of these courses had been taken around 10 years ago (with the exception of a diabetes foot care course which had been attended in 2016 and an injection skills update from 2009). Whilst there was evidence that the HCA had attended training courses, we saw no evidence that the practice had taken steps to assure itself that these courses had resulted in the HCA gaining the skills and experience to competently carry-out tasks such as long-term condition reviews independently. There was also a lack of evidence that the practice had ensured that the HCA had kept their knowledge and skills current, given the length of time since formal training was provided in some areas.
- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- Electrical equipment used at the practice had not been checked for safety within the past year. All clinical equipment had been checked and calibrated to ensure it was in good working order.

Are services safe?

- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 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. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

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 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The practice's overall clinical exception reporting rate was 5.3%, which was lower than the CCG average rate of 6.9% and national average rate of 9.8%. (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). Where exception reporting is high for mental health indicators consider whether any particular subsets of patients or conditions have been excluded.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall, performance for diabetes related indicators was below the CCG and national average; however, the practice's exception reporting rate for this group was lower than local and national averages at 3.6%, compared to a CCG average of 8.6% and national average of 12.7%.
 - The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12

months was 84%, which was above the CCG average of 77% and national average of 78%; the exception reporting rate for this indicator was 6% compared to a CCG average of 7% and national average of 9%.

- During the initial inspection we noted that the proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months during the 2014/15 reporting year was below average (was 67%, compared to the CCG average and national average of 78%). During the re-inspection we noted that the practice's performance in for this indicator had improved during the 2015/16 reporting year to 72%, compared to a CCG average of 77% and national average of 78%; the exception reporting rate for this indicator was 7%, compared to a CCG average of 9% and national average of 13%.
 - The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 91% (CCG and national average 88%); the practice's exception reporting rate for this indicator was 3% compared to a CCG average of 6% and national average of 8%.
- The practice had conducted an annual asthma review for 75% of patients, which was comparable to the CCG and national average of 74%; the exception reporting rate was 0% compared to a CCG average of 4% and national average of 8%.
- The practice had 18 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 92% of these patients within the preceding 12 months, which was comparable to the CCG average of 92% and national average of 89%; the exception reporting rate was 7%, compared to a CCG average of 7% and national average of 13%.
- The practice had 15 patients diagnosed with dementia and 86% of these patients had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 87% and national average of 84%; their exception reporting rate was 0% compared to a CCG average of 6% and national average of 7%.

There was evidence of quality improvement; the practice had a programme of regular reviews of their lists of certain

Are services effective?

(for example, treatment is effective)

patients; however the practice had not initiated any new clinical audits in the past year. The practice told us this was due to the focus on recent major building works at the premises.

- The regular reviews conducted by the practice included:
 - Reviewing the outcomes of samples sent for analysis as part of the cervical cytology testing programme.
 - Reviewing patients on the “Avoiding Unplanned Admissions” register who had been admitted to hospital, to ensure that these patients had been followed-up by a GP.
 - Reviewing the number of patients who had received a blood pressure check and the number who had subsequently been added to the hypertension register.

Effective staffing

Evidence reviewed showed that overall, staff had the skills and knowledge to deliver effective care and treatment; however, the practice’s arrangements in relation the nursing provision were not effective.

- 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. With the exception of the healthcare assistant, staff had access to appropriate training to meet their learning needs and to cover the scope of their work. 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.

- From the sample of three documented examples we reviewed we found that 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. Information was shared between services, with patients’ consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 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 and signposted them to relevant services. 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.

The practice’s uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 82% and the national average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

Are services effective?

(for example, treatment is effective)

cancer. There were failsafe systems 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.

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.

Childhood immunisation rates for the vaccinations given were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 7.8 (compared to the national average of 9.1).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The principal GP and the regular locum GP were both female. If a patient wished to see a male GP, they could be booked for an appointment at one of the local out-of-hours hubs.

All but one of the 22 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 seven patients, all but one told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 86%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 86%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 93% of patients said that the last nurse they spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 95% of patients said that the last nurse they spoke to was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG and 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:

- 95% 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%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

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

Are services caring?

- Staff told us that interpretation services were available for patients who did not have English as a first language and the principal GP spoke several European languages; however, this service was not advertised to patients.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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 33 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 7.45pm 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- 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 as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. Extended hours appointments were offered on Monday evenings from 6:30pm to 7:45pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients 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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.

- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 71%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 84% and national average of 81%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 71% and the national average of 64%.

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 to assess:

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

The GP would speak to patients requesting a home visit by phone in order to determine the clinical urgency. 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 for handling complaints and concerns; however, not all staff were clear about the process. The practice had a comments box in the reception area, and staff were unclear about when they should direct patients to use the comments box and when they should advise them to make a formal complaint.

- 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; for example, written information was available in the waiting area, and details were on the practice's website.

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

The practice had received one formal written complaint in the past year. We looked at this in detail and found that it was satisfactorily handled and dealt with in a timely way,

with openness and transparency. Lessons were learned from individual concerns and complaints and the practice had processes in place to record complaints which would allow for analysis of trends.

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 vision to deliver high quality care and promote good outcomes for patients. The recent focus of the practice was on the building of the new premises, and the practice was in the process of refocussing in order to develop a strategy for the future.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care; however, in some areas this required further development in order to ensure that care was provided to patients safely.

- The practice used their healthcare assistant (HCA) to carry-out annual reviews of patients with long-term conditions. The HCA would refer patients for a review by the GP in cases where they determined that clinical input was necessary. The practice had failed to put governance arrangements in place to ensure that patients were not put at risk by this arrangement. They had also failed to ensure that the HCA was competent to carry-out this role.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The principal GP had lead responsibility for clinical areas within the practice and delegated tasks to members of the nursing team.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly; however, in some areas, such as recruitment, policies lacked sufficient detail.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice; however, these meetings did not routinely include discussions about complaints and significant events.
- The practice ran regular searches of patient records in order to identify patients who required extra support; however, they had not completed any clinical audits in the past 12 months due to their focus on the recent building programme.

- Overall, there were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, those relating to the storage of prescription pads and sheets, and the safety of electrical equipment required review.

Leadership and culture

Staff at the practice told us they prioritised safe, high quality and compassionate care; however, some of the governance arrangements did not support this vision. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 management team encouraged a culture of openness and honesty. From the significant event records we saw, we found that the practice had systems 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 clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including regular meetings with district nurses and meetings with social workers, health visitors and the local palliative care team when necessary.
- 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. Minutes were taken and were available for practice staff to view.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

Are services well-led?

Requires improvement 

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

- Patients through the “virtual” patient participation group (PPG) and through surveys and complaints received. The practice communicated with PPG members by email in order to request feedback.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; for example, following the move into the new premises, staff were encouraged to provide

feedback about the set-up of their work station and any extra equipment they needed. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on development and improvement at all levels within the practice. The practice had recently completed a major building project in order to create premises which were accessible to all patients and to provide additional consulting rooms in order to expand the clinical provision available to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have in place processes to assess, monitor and improve the quality and safety of the services provided. In particular, they had failed to produce any complete clinical audit cycles in the past two years.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice had failed to provide care and treatment in a safe way for service users. In particular:</p> <ul style="list-style-type: none">• Arrangements in respect of the role of the Healthcare Assistant were insufficient to ensure patient safety.• The practice's recruitment process did not effectively keep patients safe; specifically, the recruitment policy lacked detail about the background checks that the practice would carry-out, and we saw an example of the policy not being followed in respect of reference checks.• The practice had failed to ensure that all staff had kept their skills and knowledge up to date.• The practice had failed to ensure that the correct legal paperwork was in place to allow staff to administer medicines.• The practice had failed to ensure that they stored prescription pads and sheets in line with guidance. <p>This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008.</p>