Islip Manor Medical Centre

Quality Report

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Date of inspection visit: 8 March 2016
Date of publication: 29/07/2016

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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Islip Manor Medical Centre on 8 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, documentation of significant events was not thorough and did not include evidence of shared learning.
- Risks to patients were assessed and managed, with the exception of those relating to medicines management, health and safety and management of medical emergencies.
- Data showed patient outcomes were low compared to the national average. Although some CCG led audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring, friendly, considerate and treated them with dignity and respect.
- The practice did not have good facilities and was in need of refurbishment.
- 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 did not have an effective system in place to manage and learn from complaints received.
- The practice had policies and procedures to govern activity, but some of these required review.

The areas where the provider must make improvement are:

- Ensure that the processes for monitoring fridge temperatures are followed in line with national guidance.

Summary of findings

- Ensure that risks are effectively assessed, monitored and mitigated across all areas of the practice. Including those for health & safety and not having an automated external (AED) defibrillator for use in a medical emergency.
- Ensure that the need for DBS checks are risk assessed, or DBS checks are completed for all staff required to undertake chaperone duties.
- Implement a system to ensure all locum clinical staff are kept up to date with national guidance and guidelines.
- Ensure an effective system for the recording, management, review and shared learning of all complaints received including those raised verbally.
- Implement a programme of clinical audit including re-audit to demonstrate quality and improvement.

The areas where the provider should make improvement are:

- Improve the process for recording significant events including documentation clarity of shared learning and outcomes.
- Improve the systems in place for the management of blank prescription forms to ensure they meet recommended guidance.
- Ensure clinical staff completes Mental Capacity Act (MCA) training.
- Advertise within the practice the provision of the translation service for 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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, documentation of significant events was not thorough and did not include evidence of shared learning.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had arrangements in place for managing medicines, however the way the practice monitored fridge temperatures where vaccines were stored, did not assure that effective cold chain procedures were followed.
- Although the practice was clean and tidy, they did not have good facilities and the building was in need of refurbishment.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. However, there was no formal health and safety risk assessment for the whole practice environment.
- The practice had some arrangements in place to respond to emergencies and major incidents. The practice had access to oxygen but did not have an automated external defibrillator (AED) or risk assessment to negate the need.

Are services effective?

Requires improvement

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

- Quality and Outcomes Framework data from 2014/2015 showed performance indicators for some clinical areas, such as diabetes and hypertension, were below CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice participated in CCG led and independent clinical audit, however at the time of inspection there was no evidence of completed clinical audits demonstrating quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and had access to training, however there was no evidence of annual appraisals and personal development plans for all staff. We were advised that all staff appraisals were completed the week after the inspection.
- Limited multidisciplinary working was taking place as regular meetings with the district nurses had not taken place for four months. The principal GP attended bi-monthly CCG led multi-disciplinary group meetings to discuss select complex cases.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the January 2016 national GP patient survey showed the practice was at or above average for its satisfaction scores on consultations with GPs and nurses.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring, friendly, considerate and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, through peer review of prescribing data and avoidable admissions rates.
- 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.
- Information about how to complain was available and easy to understand. However, there was limited evidence that the practice responded quickly to issues raised and shared learning from complaints. They did not keep written records of all complaints received and resulting actions.

Are services well-led?

Requires improvement

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

Summary of findings

- The practice did not have a mission statement but had a written statement of purpose with their aims and objectives. There was a leadership structure in place, however the practice manager post had recently been recruited to. The person worked part time and was not based on site in the practice. Staff told us they felt supported by the principal GP and were able to contact the practice manager daily when required.
- The practice had policies and procedures to govern activity, but some of these required updating.
- Staff told us the practice had held regular team meetings, however since the recent departure of the previous practice manager, these had not occurred during the current year.
- The practice had an active patient participation group and there was evidence they listened to feedback.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Older patients at high risk of hospital admission were identified using risk stratification tools and alerts were placed on their electronic records. At the time of inspection the practice were not using this information to create formal integrated care plans aimed at reducing avoidable hospital admissions, however we were told this would be completed over the next year.
- The practice offered same-day telephone consultations or urgent appointments to at risk patients.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- There was some evidence that the practice worked with the multi-disciplinary team to support older patients with complex medical needs. Face to face meetings with the district nurse had not taken place over the previous four months due to time constraints, but we were told these were due to recommence in the coming month.
- The principal GP attended bi-monthly CCG led multi-disciplinary group meetings with local GP practices and community services that provided the opportunity to discuss complex cases and share advice on management.
- The practice offered flu and shingle immunisations to older patients in line with national guidance.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for people with long term conditions. The provider was rated as requires improvement for safe, effective, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered GP and nurse-led review of chronic disease management. They maintained registers of patients with long-term conditions and alerts on their electronic records prompted clinical staff to invite them for health checks.

Summary of findings

- Quality and Outcomes Framework data from 2014/2015 showed the practice was performing below the CCG and national averages for indicators related to chronic disease, such as diabetes and hypertension.
- The practice used risk stratification tools to identify patients with long-term conditions at high risk of hospital admission, however they were not proactively inviting these patients for review to create integrated care plans aimed at reducing this risk.
- There was limited evidence that the practice worked with the multi-disciplinary team to support patients with complex medical needs. The practice did not hold regular multi-disciplinary team meetings, however we were told twice monthly meetings with the district nurse team were due to recommence in the coming month.
- The principal GP attended bi-monthly CCG led multi-disciplinary group meetings with local GP practices and community services that provided the opportunity to discuss complex cases and share advice on management.
- Home visits were available for patients unable to attend the practice due to illness or immobility.
- The practice had purchased a spirometer and were in the process of training staff to use this in order to screen smokers opportunistically, for Chronic Obstructive Pulmonary Disease (COPD).

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The principal GP was the lead for safeguarding children and staff had received role appropriate training and were aware of their responsibilities to raise concerns. There was a system to highlight vulnerable children on electronic records and cases were discussed with the health visitor team as required.
- The practice offered GP led shared ante-natal and post-natal care including six week mother and baby checks.
- Childhood immunisations were offered in line with national guidance and uptake rates were at or above the CCG average.
- Same day appointments were available for un-well children and appointments after school hours were made available.

Summary of findings

- Contraceptive and family planning advice was available as required.
- Cervical screening uptake was above the CCG average.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Extended hour surgeries were offered once a week for patients unable to attend the practice during normal working hours.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered NHS health checks for patients aged 40–74 with appropriate follow-ups for any abnormalities or risk factors identified.
- The practice offered certain travel vaccinations as required and directed patients to other services for any vaccinations not performed.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The principal GP was the lead for safeguarding vulnerable adults and staff had received appropriate training and were aware of their responsibilities to raise concerns. Alerts could be placed on electronic records to highlight concerns, however there was no specific register of vulnerable adults.
- The practice maintained a register of patients with learning disabilities and they were invited for annual health reviews with the nurse and GP. Extended appointment times were available if required.
- Alerts on electronic records highlighted if a patient was a carer and they were offered additional support if required, such as annual flu vaccinations and health checks and referral to local support services.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- QOF data from 2014/2015 for performance mental health related indicators were at or above the national average.
- The practice maintained a register of patients experiencing poor mental health and they were invited for annual health checks.
- Opportunistic dementia screening was performed in patients at risk or those with concerns about their memory, with referral to local memory services if appropriate.
- The practice opportunistically screened for depression in patients with concerns or those at risk. Referrals were made to local counselling services if required.
- There was information displayed in the waiting area offering advice on wellbeing, managing stress and signposting to local mental health support services.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty six survey forms were distributed and 109 were returned. This represented 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 66% 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%.
- 74% of patients said they would recommend this GP practice to someone who has just moved 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 55 comment cards which were mostly positive about the standard of care received. Comments received described staff as caring, professional, considerate and friendly and the environment as safe, hygienic and tidy. Negative comments received related to difficulties in booking appointments.

We spoke with seven patients including one member of the Patient Participation Group (PPG) during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the most recent Friends and Family Test showed 67% of respondents were extremely likely to recommend the practice in January 2016 (four out of 6 responses) and 81% of respondents were either extremely likely or likely to recommend the practice in February 2016 (17 out of 21 respondents).

Islip Manor Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Islip Manor Medical Centre

Islip Manor Medical Centre is a GP practice situated within the London Borough of Ealing. The practice lies within the administrative boundaries of Ealing Clinical Commissioning Group (CCG) and is a member of the North North Ealing GP network.

The practice provides primary medical services to approximately 3,500 patients living in Northolt and holds a core General Medical Services Contract and Directed Enhanced Services Contracts. The practice is located in Islip Manor Road at the south end of Northolt with good transport links by bus and rail services.

The practice operates from a converted semi-detached house. There is one consultation room on the ground floor of the premises and a treatment room and another consultation on the first floor with stair access. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are disabled toilet facilities and off site car parking in the surrounding residential areas.

The practice population is ethnically diverse and has a higher than the national average number of patients under 14 years of age and between 30 to 39 years of age. There is a lower than the national average number of patients 55 years plus. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, maternity & midwifery services and treatment of disease disorder & injury.

The practice had undergone significant staffing changes in the preceding six months with the retirement of two GP partners following illness, which had proved challenging with respect to GP capacity. Additionally the practice manager had left three months prior to the inspection and one of the practice nurses had recently returned to work following a period of absence. The practice has recruited two regular locum GPs to augment the clinical team and a temporary part time practice manager has recently been appointed until a permanent replacement is secured.

At the time of inspection there was one GP partner remaining of the three partners registered with CQC. An application is now in progress for the remaining GP partner to be registered with CQC as a sole provider.

The practice team is made up of one male principal GP covering seven clinical sessions per week and one male and one female locum GP each covering one clinical session per week. They are supported by two part time female practice nurses, one working 18 hours per week over a five day period and the other working eight hours one day a week. The nursing team are supported by a healthcare assistant who covers a dual role as a receptionist working in total 30 hours per week. The practice manager works part time on a remote access basis, assisted by four part time reception staff.

The opening hours are 8.00am to 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.00am to 1.30pm on

Detailed findings

Thursday. GP appointments in the morning are available from 9.30am to 11.50am Monday, Wednesday and Thursday and from 9.00am to 11.50am Tuesday and Friday. GP appointments in the afternoon are available from 4.00pm to 5.50pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments are offered from 6.30pm to 8.00pm every Wednesday for pre booked appointments. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management and antenatal and postnatal care. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

The practice has not previously been inspected by CQC.

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 8 March 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and reception 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events was not robust.

- 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. However, the incident recording form did not support 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 a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of significant events. There had been one significant event recorded in the last year.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. We saw evidence that action was taken to improve safety in the practice. For example, following identification of a child immunisation error the staff member involved, re-appraised their knowledge of the existing child vaccination schedule. However it was noted that the documented significant event record did not clearly record how and when the error was identified and the learning from it. Staff we spoke with were aware of this incident. We were told that incidents not treated as significant events were discussed at practice meetings.

Overview of safety systems and processes

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

- 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 written policies did not outline who to contact for further guidance if staff had concerns about a patient's welfare however, contact details were available in reception. There was a lead member of staff for safeguarding who 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. GPs were trained to child protection level three and nurses to level two. Update training was due for one member of the clinical team and three reception staff which had been arranged.
- A notice in the waiting room advised patients that chaperones were available if required. We were told that the two nurses or health care assistant were the staff who would act as chaperones when needed. Training records indicated that one of the reception team had undertaken chaperone training but there was no record that this person 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 in most areas. We observed the premises to be generally clean and tidy but in need of refurbishment. The practice nurse was the infection control clinical lead, there was an infection control protocol in place and staff had received up to date infection control training. There was evidence of infection control audits undertaken and actions taken to address any improvements identified as a result. For example, following an infection control audit conducted by NHS England in June 2015, seating in the waiting room had been replaced with wipeable material, latex free gloves had been purchased and sharps containers correctly placed in clinical areas. However, there were areas that still needed to be actioned, including removal and alternative replacement of carpet flooring and wallpaper in consultation rooms and replacement of some non-compliant sinks and taps. Whilst the latter two items had been purchased, they had yet to be installed. There was evidence that carpet flooring had recently been cleaned and we were told that a refurbishment project was planned for the practice and that outstanding actions would be completed as part of the upgrade. The practice had plans to add to the services currently provided and was in the process of submitting a Primary Care Transformation Fund

application for a premises improvement grant to NHS England for consideration in 2016/17. There was an environment cleaning schedule in place which listed daily and monthly cleaning tasks to be undertaken however, it was unclear the dates that monthly cleaning tasks were completed or when a deep clean was scheduled.

- The practice had arrangements in place for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). However, the way the practice monitored fridge temperatures where vaccines were stored, did not assure that effective cold chain procedures were followed. We found that the daily record of temperature monitoring for the fridge included actual temperature entries once a day, but excluded minimum and maximum temperature ranges. The records did provide a causal reason when actual temperatures had raised, for example defrosting and cleaning. A maintenance contract for the annual calibration of the fridge temperature gauge was in place and last tested April 2015. Following the inspection we were informed that the practice had purchased a new vaccine fridge and that temperature monitoring records were now appropriately measured and recorded. They also confirmed that they had taken advice from the relevant organisations regarding none measurement of minimum and maximum temperature ranges and had taken the appropriate guided actions.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out 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 were securely stored however there was not a robust system in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed three personnel files of permanent staff employed and found that recruitment checks undertaken prior to employment were not complete in all records. There was evidence that proof of identification, employment history, qualifications and registration with the appropriate professional body had been made. However there was no evidence of reference checks in two staff records and no DBS checks for reception staff. The practice could not evidence recruitment checks for the two locum GPs until after the inspection which were shown to be satisfactory. There had been no recruitment of nursing or reception staff for several years.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was no formal health and safety risk assessment for the whole practice environment. It was observed that a free hanging looped cord window blind was installed in the waiting room which could pose a potential hazard to young children attending the practice. The practice had a fire safety policy, a member of staff was a trained fire marshal and fire equipment had been checked and validated by an external contractor within the last year. We were told that fire alarms were tested monthly and fire drills conducted periodically, however there were no logs to confirm this. We were told following the inspection that this had been addressed.
- Arrangements were in place for monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for clinical and reception staff.
- Arrangements were in place for monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for clinical and reception staff.

The practice had gone through a period of transition in the previous six months with the retirement of two GP partners following illness and the practice manager leaving four months later. The remaining GP partner had increased the number of sessions and now worked at the practice every

day supported by two part time long term locum GPs. There had been an increase in the number of nursing sessions provided and a temporary part time practice manager had been appointed to work from the practice remotely, attending when required.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. The practice kept medicines for use in medical emergencies, although they did not keep a full complement of emergency medicines recommended, including antibiotics for meningitis and treatment for hypoglycaemia (low blood sugar). This was rectified immediately after the inspection.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most of the staff had received Basic Life Support training in June 2015 with the exception of two part time reception staff and update training was arranged for the whole team in June 2016.
- The practice had access to oxygen but did not have an automated external defibrillator (AED) or risk assessment to negate the need.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep clinical staff up to date, for example new guidelines and clinical updates were discussed at practice team meetings. However, we were told new information was not routinely circulated to locum GPs working part time at the practice. 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 78% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for QOF clinical targets relating to diabetes and hypertension. They were also an outlier for the ratio of reported versus expected prevalence of Chronic Obstructive Pulmonary Disease (COPD), which was 0.21 compared to the national average of 0.63. QOF data from 2014/2015 showed:

Performance for some diabetes and hypertension related indicators were below the CCG and national average;

- 57% of patients with diabetes had normal average blood sugar levels in the preceding 12 months, compared to the CCG average of 72% and national average of 78%.
- 66% of patients with diabetes whose last cholesterol was normal compared to the CCG average of 75% and national average of 81%.
- 55% of patients with diabetes had a normal blood pressure reading in the preceding 12 monthscompared to the CCG average of 75% and national average of 78%.
- The percentage of patients with hypertension with a normal blood pressure reading in the last 12 months was 64%, compared to the CCG average of 82% and national average of 84%.

The practice were aware of their lower than average performance in QOF targets and considered recent changes in clinical and management staffing meant that recording and submitting QOF data had not been their main focus. They also highlighted problems with incorrect coding and told us that all staff involved in the activity were booked to undertake CCG specialist refresher training to address this. We were told that the practice was also working on processes to improve QOF achievement rates. For example, the current practice manager had compiled a list of diabetes patients who were due for review of blood pressure and blood tests and they were being contacted by reception staff to book an appointment with the practice nurse or GP. They had increased the number of clinical sessions a week offered by the practice nurse to allow more chronic disease management appointments to be booked. The practice was aiming to address the low prevalence of COPD diagnosis and had recently purchased a new spirometer. The practice nurse was awaiting training to use the machine with a plan to carry out opportunistic screening in smokers for COPD.

The practice was in the process of completing local CCG led audits, for example reviewing smoking cessation services and vitamin B12 prescribing. At the time of inspection there was no evidence of completed second cycle clinical audit. We were told that the principal GP was in the process of completing an independent audit into the prescribing of long-term protein pump inhibitors as a result of new NICE guidance. Following our inspection, the practice submitted evidence that demonstrated the first cycle of this audit had been completed, along with another first cycle audit of medicine reconciliation following discharge from hospital. The principal GP planned to repeat both audits in six months to complete the audit cycle and demonstrate evidence of quality improvement.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice participated in local CCG led audits, national benchmarking and peer review. The principal GP attended bi-monthly multi-disciplinary group meetings with local GP practices and members of the community nursing team to discuss and review cases and share learning.

There was limited evidence that information about patient's outcomes was being used to make improvements. For example, though patients at high risk of unplanned admission were identified using a risk stratification tool, there was no formal system in place to review these patients and create integrated care plans aimed at reducing this risk. The practice told us they aimed to begin completing these care plans during the next year and since inspection staff had undergone the relevant IT training for this process.

Effective staffing

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

- The practice did not have a formal induction programme for newly appointed staff. The practice manager told us that this was because there had been no new members of staff recruited to the practice for several years, but this would be implemented for any future new staff.
- 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, wound management and those giving smoking cessation advice.
- 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 attendance at CCG led training. One of the practice nurses was due to complete immunisation update training in May 2016.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The principal GP told us that staff were encouraged and given leave to attend organised CCG training that occurred during working hours when possible. There was evidence of sporadic appraisal for staff over time but none since January 2014. We were provided evidence that all staff appraisals were completed following the inspection.
- The practice did not maintain a training log or matrix to record when staff had completed mandatory training and therefore it was difficult to evidence that regular training was taking place. We were shown certificates to demonstrate that all staff had completed infection control training and basic life support and some had completed confidentiality and information governance modules. Since the inspection we were told that all staff had been enrolled on an e-learning resource and were in the process of completing mandatory training modules such as health and safety, fire safety and information governance.

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, 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. A copy of all referrals made to secondary care was kept by the reception team and monitored until actioned.

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. The practice previously held twice monthly meetings with the district nurses to discuss cases, however due to time limitations they had stopped four months prior to the inspection. We were advised that these meetings had since recommenced and would continue regularly. The principal GP attended multi-disciplinary group meetings attended by other local GP practices, social services, district nurses and members of the community mental health team where complex cases were discussed to share expertise and advice on management plans. There were no formal

Requires improvement

Are services effective?

(for example, treatment is effective)

meetings with the community palliative care team, however as there were currently only two patients on the register the GP would discuss these cases on an ad hoc basis with the local hospice team as required.

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 (MCA) 2005. However, staff had not received formal training on the MCA. Since inspection we were told that all staff had been enrolled on an e-learning resource and were due to complete a mandatory training module on mental capacity awareness.
- 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. 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 and smoking cessation. Patients were signposted to the relevant service.
- The practice ran a weekly smoking cessation clinic led by the Health Care Assistant and patients could be referred on to local support groups if required.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78% and similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice 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 or above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 91% and five year olds from 76% to 94%.

Patients had access to appropriate health assessments and checks. These included 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 55 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, friendly, considerate and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded 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 at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% national average of 91%.
- 88% 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.

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 81% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and 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 and many staff members had multi-language skills. Information on this service could be found on the practice website, however there were no notices displayed in the reception areas.
- Information leaflets were available in easy read format.

Good

Are services caring?

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 1% of the practice list as carers. The reception staff had received training to help identify patients who were carers. Patients identified as carers were offered additional support including annual flu vaccinations and health checks and referral to local support services if required. Written information was available to direct carers to the various avenues of support available to them on the carer's noticeboard in the reception area.

Staff told us that if families had suffered bereavement, the GP contacted them and offers access to bereavement or other support services if required.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice took part in CCG led review of prescribing data and avoidable admission figures to identify areas for improvement. The principal GP attended multi-disciplinary group meetings with local practices and community services to share expertise and discuss clinical updates relevant to the local area.

- Patients at high risk of hospital admission were identified using risk stratification tools and alerts were placed on their electronic records. The practice offered same-day telephone consultations or urgent appointments to at risk patients. They planned to begin a programme of integrated care plans for these patients in the next year.
- The practice offered a 'Commuter's Clinic' on a Wednesday evening for working patients who cannot 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 required same day consultation.
- There were disabled facilities and translation services available although the latter was not advertised in reception.
- The practice opportunistically screened for depression and dementia in patients with concerns or those at risk. Referrals were made to local Improving Access to Psychological Therapies (IAPT) and memory services if required.

Access to the service

The practice was open between 8.00am to 6.30pm Monday, Tuesday, Wednesday and Friday and 8.00am to 1.30pm on Thursday. Morning appointments were from 9.30am to 11.50am Monday, Wednesday and Thursday and from 9.00am to 11.50am Tuesday and Friday. Afternoon appointments were from 4.00pm to 5.50pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments were offered from 6.30pm to 8.15pm every Wednesday for pre booked appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.
- 79% 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. However, some of the comment cards received described difficulties in booking appointments in advance. We discussed this with the practice and were told that four pre-bookable appointments were available each day which could be booked up to two weeks in advance, with the remainder of the appointments opened up on the day. When these appointments were booked full a telephone consultation appointment would be allocated.

Listening and learning from concerns and complaints

The practice did not have a robust system in place for handling complaints and concerns.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- There was no documented process for the management of complaints but information about how to make a complaint was available in the practice leaflet and on the practice website.

We were shown an example of one complaint that had been formally documented from the previous year. This complaint concerning a dietician referral delay, had been responded to with a verbal apology given and appropriate action taken. However, there was no supporting evidence of a written apology. The practice did not maintain a formal log of any other complaints, including those received verbally to demonstrate how these were managed.

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 told us that they always aimed to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement but had a written statement of purpose with their aims and objectives.
- The practice had a business development plan for the future which was to expand and improve the premises in order to appoint additional doctors and increase the services provided.

Governance arrangements

There were areas of weakness in the governance arrangements in place at the practice.

- The practice had undergone significant staffing changes in the preceding six months with the retirement of two GP partners following illness and the long term practice manager leaving the post. However the change was not communicated to CQC until the announcement of the inspection.
- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However some of the policies were generic and not specific to the practice. There was evidence that policies were reviewed.
- There was an awareness of the performance of the practice and areas that required improvement. There was evidence of performance related discussions at practice team meetings during which QOF data was reviewed and actions proposed to increase achievement.
- There was limited evidence of clinical and internal audit that was used to monitor quality and to make improvements. The practice was unable to demonstrate any improvements that had been made to patient outcomes as a result of clinical audits undertaken.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was evidence of staff training such as annual basic life support, testing of equipment and fire safety. However there was no overall health and safety risk assessment that covered all areas of the practice.

Leadership and culture

On the day of inspection the principal GP told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice told us that they encouraged a culture of openness and honesty. The practice had some 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 apology or written apology.
- However there was limited evidence to confirm this as the practice did not keep written records of all verbal interactions, with the exception of those that had occurred following a significant event, where these had been recorded.

There was a leadership structure in place, however the current practice manager post recently filled was covered part time, on a temporary basis and was not based at the practice but operated remotely. We were told that the practice manager attended the practice when required and was contactable daily to practice staff.

- Staff told us and there was evidence to support that the practice had held regular team meetings, however since the departure of the previous practice manager, these had not occurred during the current year. The last recorded practice meeting was December 2015.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. They described a close team network especially during the transition period when the two previous GP partners had retired.

Are services well-led?

Requires improvement

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

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 results of a patient survey that the PPG were involved in designing in 2014/15 returned a concern about patients not being informed when doctors ran late with appointments. The PPG suggested that when this occurred a notice should be displayed in the waiting room and reception staff provide updates to patients about the approximate waiting time.This had been implemented.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Practice meeting records demonstrated that patient feedback was discussed with staff and ideas shared to address issues.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** 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. National guidance and updates were not shared with the locum clinical team to improve whole practice care. DBS checks had not been completed for all staff required to undertake chaperone duties and no risk assessment had been completed. They had not effectively assessed, monitored and mitigated across all areas of the practice. Including those for health & safety and not having an automated external (AED) defibrillator for use in a medical emergency. They did not have effective monitoring systems to ensure the cold chain was maintained for vaccines stored in refrigerators. This was in breach of regulation 12(1)(2)(a)(b)(d)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** The registered person did not have an effective system in place for responding to complaints and concerns. They did not keep a record of all complaints received to demonstrate how these were investigated, managed and learnt from.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have effective systems for assessing and monitoring the quality of service provision. This included effective use of clinical audits to demonstrate improved outcomes for patients. This was in breach of regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.