

Herbert Avenue

Quality Report

Herbert Avenue

Poole,

Dorset

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Herbert Avenue on Thursday 14 July 2016. Overall the practice is rated as inadequate

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

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough or shared routinely with all staff to ensure patient safety or to improve the services provided. Patients did not always receive a timely apology.

Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, actions identified to address concerns with fire safety, health and safety and infection control practice had not been taken.

Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence the practice was comparing its performance to others; either locally or nationally.

Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements to ensure patient safety or to improve the services provided.

The areas where the provider must make improvement are:

- Ensure actions are taken to address identified concerns with infection prevention, fire prevention and health and safety control practice.
- Ensure systems are in place to ensure all GPs and nurses are kept up to date with national guidance, updates and guidelines including national patient safety alerts

Summary of findings

- Ensure formal governance arrangements are implemented including systems for assessing and monitoring risks and the quality of the service provision including a systemic programme of clinical audits to ensure improvements in patient outcomes have been achieved.
- Ensure systems are put in place to ensure the security and monitoring of prescription forms.
- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from incidents, complaints, audits and service feedback.

The areas where the provider should make improvement are:

- Ensure systems and processes are established and operated effectively to prevent the possible abuse of service users, including providing up to date safeguarding and Mental Capacity Act 2005 training for all staff.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall

and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

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

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

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did not always receive a timely verbal and written apology.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example, not all actions identified through fire safety, health and safety, and infection control risk assessments had been actioned.
- Patients were at risk of harm because systems and processes had weaknesses and were not implemented in a way to keep them safe. For example, we found not all staff who acted as chaperones had been trained for the role and not all had received a disclosure and barring check (DBS) or risk assessment (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 management of medicines at the practice was well organised and in line with requirements; however, prescription forms were not monitored or stored safely.

Inadequate



Are services effective?

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

- Not all staff had received appropriate or up to date training in key areas such as safeguarding vulnerable people, infection control, and fire training
- There was evidence of appraisals for all staff.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no written evidence that the practice was comparing its performance to others; either locally or nationally. Information provided by the practice after the inspection indicated notes from these meetings were made directly into patients records.

Requires improvement



Summary of findings

- Knowledge of and reference to national guidelines were inconsistent.

Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

The practice is rated as Good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care. For example, 82.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89% and 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- Patients comment cards said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

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

Requires improvement



- 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.
- Data from the national patients' survey 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 was not well equipped to support patients with a disability, there were no automatic doors, the disabled facilities were up a slope with further doors and no hearing loop was available.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff and other stakeholders.

Summary of findings

Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. This included a lack of arrangements to monitor and improve quality, ensure an effective training programme was maintained and identify risk.
- The practice had not proactively sought feedback from staff or patients and did not consult the virtual patient participation group.
- There was little innovation or service development. There was minimal evidence of learning and reflective practice.

Inadequate



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 safety and well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group.

- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were comparable to CCG and national averages. However in some cases exception reporting (the removal of patients from calculations when patients are unable to attend a review meeting) was very high. The number of patients with atrial fibrillation who were treated with the recommended therapy was 100% with 32% exception reporting. (CCG average 12% national average 11%).
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice nurse looked after the over 75's were they had been discharged from hospital, attended the local accident and emergency department or had frequent contact with the practice.

Inadequate



People with long term conditions

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

- The practice nurse led in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were comparable to CCG and national averages. However in some cases exception reporting (the removal of patients from calculations when patients are unable to attend a review meeting) was very high. The number of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 90% with 25% exception reporting. (CCG average 17% national average 12%).
- The practice do not provide written care plans for diabetic patients.

Inadequate



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77% which was equal to the CCG average of 77% and lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Inadequate



Working age people (including those recently retired and students)

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

- Patients could telephone or visit the practice to book appointments; there were on line facilities but these were not advertised on the practice website or in the patient handbook.
- Repeat prescriptions could only be ordered in the surgery or by sending through the post.
- Extended hour appointments were not available

The practice provided travel vaccines and vaccines that may be required for employment purposes, i.e. tetanus.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

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

- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was better than the CCG average of 85% and the national average of 84%.
- The practice had identified 0.9% of patients with mental health issues. Indicators relating to mental health the practice reported 100% of patients had undergone the recommended checks which was better than CCG or national averages. The practice also reported 25%exception reporting (national average 11%).
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered patients experiencing poor mental health access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 323 survey forms were distributed and 116 were returned. This represented about 3% of the practice's patient list. Information from the survey showed;

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The practice had received comment cards for completion earlier in the year, but the inspection was cancelled. We looked at those comment cards as well as those completed for this inspection. In total 88 comment cards were reviewed, all were positive about the standard of care received. Patients told us that they were treated with dignity and respect and that the staff were caring and respectful.

The friends and family test results showed that from 167 responses 90% of patients would recommend the practice with 3% neither recommend or not recommend the practice and 7% not recommending the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure actions are taken to address identified concerns with infection prevention, fire prevention and health and safety control practice.
- Ensure systems are in place to ensure all GPs and nurses are kept up to date with national guidance, updates and guidelines including national patient safety alerts
- Ensure formal governance arrangements are implemented including systems for assessing and monitoring risks and the quality of the service provision including a systemic programme of clinical audits to ensure improvements in patient outcomes have been achieved.

- Ensure systems are put in place to ensure the security and monitoring of prescription forms.
- Ensure systems and processes are put in place to improve communication between all staff teams; particularly in regard of sharing learning from incidents, complaints, audits and service feedback.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure systems and processes are established and operated effectively to prevent the possible abuse of service users, including providing up to date safeguarding and Mental Capacity Act 2005 training for all staff.

Herbert Avenue

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Herbert Avenue

The Herbert Avenue Medical Centre was inspected on Thursday 14 July 2016. This was a comprehensive inspection.

The practice is situated in the town of Poole in Dorset. The practice provides a general medical service to 3,600 patients. The practice is based on the ground floor of the building with tenanted residential flats on the first floor. The practice also leases rooms to outside providers who deliver dispensary and chiropractor services.

Herbert Avenue Medical Centre is part of Healthstone Medical - a federation of three practices providing primary care and is also one of the practices that form the Poole Bay Locality in Poole, Dorset.

The practices population is in the fourth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average. The practice population ethnic profile is predominantly White British although there is a small Polish population and a traveller's site nearby. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. The average

male life expectancy for the practice area is 79 years which matches the national average of 79 years; female life expectancy is 84 years which is slightly higher than the national average of 83 years.

There is a team of two GP partners, one female and one male and one female salaried GP providing a total of 16 GP sessions each week. Partners hold managerial and financial responsibility for running the business. The team are supported by a practice manager, a practice nurse, a healthcare assistant/phlebotomist (Phlebotomists are people trained to take blood samples) and seven additional administration and reception staff; the majority of staff being long term employees at the practice.

Patients using the practice also have access to community nurses, physiotherapists, chiropodists, and other health care professionals who visit the practice on a regular basis. The health visiting team are based within the practice.

The practice is open between 8am and 6pm Monday to Friday. Appointments are offered between 8.30am and 12.30pm and between 2.30pm and 5.30pm. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. No extended hours are offered.

Outside of these times patients are directed to contact the out of hour's service by using the NHS 111 number. Details are also given on the practice website and information leaflet of the nearest walk in clinic at Boscombe Walk-in Centre. The Walk-in centre is open at weekends, Saturday and Sunday, from 8am until 8pm and sees patients with health needs such as urgent care, larger cuts, sprains and minor injuries.

The practice has a General Medical Services (GMS) contract with NHS England.

Detailed findings

The Herbert Avenue Medical Centre provides regulated activities from the main site at Herbert Avenue Medical Centre, 268 Herbert Avenue, Parkstone, Poole. Dorset BH12 4HY.

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. We carried out an announced visit on 14 July 2016. During our visit we:

- Spoke with a range of staff including two GPs, four reception staff, two administrative staff and the nurse.
- Observed how patients were being cared for and talked with two patients
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which the practice manager completed.

We reviewed the significant event records within the practice and minutes of meetings where these were discussed. There was no clear evidence that the practice had learned from their evaluation of an incident an example being, following a significant event, having been commented on by the Ombudsman, had not been disclosed or shared between the GPs or nursing staff and could have impacted on patient safety and continuous learning within the practice.

The practice had a safety alerts protocol dated April 2014 stating that emails would be assessed twice a day by the practice manager and alerts retrieved, all GPs, and nurses would be sent notifications of these. Where relevant to the practice, a list of patients (as appropriate) would be distributed to the GPs for further action if required. The practice manager and the GPs we spoke with could not recall receiving or actioning any national patient safety alerts placing patient safety at risk.

Overview of safety systems and processes

The practice did not have sufficient 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; however, they were not robust. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs told us they always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities although they had not received updated training recently on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to child protection or child safeguarding level three. Another GP was unable to recall their level of safeguarding training and the practice were unable to provide evidence of the GPs level of training. The nurse was trained to level one. The uncertainty about clinical staff level of training and basic level of training could lead to abuse of patients going unrecognised or not being reported in a timely way
- A notice in the consulting rooms advised patients that chaperones were available if required. Not all the staff who acted as chaperones were trained for the role and not all staff had received a Disclosure and Barring Service check (DBS check) and a risk assessment was not in place to state why checks were not required. (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 manager informed us only the nurse would be used to undertake chaperone duties as they had received a DBS check but they had never known one to be requested. However, information from the staff we spoke with indicated reception staff were being used as chaperones. We were told that these staff members had not been DBS checked or received training, so they stood outside the curtain during patient examinations. This potentially compromised patient safety through a lack of reassurance about staff suitability to fulfil the chaperone role and their knowledge of what and how they should observe.
- The practice used another provider for the cleaning of the practice. We noted that the carpets in the waiting area were stained, although the practice manager informed us that they had been steam cleaned the previous evening in readiness for our visit. The practice had not responded to the recent infection control audit or provided training for staff. The practice manager was the infection control lead. There was an infection control protocol in place and an infection control audit had been undertaken in June 2016. This audit highlighted areas where the practice required improvement; for example, pedal waste bins and liquid soap dispensers. The audit had not highlighted replacing or repairing damaged flooring in the patient toilet. We did not see, and were not provided with evidence that these areas had been addressed or planned for. Records received from the practice showed that staff had not received any infection control training.

Are services safe?

Failing to follow up areas for improvement and not providing infection control training meant patients could not be assured they were being treated in a hygienic environment.

- Blank prescription forms for use in printers, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. A new prescription security had been written in July 2016 outlining security precautions. We were told the printer forms were removed from the printers at night and locked away. There were four folders ready for these printer forms in reception and each contained a spreadsheet for recording first and last serial number. Three of these were blank, the fourth had one entry which was dated 05/03/2016. Rooms where prescription printers were located were not routinely locked when not in use. The lack of monitoring and poor security meant there was a potential risk prescriptions could be taken from the practice without staff knowledge.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines; for example, they limited issues of repeat prescribing for high risk medicines to match the patients blood monitoring intervals. 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. Antibiotic prescribing at the practice was higher at 0.41% compared to the CCG and national average of 0.27%. We were told that the practice had used non-prescribing leaflets and posters but the performance had not improved. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Staff had been employed at the practice for a number of years, we reviewed four personnel files and found each held a contract of employment. The nurse staff member had a DBS check but no record of registration with the appropriate professional body. The practice manager checked that both nurses were on the register during our inspection. A second nurse employed by the practice for two afternoons a week, and also employed at another practice, was assumed by the practice to

have had the necessary checks undertaken; no check had been carried out. This placed patients at potential risk of being treated by staff who may not be suitable to work in the sector.

Monitoring risks to patients

Systems were not in place to monitor safety within the practice

- There was no risk log in place, the practice had used an outside provider to undertake an assessment for health and safety on 24 March 2016. These assessments highlighted areas where improvements should be made including health and safety procedures and arrangements to be put in place. Areas for improvement identified that safety inspections should take place; specific training in regard of health and safety should take place; and the fixed electrical wiring should be tested. No action plan was place to manage and monitor these actions and work had not been completed. This inaction had the potential to place patients and staff at risk due to an unsafe environment. The practice manager did show us completed risk assessments for staff who regularly used computers.
- A fire risk assessment had been carried out by an outside provider. The outside providers action plan included areas for improvement to reduce risk, these included an updated fire evacuation plan that included the private flats above the practice, undertake fire evacuation drills and weekly fire alarm tests. These had not been completed, however the recommendation to move rubbish bins away from the building had been completed.
- There was a health and safety policy available, with a poster in the staff kitchen detailing who the local contact person was. All electrical equipment was checked in November 2015 to ensure the equipment was safe to use and clinical equipment was checked in December 2015 to ensure it was working properly; however, we found a nebuliser that had not been tested for safety or correct calibration which could result in ineffective patient treatment.
- Arrangements were in place for planning and monitoring the number of reception staff needed. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Are services safe?

- The practice did not use locum GPs, the GPs provided cover for themselves.

Arrangements to deal with emergencies and major incidents

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

- Staff had completed basic life support training through e-learning 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not have systems in place to ensure they 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. NICE standards are one way for practices to demonstrate that the care they are delivering is high quality and evidence based. We were told that it was the individual GPs responsibility to remain up to date with this information. We reviewed 10 written consultations for patients. The entries we checked for one GP were extremely brief which would make following the clinical story difficult for another clinician to follow if consulting after these consultations and did not accurately reflect consultations with patients. The level of detail recorded did not support continuity of patient care and treatment. Other clinical records were recorded in a way which supported effective continuity of patient treatment.

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 99.4% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was 88% which was similar to the CCG average of 84% and higher than the national average of 78%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 92% and the national average of 88%.

There were areas where the exception reporting was significantly higher than the CCG and national averages (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). For example:

- The practice had identified 199 patients with a diagnosis of diabetes. Of these 29% of these patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80mmHg or less had been excepted compared to the CCG average of 13% and the National average of 9%.
- The practice had identified 35 patients with a diagnosis of mental illness. Of these 29% of these patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months had been excepted compared to the CCG average of 15% and the national average of 13%.

We were told the reason for the higher numbers were because patients were reluctant to consult. The practice stated they only exception recorded in acceptable circumstances; for example, non response to three recalls for follow up about chronic disease; patients who refused to take certain medicines despite extensive discussion; patients who were elderly and frail and who would not benefit from some chronic health disease prevention treatments and would likely have an adverse reaction to them. We were told by the practice their population was such that there was a large amount of poor education around health issues, poor compliance with medicines, an acceptance that 60 was an acceptable age to die. There was also a relatively high amount of addiction and of severe mental health which could affect patients ability to manage their own health. There was also a sizeable travelling community who often did not attend recalls as they are travelling.

There had been prescribing audits which were mandatory prescribing audits initiated by the CCG. They had completed one cycle audit of the use of 24 hour blood pressure monitoring. This consisted of a list of patients and if changes to medication were made. There was no evidence of quality or improvement through audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, and health and safety.

Are services effective?

(for example, treatment is effective)

- The practice nurse could demonstrate how they kept up to date role-specific training. For example, reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and training.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding in September 2013, fire safety awareness, in September 2012, basic life support and information governance. Staff had access to and made use of e-learning training modules; however, records did not show where staff had updated their knowledge in these areas.

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. However, in records we reviewed the level of detail was lacking and depended on the same GP seeing the patient to ensure safe effective continuity of treatment.

- 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a four to six weekly basis for frail patients and those on the palliative care register when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice provided some health promotion and screening services but did not demonstrate that they were always proactive in identifying patients who may be in need of extra support:

- Patients receiving end of life care, and carers, were signposted to the relevant service.
- Smoking cessation advice was available from a practice nurse

The practice's uptake for the cervical screening programme was 69% which was lower than the CCG average of 77% and the national average of 82%. There was a policy to offer three written letters reminders for patients who did not attend for their cervical screening test.

The practice uptake for females being screened for breast cancer within 36 months of invitation was 67% which was lower than the CCG average of 75% and the national average of 72%. The patient uptake for bowel screening was 49% compared to the CCG average of 60% and the national average of 55%. The practice manager told us that these were arranged by another provider and no action had been taken by the practice to encourage further uptake.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (CCG averages 96% to 97%) and five year olds from 95% to 100% (CCG averages 93% to 97.5%).

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A Health pod which gave

patients the opportunity to measures their weight and height was available in the waiting room. This information could be shared with GPs or nurses during appointments to discuss what action might need to be taken.

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

All of the 88 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However the practice was below average for its satisfaction scores in some areas on consultations with GPs and nurses. For example:

- 82.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards 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.

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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 75 patients as carers (about 2% of the practice list). The practice manager and the reception manager were carers leads. They would contact the carer to offer support and advice. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 12.30pm during the morning and 2.30pm to 5.30pm daily. Although the practice website showed that extended hours appointments were offered on a Saturday we were told that these had been stopped due to lack of uptake and cost to the practice. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments and telephone consultations 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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.

The practice had a system in place to assess:

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits, a flow chart had been devised to assist with this. The GPs triaged the home visits to establish if they needed to visit or the visit could be from the district or community nurse.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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, posters were displayed outside the practice managers office.

We looked at four complaints received in the last 12 months and found that not all complaints had been actioned in a timely way. An apology for the delay had been sent to the complainant. We also saw one complaint that had been referred to the ombudsmen, the outcomes of this investigation had not been shared with all partners within the practice to ensure improvements in the quality of care.

We were also told the practice had received other verbal 'complaints' throughout the year. These were not recorded as official complaints because they were dealt with by way of a conversation with an explanation and meant themes or trends could not be identified.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a mission statement which was displayed on the practice website and in an information leaflet. The practice's aim was to provide a high standard of medicine and to respond to the needs of their patients in a prompt and efficient manner. They aimed to advise patients how best they could help themselves and their families to remain healthy and to deal with health problems as they arose.

The practice did not have a strategy and supporting business plans which reflected the vision and values and monitored. The practice did not have any evidence to support how the outcomes in support of the mission statement were being measured.

Governance arrangements

The delivery of high-quality care was not assured by the leadership and governance in place. The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care.

Areas of governance which were less well managed and required reviewing were for example;

- Systems and processes were not in place to ensure an effective oversight of significant events
- Systems to ensure safe recruitment and chaperone processes did not follow basic recruitment procedures. Disclosure and Barring Service checks or risk assessments for some staff had not been completed and checks for clinical staff registration on national registers had not been undertaken. These placed patients at risk of being treated by staff who were not qualified to fulfil their role
- Systems for safe medicines management were not managed. There was no system for the safe governance of prescription paper to ensure all prescription forms were accounted for. Security processes for ensuring printers could not be accessed when rooms were not in use had not been considered making the practice vulnerable to the risk of theft.

- Governance arrangements for medical equipment recalibration did not ensure all equipment requiring recalibration was checked; potentially making equipment ineffective for use with patients.
- The systems and processes for monitoring training was not effective to ensure an up to date record was maintained showing the learning all staff had completed. This placed patients at risk of potential harm and staff at risk of ineffective indemnity cover. Aspects of training not systematically recorded included;
 - Safeguarding
 - Infection control
 - Health and Safety
 - Chaperoning

Leadership and culture

The partners in the practice had the capability to run the practice but lacked the capacity to ensure high quality care was being provided by all staff. They aspired to provide safe, high quality and compassionate care but poor governance procedures restricted their ability to provide this.

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of written correspondence but did not keep a record of verbal complaints or responses.
- Staff told us, and we saw minutes, that the practice held team meetings, and being a small team these were held when needed. Communication in between was through a folder in reception.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Inadequate 

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

Data and notifications were not submitted to external organisations as required. For example, significant events have not been reported using The National Reporting and Learning System (NRLS). The NRLS is a system used by the NHS to analyse identified hazards, risks and opportunities to continuously improve the safety of patient care. GPs were also required to inform the Care Quality Commission of GP partnership changes to ensure the fitness of the partner before registration. We received an application from the practice for a change of partner that had been at the practice 2 December 2013 on 12 July 2016.

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

There was minimal engagement with patients to obtain feedback. The practice operated an automated appointment reminder system, that also requested feedback from the patient following their appointment.

The practice had a virtual patient participation group but we were told by the practice manager that the practice did not engage with them for feedback or suggestions.

The practice had gathered feedback from 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. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Blank prescription forms for use in printers, were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times.</p> <p>Risk assessments were not in place for all staff in roles potentially requiring Disclosure and Barring (DBS) checks.</p> <p>Appropriate checks or risk assessments for staff undertaking chaperone duties were not in place.</p> <p>Regulation 12(1)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes in regard of governance arrangements were not effectively established or operated to ensure an effective oversight of the practice was maintained and services for patients were improved..</p> <p>Systems or processes in regard of risks to patients were not were not assessed or monitored to help improve the quality and safety of the services provided, Areas of concern included; a poor oversight of infection prevention, fire prevention and health and safety control; poor audits; a lack of relevant information sharing following significant events and complaints; and poor dissemination of national guidance, updates and guidelines including national patient safety alerts.</p> <p>Regulation 17 (1)</p>