Bridge Medical Centre

Quality Report

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Date of inspection visit: 17 March 2015
Date of publication: 11/06/2015

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bridge Medical Centre on 17 March 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe and well led services. It was also inadequate for providing services for five of the population groups; older people, people with long term conditions, families, children and young people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia). It was rated good for working age people (including those recently retired and students). Improvements were also required for providing effective and responsive services. It was good for providing caring services.

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

- Systems and processes were not in place to keep patients safe. For example, policies and procedures for ensuring the safe use of medicines were not robust and arrangements for controlling the risk of infection were inadequate
- Not all staff had received the training they required to undertake their roles effectively. For example, the majority of staff had not had training on safeguarding vulnerable adults. Not all clinical staff had been trained or assessed as competent in their roles.
- The practice had not proactively sought feedback from patients during the last year
- The practice had a number of policies and procedures to govern activity but not all of these had been reviewed or were up to date.
- Systems were not in place for identifying capturing and managing issues and risks

There were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Ensure that blank prescription forms are handled in line with current national guidance.
- Ensure that policies and procedures are put in place for ensuring that medicines are kept at the required temperatures, and which describe the action to be taken in the event of a potential failure.
- Ensure that effective procedures are put in place to ensure all medicines are kept within their expiry dates and are suitable for use.
- Ensure that effective procedures are put in place so that equipment used for providing care to patients is regularly checked so that it is safe to use and is used in a safe way.
- Ensure that training is provided to all staff on safeguarding vulnerable adults and that the training is relevant to their role.
- Ensure that action is taken to address identified concerns with infection prevention and control practice.
- Ensure that action is taken to address identified concerns with the training and competencies of phlebotomy staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that feedback is sought and acted upon from patients on an on going basis through patient surveys and regular meetings with the patient participation group (PPG).
- Ensure that systems are put in place to assess, monitor and mitigate risks relating to the health, safety and welfare of patients, staff and visitors to the practice.

Additionally the provider should:-

- Ensure that when a patient's verbal consent is sought that this is always documented in the electronic patient notes

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. However, the majority of staff had not received relevant role specific training on safeguarding vulnerable adults and were not always clear about the types and symptoms of abuse in older people. We also found that blank prescription forms were not handled in accordance with national guidance so as to ensure these were tracked through the practice. Processes to check medicines and emergency equipment were within their expiry date and suitable for use were not robust. There was no clear policy or procedure for ensuring that medicines were kept at the required temperatures. The practice did not have effective systems in place to ensure that cleanliness was maintained and that the risk of infection was assessed and controlled. The practice did not have a robust health and safety policy in place and there were no records of any checks of the building or the environment. Not all staff had appropriate checks undertaken before they commenced employment.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff worked with multidisciplinary teams. There was evidence of appraisals and personal development plans for all staff. However not all staff had received training appropriate to their roles

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. It understood the needs of its population and there were examples of how it had improved services to meet these needs. However, the practice had not actively sought the views of patients during the last year and had not met with the patient participation group (PPG). Patients said they usually found it easy to make an appointment. Urgent appointments could be made on the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared and lessons learned were used to support improvement.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. The practice had a clear ethos about providing high quality care to patients and treating them with dignity and respect. Staff felt supported by management and described the practice as having an open culture where they felt able to raise issues and concerns. The practice had a number of policies and procedures to govern activity, however not all of these were dated and some of these were overdue for a review. The practice had regular meetings to govern its business, however issues that threatened the delivery of safe and effective care were not always identified or adequately managed.The practice had not actively sought feedback from patients over the last year. The practice had not met with its patient participation group (PPG) and had not undertaken a survey of patient views. Staff had received inductions, regular performance reviews and attended staff meetings and events. However not all staff had received training appropriate to their role.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safe and well led services. The concerns which led to these ratings applied also to this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. All patients over the age of 75 had a named GP. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, for those identified as at risk of hospital admission and end of life care. The practice provided daily home visits to older people who were unable to get to the surgery.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe and well led services. The concerns which led to these ratings applied also to this population group. Nursing staff had lead roles in chronic disease management. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people 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

Inadequate

The provider was rated as inadequate for safe and well led services. The concerns which led to these ratings applied also to this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. There was a lead GP for safeguarding children who met monthly with the health visitor to share information about children and families of concern. The midwife ran twice weekly clinics on the practice premises and liaised closely with the GPs. The practice had protocols in place to ensure children under one year of age were seen immediately when necessary. Appointments were available outside of school hours and the practices' triage system enabled families to make appointments on the same day.

Working age people (including those recently retired and students)

Good

The provider was rated as good for the care of working age people (including those recently retired or students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Summary of findings

to ensure these were accessible, flexible and offered continuity of care. Extended access to appointments was available on Saturday mornings from 9am to 11.30am and one evening a week from 6.30pm to 7.30pm. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe and well led services. The concerns which led to these ratings applied also to this population group. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, migrants and those with a learning disability. It had carried out comprehensive annual health checks for people with a learning disability and provided them with a range of accessible advice on lifestyle and health promotion.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Details about how to contact the relevant safeguarding agencies in working hours and out of normal hours were easily accessible. Staff knew how to recognise signs of abuse in children but not always in vulnerable adults.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe and well led services. The concerns which led to these ratings applied also to this population group. The practice ensured that people experiencing poor mental health received an annual review of their physical and mental health needs. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Local psychological therapy services were provided on the practice premises two days a week and the local mental health liaison practitioner worked at the practice one day a week. The practice provided a dementia screening service and patients with dementia were offered an annual review. More recently as part of an enhanced scheme the practice screened patients with dementia for the risk of fractures and those with a fragility fracture for dementia as there is an association between the two. The practice provided a service for the local nursing home for the elderly mentally ill and visited weekly or more if required. All staff had undertaken an on line dementia awareness course.

Summary of findings

What people who use the service say

We reviewed 11 comment cards where patients and members of the public shared their views and experiences of the service. We also spoke to two patients on the day of the inspection. All of the patient feedback was positive. Patients told us that staff were helpful and caring and that they were treated with dignity and respect.

We reviewed the most recent data available for the practice on patient satisfaction. Results of the 2013 national GP survey showed the practice similar to the national average in a number of areas. For example, 82% of respondents said they would recommend their practice. The practice had not undertaken its own survey of patient views since 2013. The survey was distributed to only 36 patients who were also members or of the patient participation group (PPG) and only eight patients responded. For the small number that did respond their satisfaction with the GPs and the services available was good or excellent.

Areas for improvement

Action the service MUST take to improve

- Ensure that blank prescription forms are handled in line with current national guidance.
- Ensure that policies and procedures are put in place for ensuring that medicines are kept at the required temperatures, and which describe the action to be taken in the event of a potential failure.
- Ensure that effective procedures are put in place to ensure all medicines are kept within their expiry dates and are suitable for use.
- Ensure that effective procedures are put in place so that equipment used for providing care to patients is regularly checked so that it is safe to use and is used in a safe way.
- Ensure that training is provided to all staff on safeguarding vulnerable adults and that the training is relevant to their role.
- Ensure that action is taken to address identified concerns with infection prevention and control practice.
- Ensure that action is taken to address identified concerns with the training and competencies of phlebotomy staff.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that feedback is sought and acted upon from patients on an on going basis through patient surveys and regular meetings with the patient participation group (PPG).
- Ensure that systems are put in place to assess, monitor and mitigate risks relating to the health, safety and welfare of patients, staff and visitors to the practice.

Action the service SHOULD take to improve

- Ensure that when a patient's verbal consent is sought that this is always documented in the electronic patient notes.

Bridge 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 advisor and a practice manager specialist advisor.

Background to Bridge Medical Centre

The practice is situated near the centre of Crawley and provides general medical services to approximately 10930 patients. There are seven GP partners, three male and four female. The practice also employs four practice nurses, two health care assistants and a phlebotomist. The practice is a training practice and at the time of the inspection had two trainee GPs. Opening hours are Monday to Friday 8.30am to 6.30pm plus alternate Saturday mornings from 9am to 11.30am and one evening a week from 6.30pm to 7.30pm. The practice provides a wide range of services to patients including asthma and diabetes clinics, cervical screening, childhood immunisations, minor surgery, family planning, smoking cessation and high blood pressure clinics. The practice has a contract with NHS England to provide general medical services.

The practice has opted out of providing Out of Hours services to their own patients. Patients were able to access Out of Hours services through NHS 111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This 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 including the Crawley Clinical Commissioning Group (CCG), NHS England and Health watch to share what they knew.

During our visit we spoke with a range of staff including, the GPs, the practice manager, the practice nurses, administrative staff and receptionists. We examined practice management policies and procedures. We spoke with representatives from the practices patient participation group and spoke with two patients. We also reviewed 11 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?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events were discussed at the GPs weekly meetings and a dedicated meeting was held quarterly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

National patient safety alerts were disseminated by email to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding children but not on vulnerable adults. This included some of the GPs, the practice nurses and administrative and reception staff. We asked members of clinical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in children but not all staff were able to demonstrate an understanding of the types and signs of abuse in vulnerable adults. They were aware of their responsibilities and knew how to share information, about safeguarding concerns and how to contact the relevant agencies. Contact details were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard. This ensured that patients could have someone else present for any consultation, examination or procedure if they wished. This could be a family member or friend or a formal chaperone from the practice's clinical team.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. However, records showed that fridge temperatures were not being monitored or recorded on a daily basis to ensure medicines were being kept at the required temperatures. The practice did not have a clear policy in place for making sure medicines were always stored at the correct temperature without interruption.

Whilst the practice did have processes in place to check medicines were within their expiry date and suitable for use these were not robust and were not implemented effectively. For example, in one of the treatment rooms we saw evidence of monthly stock checks but no records to show that expiry dates were being checked on a regular basis. Medicines were found not to be in date. For example, three ampules were found with an expiry date of January 2015, a reliever inhaler for asthma was found with an expiry date of November 2011 and a tube of lubrication gel was found in use with an expiry date of 2011.

The nurses and the health care assistant administered vaccines using directions that had been produced in line

with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. However, we found evidence that blank prescription forms were not tracked through the practice or kept securely at all times in accordance with national guidance. For example we found that 78 blank prescription pads were unaccounted for. There was no process in place to record receipt of these blank FP10 prescription pads or record when they had been taken for use by the GPs. The blank prescription pads were kept in a locked cupboard. The key to the cupboard was kept in a locked drawer in the main reception. However, the key to this drawer was stuck in the lock and could not be removed. It was therefore accessible to all staff.

Cleanliness and infection control

The practice did not have reliable systems in place to prevent and protect people from a health care associated infection. The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. The practice nurses we spoke with confirmed that they received regular training updates on infection control and the training records we looked at confirmed this to be the case. However we noted that administrative and reception staff had not received any training on infection control or hand washing techniques and that this was not covered during their induction.

The practice had recently appointed a phlebotomist whose role involved taking blood from different patients and where there was high risk of cross infection and needle stick injury. The phlebotomist had not received any training on infection control. The phlebotomist told us that they had suffered a needle stick injury on the day prior to the inspection. Whilst the practice was in the process of following the correct procedures for managing and reporting the injury we found that the phlebotomist had not commenced the immunisations required to protect them and patients from the risk of exposure from hepatitis B (a blood borne virus) until a few weeks after commencement in their role and that they had not completed the full course of immunisation.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy.

We saw evidence that the lead had carried out an audit of infection control in February 2015. The audit identified a number of issues that needed to be addressed. For example, the need for wall mounted dispensers for gloves and aprons. However the practice had not yet developed an action plan to ensure improvements were made. We also found that some areas of the audit did not reflect what we observed on the day. For example, the audit identified that sinks in clinical rooms were free from reusable nail brushes. However, we saw that in one of the consulting rooms there was a reusable nail brush in use on the side of the sink. The audit also identified fridges used for vaccine storage were used for that purpose only, however on the day of the inspection we observed that a urine specimen had been stored in one of the fridges used for vaccine storage. We also observed that not all waste bins were hands free, for example there were flip top waste bins in the patient toilets which should be pedal operated. The infection control audit also identified that privacy curtains were laundered every six months or that they were disposable and changed according to manufacturer's instructions. However we were told on the day of the inspection that this had not taken place. We also observed that there were no dates on the curtains to identify when they had last been changed or laundered.

We observed that not all areas of the premises were clean and tidy. For example, not all of the clinical areas were clean and dust free; in one of the consulting rooms we found thick dust on the curtain track. We saw that there were cleaning schedules in place and cleaning records were kept by the company. However these were not regularly checked by the practice. Also the cleaning schedules did not always reflect what happened in reality. We were told that whilst the cleaning schedules identified that carpets should be steam cleaned every six months, this had not happened.

The practice had arrangements in place for testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).

Inadequate

Are services safe?

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested. However not all the displayed stickers indicated the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices.

We saw some equipment in the practice was not safe for use. Specifically we found that some clinical staff in the practice used mercury sphygmomanometers to measure patients' blood pressure. However, the practice did not have any mercury spillage kits which were required to deal safely with any mercury spill and had not assessed the risk of a mercury spill and the actions required to mitigate any risk. We also found that the bag and tubing for the emergency oxygen cylinder was out of date with an expiry date of May 2013.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had not always been undertaken prior to employment. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. However, this did not set out the need to check proof of identification, references, qualifications, and registration with the appropriate professional body. The practice's recruitment policy set out the need to undertake criminal records checks via the Disclosure and Barring Service (DBS). However, when we looked at the recruitment records for a newly appointed clinical staff member we saw that they had commenced employment and been working alone with patients before the criminal record check had been received by the practice. In another recruitment record for a clinical staff member we saw that two references and a criminal record check had been received and that a health questionnaire had been completed. However, there was no photographic identification and the records to confirm registration with the appropriate professional body were out of date. There were no records to show that the practice undertook regular checks to confirm the on going professional registration of its staff.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice did not have systems, processes and policies in place to manage and monitor risks to the health, safety and welfare of patients, staff and visitors to the practice. There was no evidence to show that any health and safety checks of the building or the environment had been undertaken. The practice manager told us that they had arranged for the implementation of a risk management system from a private company. However, the risk management company had so far failed to attend several appointments arranged with the practice to set the system up. The practice's induction checklist identified that staff should be issued with a safety handbook, however the practice was unable to provide a copy of this on the day of the inspection.

Arrangements to deal with emergencies and major incidents

The practice did not have effective arrangements in place to manage emergencies. Records showed that all staff had received up to date training in basic life support. Emergency equipment and emergency medicines were available in a secure area of the practice and all staff knew of their location. This included access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency) and medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. When we asked members of staff, they all knew the location of this equipment and emergencies. However, the practice did not have effective processes for checking emergency equipment and ensuring emergency medicines were within their expiry date and suitable for use. For example, we found that the bag and tubing for the oxygen cylinder was out of date. We found that some of the emergency drugs stored in one of the consulting rooms were out of date. We also noted that there were no spare pads or batteries for the defibrillator.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of

Inadequate

Are services safe?

the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The GPs and nurses told us that new guidelines were disseminated at weekly meetings and that the implications for the practice's performance and patients were discussed and required actions agreed.

The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they led in specialist clinical areas such as diabetes, cardiology, dermatology, osteoporosis and fertility and gynaecology. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines. We were provided with examples which confirmed this to be the case.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice showed us three clinical audits that had been undertaken in the last year. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. Examples included an audit of post-operative infection following minor surgery undertaken in the practice and whether GPs were checking calcium levels in patients before prescribing Vitamin D.

The practice also used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor and improve outcomes for patients. There was evidence of regular meetings to review QOF performance and identify areas where action needed to be taken to improve outcomes. The practice was not an outlier for any QOF (or other national) clinical targets and had high scores in a number of areas. For example, 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all but one staff member was up to date with attending mandatory courses such as annual basic life support and safeguarding children. However, it was noted that the majority of staff had not had training on safeguarding vulnerable adults relevant to their role. Also, administrative and reception staff had not received any training on infection control or hand washing techniques and this was not covered during their induction.

We found that not all staff had the knowledge, experience and training required to deliver effective care and treatment. We were told that the practice had recently employed a phlebotomist who had no prior experience of the role. The phlebotomist was now undertaking their role of taking blood from different patients alone without supervision. When we looked at the training records for the phlebotomist there was no indication that they had completed an induction or undertaken any training relevant to their role including basic life support, infection control and safeguarding children and vulnerable adults. We were told that the phlebotomist had been trained to take blood by practising on staff. However, there were no records to identify what role specific training they had undertaken on phlebotomy and venepuncture or that they had met the required competencies to work without supervision.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). The GPs told us that they also had monthly in-house education sessions where they met to share information, knowledge and experiences in order to

Requires improvement

Are services effective?

(for example, treatment is effective)

keep up to date with clinical developments. Consultants from the local hospitals attended these meetings several times a year to keep the GPs up to date with developments in their specialties. We saw records which confirmed this to be the case.

All staff undertook annual appraisals that identified their learning and development needs. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example one of the practice nurses was undertaking training to become a nurse practitioner at the local university. Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on the administration of vaccines.

Working with colleagues and other services

There was evidence that the practice worked closely with other organisations and health care professionals. We saw that the GPs had regular multi-disciplinary meetings with representatives from the community nursing team, mental health services and adult social care to discuss patients with mental health problems, those with complex health and social care needs as elderly patients who may be at risk of admission. There were also multidisciplinary meetings which included community nursing and hospice staff to discuss the needs of patients on the "palliative care" register. This was part of the Gold Standards Framework which aimed to ensure that people at the end of their life had a high standard of care.

Information sharing

The practice used electronic systems to communicate with other providers. Blood results were available on a system linked to the pathology laboratory. Letters from the local hospital including discharge summaries and reports from the Out of Hours providers were received both electronically and by fax. These were scanned into the electronic patient records. The practice had arrangements in place to ensure relevant staff in passed on, read and took action on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

We saw that arrangements were in place for documenting consent for specific interventions. For example, Written consent for minor operations was scanned in to electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. However, it was noted that where verbal consent form patients' had been obtained this was not always recorded in the patients notes.

Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant. The practice also offered NHS Health Checks to all its patients aged 40-75. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Seasonal flu vaccinations were available to at risk patients such as patients aged 65 or over. The practice provided a smoking cessation clinic and offered a range of screening services including cervical screening. There was a range of patient literature on health promotion and prevention available for patients in the waiting area. The practice website provided patients with health advice and information about healthy lifestyles.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey 2013. It was noted that the practice had not undertaken its own survey of patient views since 2013 when it distributed a survey to 36 patients who were also members of the patient participation group (PPG). Only eight patients responded. The evidence from both these sources showed that at the time patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was in line with the national average with 82% of its patients who rated the practice as good or very good and 89% of practice respondents saying that the nurse was good or very good at treating them with care and concern. The national survey also showed that 75% of practice respondents said the GP was good or very good at treating them with care and concern. It was noted that this was below the national average of 85%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 11 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered a good service and staff were professional, helpful and caring. They said staff treated them with dignity and respect. Two comments were less positive but there were no common themes to these. We also spoke with two patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and that they were listened to.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk. Reception staff told us they offered patients a separate room if they wished to discuss anything in private away from the front desk. All of the staff we spoke with were able to demonstrate a good understanding of the practices' patient confidentiality policy and provided us with examples of how they did this.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 70% of practice respondents said the GP involved them in care decisions. The results from the practice's own satisfaction survey in 2013 showed that of the small number that responded which was eight in total they all rated the GPs as good or excellent at involving them in making decisions about their care.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice. For example, the results of the national patient survey showed that 75% of practice respondents said the GP was good or very good at treating them with care and concern, and 89% of practice respondents said that the nurse was good or very good at treating them with care and concern.

Notices in the patient waiting room, and patient website also told patients how to access a number of support groups and organisations. The practice actively tried to

Good

Are services caring?

identify and register carers so that it could signpost them to the various avenues of support available to them. The practice made regular referrals to the local carers support worker visited the practice for one afternoon every week.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was able to demonstrate that it understood the needs of its population and that it addressed the needs identified. For example, as a result of patient feedback in 2013 a new appointment booking system had been introduced in 2014. There was also evidence that the practice engaged regularly with the clinical commissioning group and other practices to discuss local needs and secure service improvements. For example, the practice hosted a locally commissioned fracture liaison service which one of the GPs had initiated through their own special interest and research. The practice had responded to the needs of work age people by providing extended opening hours one evening a week and on alternate Saturday mornings.

However, the practice was not able to provide any evidence that it had actively sought the views of patients over the last year. The practice had a patient participation group (PPG) as well as a virtual patient reference group (VPRG). We met with two representatives from the PPG. They told us that during the last year the PPG had not been as active as it used to be and that they had not met with the practice during the last year. They said they had regular email contact from the practice and we saw that the PPG and the VPRG had recently received an email about practice developments and the results of the national patient survey. They told us that they thought the practice was responsive to patients' needs and wishes and had implemented improvements to services as a result. They told us that the new appointment system had been implemented as a result of patient feedback from all sources in 2013. However, the practice had not undertaken a survey of patient views since 2013 so was unable to provide any recent examples of how it had identified and responded to these.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example translation services were available for patients whose first language was not English. The automatic check in in the waiting room was available in 13 different languages. We saw that there were parking spaces for disabled drivers, a dropped kerb and push button doors to allow disabled access. The reception desk was at a suitable height for wheelchair users. There were also toilet facilities for the disabled. There was a hearing loop available for use by patients with difficulty hearing.

Access to the service

The practice was open Monday to Friday 8.30am to 6.30pm with extended access operating on alternate Saturday mornings from 9am to 11.30am and one evening a week from 6.30pm to 7.30pm. Patients could make appointments to be seen or have a telephone consultation by telephone or in person. Pre-bookable appointments could be made up to two weeks in advance. The practice operated a triage system so that patients could be directed to the most appropriate health care professional. The practice also offered urgent same-day appointments. All on-the-day appointment requests were initially dealt with by a telephone appointment first. Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients. The patients we spoke with were generally satisfied with the appointments system. However, one patient commented that it was not always easy for patients to ensure they were available for the call back from the GP especially if they were at work. This sometimes led to missed calls. We also noted that the practice had received a number of complaints about the same thing. They confirmed that patients could speak to a doctor or nurse on the same day if they needed to. They also said patients could see another doctor if there was a wait to see the doctor of their choice.

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 in the waiting areas and on the practice website.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

We looked at the complaints record and responses to patients over the last twelve months. The practice had received 33 complaints during this period. We saw that the practice kept records of complaints which detailed the nature of the complaint, the outcome and the actions taken to ensure service improvement. The practice reviewed complaints annually to detect themes or trends. We saw from the records of complaints and the notes of the annual review meeting that complaints were mainly in relation to communication and attitude of clinical and non-clinical staff, practice administration and dissatisfaction with the telephone call back system. We saw from the notes of the annual review meeting that these issues were discussed and that actions for improvement were 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 told us it had a clear ethos and vision, which it described as wanting to provide the highest quality care for patients and ensure that they are valued and respected in a safe and well led service. They told us that this was communicated to staff at induction and in team meetings. All the staff we spoke with were clearly committed to providing high quality care to patients, although they were not aware of a vision statement.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity which were easily accessible to staff in the assistant practice manager's office. However, we noted that not all of the policies were dated or had dates for review, for example the practice's infection control policy and the health and safety policy. The practice was unable to provide policies for key areas, for example the management of the cold chain for medicines. We found that arrangements for ensuring medicines were kept at the required temperatures were ineffective and not all fridges used for storing vaccines had the temperature checked on a daily basis. Leadership roles were identified with named members of staff in lead roles. For example, there was a lead nurse for infection control and a GP lead for safeguarding. However, leaders within the practice were not always in touch with what was happening during the delivery of day to day services. Issues that threatened the delivery of safe and effective care were not always identified or adequately managed. For example, we identified a number of concerns in relation to infection control, medicines management and the induction and training of a newly appointed phlebotomist which had not been previously identified by management. When we fed back our findings in relation to these areas to members of the leadership team they were not aware of the issues we raised.

The practice had a schedule of meetings to govern its business. This included weekly clinical meetings to discuss new guidelines, significant events and complaints and monthly business meetings for the partners. There were regular multi-disciplinary meetings to discuss patients with complex needs and those on the palliative care register.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was discussed on a monthly basis and action plans were implemented to maintain or improve outcomes. The practice had an on going programme of clinical audits which it used to monitor quality and identify where action should be taken to improve outcomes for patients.

The practice did not have robust arrangements for identifying, recording and managing risks related to the health, safety and welfare of patients, staff and visitors to the practice. There was no evidence to show that any health and safety checks of the building or the environment had been undertaken. We found evidence of risks to the health, safety and welfare of patients, staff and visitors had not been identified or recorded and were not being managed , for example the lack of mercury spillage kits for mercury sphygmomanometers and out of date emergency equipment and medicines. The practice's annual audit of infection control did not reflect the risks to infection control that we observed on the day of the inspection. For example, the audit identified that fridges used for vaccine storage were used for that purpose only, however on the day of the inspection we observed that a urine specimen had been stored in one of the fridges used for vaccine storage. The practice manager told us that the practice had arranged for the implementation of a risk management system from a private company. However, the risk management company had so far failed to attend several appointments arranged with the practice to set the system up.

Leadership, openness and transparency

The practice held regular meetings for all staff groups although these were not always minuted. Staff told us that there was an open culture within the practice where they were treated equally. They told us they had the opportunity and were happy to raise issues at team meetings. They told us they felt valued, well supported and knew who to go to in the practice with any

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff, for example sickness absence personal harassment. These were included in a staff handbook that was issued to all staff during their induction period.

Are services well-led?

Inadequate

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

Practice seeks and acts on feedback from its patients, the public and staff

The practice had not pro-actively sought the views of patients over the last year. The practice had a patient participation group (PPG) as well as a virtual patient reference group (VPRG). We met with two representatives from the PPG. They told us that during the last year the PPG had not been as active as it used to be and that they had not met with the practice during the last year. They said they had regular email contact from the practice and we saw that the PPG and the VPRG had recently received an email about practice developments and the results of the national patient survey. They told us that they thought the practice was responsive to patients' needs and wishes and had implemented improvements to services as a result. They told us that the new appointment system had been implemented as a result of patient feedback from all sources in 2013. However, the practice had not undertaken a survey of patient views since 2013. Also the survey they had undertaken during 2013 had only been sent to 36 patients who were also members or of the patient participation group and only eight patients responded. The practice was unable to provide any recent examples of how it had identified and responded to patient views during the last year.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and supervision. All staff had annual appraisals. Staff told us that the practice was very supportive of training. However we found that not all staff had the training they required to perform their duties effectively. For example, the majority of staff had not had training on safeguarding vulnerable adults relevant to their role. Also, administrative and reception staff had not received any training on infection control or hand washing techniques and that this was not covered during their induction. There was no evidence that a recently employed phlebotomist with no prior experience had the training, skills and competencies required to undertake their role effectively and safely. When we looked at the training records for the phlebotomist there was no indication that they had completed an induction or undertaken any training relevant to their role including basic life support, infection control and safeguarding children and vulnerable adults., There were no records to identify what role specific training the phlebotomist had undertaken on phlebotomy and venepuncture or that they had met the required competencies to work without supervision.

We saw evidence that the GPs had regular in house educational sessions where they met to share information, knowledge and experiences in order to keep up to date with clinical developments. Consultants from the local hospitals attended these meetings several times a year to keep the GPs up to date with developments in their specialties.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **The majority of staff had not had training which was relevant to their role on safeguarding vulnerable adults.** **This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 13 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment **The provider had not ensured that equipment used for providing care and treatment to patients was safe for such use and was used in a safe way.** **This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12(1) (2) (e) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **Staff had not received appropriate support and training to enable them to carry out the duties they are employed to perform.**

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 18 (1) (2) (a) HCSA 2008 (Regulated Activities) Regulations 2014 Staffing.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Termination of pregnancies	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The practice had not actively sought the views of patients during the last year and had not met with the patient participation group (PPG). The practice did not have systems, processes and policies in place to manage and monitor risks to the health safety and welfare of patients, staff and visitors to the practice. There was no evidence to show that any health and safety checks of the building or the environment had been undertaken. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulations 17 (1) (2) (a) (b) and (e) HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.

Regulated activity	Regulation
	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The practice failed to ensure that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying out the regulated activity, and such other information as appropriate. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Patients were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe keeping of prescription forms. Patients were not protected from the risks associated with medicines because the provider did not have appropriate arrangements in place for ensuring that medicines are kept at the required temperatures. Patients were not protected from the risks associated with medicines because the provider did not have robust procedures in place to ensure all medicines are kept within their expiry dates and are suitable for use. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 (1) (2) (g) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The provider did not have reliable systems in place for assessing the risk of and preventing, detecting and controlling the spread of infections, including those that are health care associated. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 (1) (2) (h) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.