Triangle Group Practice

Quality Report

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Date of inspection visit: 24 August 2016
Date of publication: 28/02/2017

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Triangle Group Practice on 24 August 2016. Overall the practice is rated as requires improvement.

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

- There was a policy in place for reporting and recording significant events, but this was not being followed consistently; and recording did not always show sufficiently thorough analysis.
- The systems to keep patients safe and safeguarded from abuse were not well defined or embedded. The practice policy was inaccurate, incomplete and staff were not able to locate it when we asked. Of the GPs, only the lead GP for had completed recent appropriate training, and when the practice received safeguarding information from other healthcare professionals, this was not being used effectively to keep people safe. Staff acting as chaperones, and a nurse had not had a Disclosure and Barring Service (DBS) check carried out by the practice.
- Overall, risks to patients were not well assessed and well managed. Arrangements for preventing and controlling infections were not effective, with limited audit and no mechanism to ensure that actions identified had been completed. The practice had a policy relating to fire safety, but this had not been reviewed since 2011 and the fire risk assessment was overdue. Not all staff had had fire training. There were no arrangements to monitor the use of prescription forms and pads, including those for controlled drugs. The practice did not have the expected equipment to respond to emergencies and major incidents.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was quality improvement activity, but audits hadn't been repeated to check that improvement had been made.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There were no systems in place to ensure that policies were reviewed and updated.

The areas where the provider **must** make improvement are:

- Strengthen arrangements for assessing and mitigating risks, including infection prevention and control (specific training for staff, comprehensive audit and follow up of issues), the vaccine cold chain (fridge stock management, and ensuring action is taken in response to temperature checks), fire risk assessment and training and the monitoring of prescription forms and pads. Ensure there are adequate arrangements to manage medical emergencies; either obtain a defibrillator and medicines to deal with a range of medical emergencies, or justify this decision with a robust risk assessment.
- Ensure arrangements are in place to keep children safe: update and complete the practice policy, ensure that all staff are aware of the policy and have had appropriate training. Ensure that information regarding vulnerable people who may be at risk of abuse is recorded in a way that it is easily accessible to all clinicians, including locum staff.
- Develop quality improvement process, to include clinical audit, to improve outcomes for patients. Establish mechanisms to review and update practice policies; ensure that staff are aware of policies and how to access them.
- Ensure that all clinical staff receive DBS checks. Staff undertaking chaperoning should receive DBS checks unless a risk assessment indicates these are not required.

The areas where the provider **should** make improvement are:

- Review significant incident management; including how to ensure that incidents are correctly identified, analysed and recorded.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Consider developing a training policy that details the training required for each role and the training intervals. Ensure that all staff complete mandatory training, including information governance, and consider providing basic life support training for all staff (not just clinical staff) annually.
- Consider ways to improve the management of patients with diabetes, to improve antibiotic prescribing and the uptake of childhood immunisations.
- Review arrangements for taking consent for surgical procedures to ensure that patients are fully informed and that the decision is fully documented.
- Consider mechanisms to ensure that actions agreed at clinical meetings are carried out.
- Review the chaperone policy and ensure that this is consistent with information provided to patients.
- Implement a consistent failsafe system to ensure that patients who have been referred to hospital for urgent tests receive a timely appointment.

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 and improvements must be made.

- There was a policy in place for reporting and recording significant events, but this was not being followed consistently and recording did not always show sufficiently thorough analysis.
- The systems to keep patients safe and safeguarded from abuse were not well defined or embedded. The practice policy was inaccurate, incomplete and staff were not able to locate it when we asked. Of the GPs, only the lead GP for had completed recent appropriate training, and when the practice received safeguarding information from other healthcare professionals, this was not being used effectively to keep people safe. Staff acting as chaperones, and a nurse had not had a DBS check carried out by the practice.
- Overall, risks to patients were not well assessed and well managed. Arrangements for preventing and controlling infections were weak, with inadequate audits and no mechanism to ensure that actions identified had been completed. The practice had a policy relating to fire safety, but this had not been reviewed since 2011 and the fire risk assessment was overdue. Not all staff had had fire training. The practice did not have the expected equipment to respond to emergencies and major incidents.

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 from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average for most indicators. Performance was lower than the national average for some diabetes indicators, but were still comparable to the local average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was no evidence that audit was driving improvement in patient outcomes, because audits had not been repeated.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- There was a mission statement and staff had a sense of the practice values and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management.

Summary of findings

- Arrangements to monitor and improve quality and identify risk were not effective. Audits were not being repeated to verify improvement. Many of the practice policies were overdue a review. Staff were not aware of some policies or could not locate them.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP to support their care.

People with long term conditions

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was mixed, with some below the national average (although in line with local average). For example, 59% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, below the national average of 78%, but comparable to the CCG average of 70%.
- 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.
- The practice referred patients with long-term conditions to education programmes to help them manage their own health. In 2015/16, 90% of patients diagnosed with diabetes were referred (practice target 85%, CCG average 95%) and 98% of patients with a respiratory condition (practice target 85%, CCG average 95%).

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice ran a walk-in clinic every week day for children who needed an urgent consultation.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- Immunisation rates were lower than the CCG average for some standard childhood immunisations.
- We saw positive examples of joint working with midwives, health visitors and school nurses, but the practice was not recording safeguarding concerns raised by other professionals on patients' notes, meaning that not all clinicians would be able to use them to keep vulnerable children safe.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had made all of its appointments available to book online, to make it easier for patients to book.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for safety and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The provider was rated as inadequate for safety and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Three hundred and eighty survey forms were distributed and 101 were returned. This represented 1.5% of the practice's patient list. The results showed the practice was performing below local and national averages.

- 61% of patients found it easy to get through to this practice by phone, compared to the national average of 73%.
- 58% 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%.
- 76% of patients described the overall experience of this GP practice as good, compared to the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 competed comment cards. Forty cards had only positive comments about the standard of care received. Five cards contained mixed feedback, positive about most aspects of care received but negative about appointment access.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Triangle Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Triangle Group Practice

Triangle Group Practice is based in Lewisham, south east London, close to Ladywell railway station. There is public car parking available opposite the practice and the area is well served by public transport.

The practice operates from premises that were converted in 1990. There is step free access into the premises and to all floors.

The surgery is based in an area with a deprivation score of 3 out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the average English GP practice, slightly more patients are unemployed.

There are approximately 6835 patients at the practice. Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 59, and fewer patients aged 60+ than at an average GP practice in England.

Four doctors work at the practice: one male and three female. Two of the doctors are partners and there are two salaried GPs (who are female). Some of the GPs work part-time. The practice provides 26 GP sessions per week. There is one (female) practice nurse, who works full-time. There is also a part-time counselling psychologist.

The practice is open 8am to 6.30pm Monday to Friday. The practice opens at 7am on Tuesday and stays open until 8pm on Wednesday. Appointments are available with GPs on Monday from 9am to 12.30pm and 3.30pm to 6pm, on Tuesday from 7am to 2pm and 3pm to 6pm, on Wednesday from 9am to 12pm and 3pm to 8pm, and on Thursday and Friday from 9am to 12.30pm and 3pm to 6pm.

When the practice is closed cover is provided by a local out-of-hours care provider.

The practice offers GP services under a General Medical Services contract in the Lewisham Clinical Commissioning Group area. The practice is registered with the CQC to provide surgical procedures, diagnostic and screening procedures, family planning, treatment of disease, disorder or injury and maternity and midwifery services.

We inspected this practice in February 2014, before ratings were introduced, and found issues with arrangements to prevent and control the spread of infection, with access to emergency medicines and with how medicines stored in the practice. We checked in September 2014 and found that the provider had made the required improvements. We found some of the same issues on this inspection.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 August 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

- The system for reporting and learning from serious incidents was not clear. Staff we spoke to said that they would inform the practice manager or one of the GP partners of any serious incident. A recording form was available on the practice's computer system. The practice policy stated that all staff involved with an incident would complete a complete report form but non-clinical staff we spoke to had not completed a form and were unsure as to what action was taken once an incident had been identified.
- The significant events forms we saw showed evidence that where an incident had directly affected a patient; the patient was informed and received a verbal apology. Some forms did not show a sufficiently thorough analysis and there was no monitoring to ensure that the changes agreed had been implemented. For example, the form for an incident when a vaccine fridge door was found ajar had brief details of the actions that were taken (such as 'contacted vaccine companies') and of a new system of staff checks of fridge doors. However there were no details of the actions taken to protect patients from any risk from the vaccines, such as quarantining or disposal. There was also no evidence of analysis of the wider implications of the incident, such as that clinical staff may not be routinely locking vaccine fridges.
- Practice staff told us that significant events and other safety information (such as patient safety alerts) were discussed in the weekly clinical meeting. When given some examples of recent alerts GPs were able to describe the action taken, but no minutes were kept of these discussions, so there was no ability to check that any actions agreed had been completed.

Overview of safety systems and processes

The systems to keep patients safe and safeguarded from abuse were not well defined or embedded.

- The practice child safeguarding policy was dated 2010, and had no review date. This was a generic policy, and the section for local contact details (for staff to use if they had concerns about a patient's welfare) had not been completed. The practice policy stated that one of the partners was the lead GP, but another GP was acting as safeguarding lead.
- Most of the staff we asked could not locate the policy, and some (including clinical staff) did not seem to be aware of it.
- The GP acting as the child safeguarding lead had had appropriate (level 3) training in safeguarding children and training for vulnerable adults, and they told us they attended safeguarding meetings when possible and provided reports where necessary for other agencies. Other staff were able to give us a reasonable understanding of their responsibilities, and said that they would consult with the safeguarding lead. Non-clinical staff were trained to child protection or child safeguarding level 1 and the nurse to level 2.
- However, two of the four GPs had not completed recent training at the required level (level 3). One GP had completed level 3 child safeguarding training in 2012, and we saw no evidence of any child safeguarding training for one GP.
- All staff had completed training in safeguarding adults.
- When the practice received safeguarding information from other healthcare professionals, this was not being used effectively. Information discussed in multidisciplinary meetings about children and other vulnerable people who may be at risk of abuse was not being added to patient notes. This meant that keeping these patients safe was reliant on clinicians recalling the patient when next they had contact with them, possibly many months after the discussion, and this information was not available to locum GPs.
- A notice in the waiting room advised patients that chaperones were available if required, although the details of the chaperone arrangements displayed were different from those listed in the practice policy. Staff acting as chaperones had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not formally considered the risks, to make a decision not to DBS check chaperones. There was no evidence of formal training for staff acting as chaperones, but those we spoke to where able to give a reasonable explanation of the role and responsibilities.

Inadequate

Are services safe?

- The arrangements for managing medicines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) were not all sufficient to keep patients safe.
  - Blank prescription forms and pads were securely stored. There was a system to record blank prescription forms (used in computer printers) that entered the premises, but no mechanism to monitor their use. The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) but did prescribe them. There were no arrangements to record or monitor the use of prescription pads (used to handwrite prescriptions) that entered practice, including prescription pads for controlled drugs.
  - We checked the fridges where vaccines were stored. Vaccines were in date and there were systems to ensure stock control. One fridge was very full, with no space for air to circulate to keep the vaccines at the correct temperature. Fridges were checked every day the practice was open to make sure that the temperature was in the correct range to keep the vaccines safe and effective. The records showed that fridge temperatures were out of range on two occasions in 2015 for several weeks, with no action recorded. Staff we asked were not aware of the issue.
- There were processes in place for handling repeat prescriptions which included the review of high risk medicines. We checked some prescriptions that were ready for patients to collect. These had the date that the patient last had a review of their care and medicines. Some patients had apparently not had a review since 2012.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed five personnel files and found that most recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, the practice had not carried out a check through the Disclosure and Barring Service for a member of clinical staff. Instead, a check had been accepted that was carried out by a previous employer for a different role. The check was not a 'portable' one.

Monitoring risks to patients

Some risks to patients were not well assessed or well managed.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. Her staff file showed evidence of specialist infection prevention training in 2013, although we were told she had completed a more recent course we saw no evidence to confirm this. One of the GPs had completed infection control training as part of minor surgery training in 2014, but practice records showed none of the other GPs had completed infection control training. Non-clinical staff had completed online infection control training. A complete infection control audit took place in May 2014, with support from NHS England, which identified a number of areas for improvement. Some of these had not been appropriately completed, for example, checks on the temperature of hot water had not been carried out weekly. In April 2015 the practice carried out its own infection control audit. This was a short (19 item) checklist, which did not assess all of the expected aspects of infection control or check that that the actions identified in 2014 had been completed.
- The practice had a policy relating to fire safety, but this had not been reviewed since 2011. The fire risk assessment was marked as for review in 2015. The practice told us that fire drills were carried out annually. We saw that records that showed drills were undertaken in 2014, 2015 and 2016 but none were recorded between 2010 and 2014. There was one trained fire marshall and we saw evidence that most (but not all) staff had received fire safety awareness training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- All clinical staff received annual basic life support training. Non-clinical staff were receiving training every three years. There was no formal assessment carried out to decide not to provide basic life support training to all staff annually.
- The practice did not have a defibrillator or emergency oxygen, and said that in the event of a medical emergency an ambulance would be called.
- 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, but there were not all of the emergency medicines that we would expect. There was no benzylpenicillin (for suspected bacterial meningitis), chlorphenamine (for acute allergic reactions), or hydrocortisone (for acute severe asthma). There was also no atropine (a medicine used to treat a slow heart rate, which can be a complication of minor surgery) . We were told that a discussion had taken place about whether a defibrillator and oxygen should be obtained, but that this had not been documented. The GP partners were not aware that some emergency medicines were not in stock. There was no risk assessment in place to consider and manage to the risk of not having these emergency medicines.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Clinical staff told us that they discussed new guidelines from NICE in weekly meetings. There were no minutes of these meetings, but when we gave examples of recent guidelines GPs were able to describe the action taken, including checks of patient records.

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 (2014/15) were 93% of the total number of points available, compared to the local of average of 93% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed, with some below the national average.
- 59% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, below the national average of 78%, but below the CCG average of 70%.
- 82% of patients with diabetes had well controlled blood pressure, compared to the national average of 78%.
- 92% of patients with diabetes had an influenza immunisation, compared to the national average of 94%.
- 68% of patients with diabetes had well controlled total cholesterol, this was below the national average of 81% but comparable to the CCG average of 72%.
- 86% of patients with diabetes had a foot examination and risk classification, compared to the national average of 88%.
- Performance for mental health related indicators was comparable to the national average.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the national average of 88%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the national average of 90%.
- 91% of patients diagnosed with dementia had a face-to-face review of their care, compared to the national average of 84%.
- 93% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the national average of 94%.

The practice showed us (unpublished and unvalidated) data for 2015/16, which showed that performance in patients with diabetes' management of blood sugar had improved (from 59% to 62%) but remained below average, and patients with diabetes' management of blood cholesterol had deteriorated (from 68% to 62%).

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. In 2014/15, the practice overall rate of clinical exception reporting (6%) was in line with local and national averages (8% and 9%). Rates for individual indicators were also comparable to local and national averages.

There was some quality improvement activity, but there was no evidence that this had led to improvement in patient care:

- The practice had identified that it was prescribing more antibiotics than other practices locally and nationally and more co-amoxiclav, another 'broad spectrum' antibiotic. GPs carried out an audit of their prescribing of this medicine and found that the practice was not following local or national guidelines in their prescribing of co-amoxiclav. The audit report says that the results were discussed in a clinical meeting and that GPs agreed to follow guidelines. The audit had not been repeated to check if GP prescribing improved.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice was prescribing more cephalosporins and quinolones antibiotics than other practices nationally (9% compared to 5% nationally and 7% locally). We were told that the GPs had been given guidance that the use of these 'broad spectrum' antibiotics should be limited, to reduce the development of antibiotic resistant diseases. GPs at the practice told us that there was an element of patient choice in prescribing practice, and that no audit or other work had been done to assess whether the practice was prescribing these antibiotics appropriately.
- There were two other audits completed in the last two years, one to look at how happy patients were with long-acting reversal contraceptives (such as contraceptive coils) and one to check infection rates after minor surgery. Neither of these had been repeated to see if improvements had taken place.

The practice participated in research with a nearby university, for example a study into methods of increasing activity levels to improve health.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, health and safety and confidentiality.
- Staff with specific roles that required particular training, for example, for those reviewing patients with long-term conditions were responsible for ensuring they arranged regular updates. The practice did not monitor role-specific training updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of non-clinical staff were identified through a system of annual appraisals. The nurse received an annual appraisal, but this was with the practice manager – there was no input from the GPs partners. The nurse received no regular clinical supervision.
- Non-clinical staff received training that included: equality and diversity and health and safety. Clinical staff had not completed this training, although it was listed on the practice training matrix for all staff. Most staff had completed information governance training, but two members of the clinical staff had not.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes were taken of the meetings, but patient records were not always updated to ensure that clinicians had the information they needed to provide good care.

Consent to care and treatment

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

- Staff had not received any formal training in consent, but were able to give a reasonable explanation of the legislation and guidance, including the Mental Capacity Act 2005.
- Written consent was taken for minor surgery. The form was a generic one, and so did not give details of the specific procedure and associated risks.

Requires improvement

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and add your example. Patients were signposted to the relevant service.
- The practice provided smoking cessation advice and, where necessary, patients were referred to a dietician.
- The practice referred patients with long-term conditions to education programmes to help them manage their own health. In 2015/16, 90% of patients diagnosed with diabetes were referred (practice target 85%, CCG average 95%) and 98% of patients with a respiratory condition (practice target 85%, CCG average 95%).

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There was no consistent failsafe system to ensure that patients who had been referred to hospital for urgent tests received a timely appointment.

Childhood immunisation rates for some vaccinations given were below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 3% to 88% (local rates from 10% to 93%) and five year olds from 75% to 96% (local rates from 71% to 94%).

The practice provided health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Only 40 patients aged 40–74 received a health check in 2015/16. Practice staff told us that this was due to staff absence.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 completed comment cards. 40 cards had only positive comments about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two cards contained mixed feedback, positive about most aspects of care received but negative different appointment availability.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP was good at giving them enough time, compared to the CCG average of 83% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 94% and the national average of 95%.
- 82% 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%.
- 84% 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%.
- 73% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% and the national average of 87%. Some patients we spoke to said that they did not always find the reception staff to be helpful. Three comment cards we included comments related to previous issues with reception staff, but recent improvements.

Care planning and involvement in decisions about care and treatment

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

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 79% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the local average of 81% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, 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.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (under 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that often families who had suffered bereavement were contacted by their usual GP, and that all patients would be given advice about support services on request. A counsellor visited the practice weekly to support patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had agreed to provide a long-acting reversal contraceptive service and minor surgery, to make it easier for their patients to access these services.

- The practice offered evening appointments on a Wednesday and early morning appointments on a Tuesday to support patients who could not attend during normal opening hours.
- The practice held an open session for children who needed urgent consultations every weekday afternoon from 3pm to 5.30pm (3.30pm on Monday).
- To make it easier for patients to book appointments, the practice made all appointments (including those available on the day) available to book online.
- 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 facilities were accessible, a hearing loop and translation services available. The practice had recently fitted an automatic door and installed a dropped height section of counter in reception to make it easier for patients with mobility problems to access the surgery.

Access to the service

The practice was open 8am to 6.30pm Monday to Friday. The practice opened at 7am on Tuesday and stayed open until 8pm on Wednesday.

Appointments were available with GPs on Monday from 9am to 12.30pm and 3.30pm to 6pm, on Tuesday from 7am to 2pm and 3pm to 6pm, on Wednesday from 9am to 12pm and 3pm to 8pm, and on Thursday and Friday from 9am to 12.30pm and 3pm to 6pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours, compared to the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone, compared to the national average of 73%.

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

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. A GP telephoned anyone requesting a home visit, to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after complaints about staff attitude the practice arranged customer service training for reception staff.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

- The practice had a mission statement which was on the practice website and staff knew and understood the values.
- A business plan had been created, which reflected the vision and values.

Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies, but these had not been well implemented. For example, the safeguarding policy was incomplete and did not accurately reflect staff responsibilities and the chaperoning policy for staff was different to the information about chaperoning in the waiting room.
- Staff we asked were not aware of some policies or could not find them.
- There was no process to review policies to ensure that they remained accurate and useful, and several had not been reviewed for several years, including the safeguarding policy (dated 2010) and the recruitment policy (dated 2011).
- There was no documented training policy that set out what training was required for each role and the intervals for updating. Practice staff told us that they were unaware that all GPs should complete level three child safeguarding training, and the guidance that all staff should receive basic life support training every year. There was a training matrix with the names of all staff members and the dates that they had completed various training courses, but this was incomplete, with several gaps in the table for clinical staff.
- Systems not been properly developed or embedded to keep patients safe. For example, the practice had not ensured all staff had received correct training in child safeguarding, and information received from other professionals was not stored in such a way that it could be used by all clinicians to keep vulnerable patients safe.
- Quality improvement activity was limited and audits had not been repeated to ensure that improvement had taken place.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not sufficiently robust. The practice had failed to identify all of the risks to patients (for example, with the monitoring of prescription pads or with vaccine management) and when issues were identified mitigating actions were not always completed.
- There were no minutes taken of the clinical meeting, making it difficult to evidence that all agreed actions were completed.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

Are services well-led?

Requires improvement

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice worked with the PPG to improve online access to appointments.
- 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.

Continuous improvement

Staff were engaged with the local practice network and was keen to adopt innovative solutions to solve problems. The practice put all of their appointments onto the online system to make it easier for patients to book, and was asked to shared their experience, and the positive impact on patients, with the local practice network.

The practice participated in research with a nearby university, for example a study into methods of increasing activity levels to improve health.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. • Arrangements to prevent and control infections were not effective: staff had not all received training appropriate to their role, audits were not comprehensive and where issues were identified they were not all followed up. • The vaccine fridge was over-filled and action had not been taken in response to temperatures exceeding the maximum range. • Fire risk arrangements were not robust. • The use of prescription forms and prescription pads, including for controlled drugs, was not monitored. • There was no oxygen or defibrillator and emergency medicines were not all in place. There had been no risk assessment to justify this. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** Not all staff had received appropriate training in child safeguarding.

This section is primarily information for the provider

Requirement notices

Information received from other health professionals was not being stored in a way that it could be referred to easily when required. The safeguarding policy was incomplete, inaccurate and some staff could not access it.

This was in breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The practice was not repeating audits to assess, monitor and improve the quality and safety of services. Systems and processes were failing to adequately assess, monitor and mitigate all of the risks relating to the health, safety and welfare of service users. Some policies were incomplete or overdue for review. Staff were not aware of the policies in place. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** Clinical staff and staff undertaking chaperoning had not been DBS checked, and this decision had not been risk assessed. This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.