

Bishopsford Road Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bishopsford Road Medical Centre on 4 April 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The systems in place to minimise risks to patients were not sufficiently robust, particularly in respect of fire safety and risks associated with legionella. The practice did not have a full stock of emergency medicines or a risk assessment which considered the necessity of the medicines which were absent.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the clinical skills and knowledge to deliver effective clinical care and treatment. However staff had not received information governance training and one member of staff had not received basic life support training.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. Some of the practice's complaint responses did not include information on who to escalate concerns to if they were unhappy with the practice's response.
- Most of the patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Though the practice had a detailed policy framework which was being used effectively by staff, there were a number of policies including infection control, fire safety and the practice's business continuity plan which referred to members of staff who no longer worked at the practice.

Summary of findings

- Again, although incorrect staffing was noted in some policies, evidence showed that there was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Actions the practice must take:

- Ensure that all risks to patients are assessed and mitigated.

Actions the practice should take:

- Continue work to improve the uptake of childhood vaccinations.
- Improve the identification of patients with caring responsibilities to be able to provide appropriate support and signposting.

- Take steps to ensure that information regarding translation services are easily accessible to patients.
- Ensure that policies are up to date and accurate.
- Take action to promote and encourage uptake of breast cancer screening.
- Put mechanisms in place to ensure that staff have the training necessary to do their job and that this training is updated in accordance with current guidance.
- Provide appropriate escalation and support contact details in all complaint responses.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- We found that there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not have arrangements in place to assess and mitigate all risks; specifically those related to Legionella and fire.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. However we noted that there was no supply of hydrocortisone for injections (used to treat severe asthma or anaphylaxis) or diclofenac (used for pain relief) on site and there was no risk assessment in place to justify their absence. One non clinical staff member had not received basic life support training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the clinical skills and knowledge to deliver effective care and treatment. However only two staff had completed information governance training and one member of non clinical staff had not received basic life support training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had identified that it had a high proportion of smokers on its patient list. Previously the practice had external support who would offer a smoking cessation clinic one day per week on site. The practice then employed a full time healthcare assistant who was able to offer this service every day.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 10 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However we noted that some responses did not include information on agencies patients could contact if they were unhappy with the practice's response.

Good



Are services well-led?

The practice is rated as good for being well led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice did not have a practice manager in place at

Good



Summary of findings

the time of the inspection and recent staff turnover in this position had meant that the practice had been without established administrative oversight for approximately 12 months. Although partners and staff were working together to mitigate the impact of this, and in most areas the practice operated effectively, it was evident that this had impacted on the oversight of certain risks including those associated with legionella and fire safety.

- Although some policies contained details of staff who had recently left the practice, conversations with staff demonstrated that there was a clear leadership structure. Staff felt supported by management. The practice held regular whole practice meetings and away days where governance was discussed.
- Staff had received inductions, annual performance reviews and attended staff meetings. All staff had completed essential training with the exception of one member of non-clinical staff who started after the practice had run basic life support training. In addition only two members of staff had undertaken information governance training.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems to manage notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example we saw leaflets in the waiting area advertising personal alarms and local support services for elderly patients.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The practice liaised with community nurses for diabetes, respiratory medicine and heart failure to manage complex cases
- One of the GP partners was specialised in diabetes. Performance for diabetic indicators was in line with local and national averages. Patients with diabetes who needed extra support were referred to a local educational programme to help them self-manage their condition.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations although the practice had missed the national target for MMR immunisations. However we saw evidence that the practice had a thorough follow up and recall system to try and encourage parents to immunise their children.
- Staff told us, on the day of inspection, 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 offered chlamydia screening for children over the age of 15 years old.
- There was a high prevalence of childhood obesity among the local population and the practice signposted patients to a local service which encouraged children to exercise.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, child health surveillance and immunisation clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on alternate Tuesday and Wednesday evenings.
- 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 provided telephone consultations for patients unable to attend the surgery during opening hours.
- The practice healthcare assistant offered NHS health checks and smoking cessation advice.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had links with specialist learning disability nurse who could offer advice when needed.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.

Good



Summary of findings

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice could refer patients to a local talking therapy service commissioned by the CCG or would provide patients with advice on how to access other support in the local area.
- Performance for other mental health indicators was comparable to local and national averages.
- The practice had quarterly meetings with a consultant psychiatrist to discuss complex patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty one survey forms were distributed and 107 were returned. This represented 2.4% of the practice's patient list.

- 91% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 85% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards, 31 of which were positive about the standard of care received and praised the caring attitude of both clinical and non-clinical staff. Six of the comments contained mixed feedback and two comment cards were negative. Negative comments related to appointment access.

We spoke with eight patients during the inspection. Seven of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient told us that they found it difficult to access appointments.

Bishopsford Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Bishopsford Road Medical Centre

Bishopford Road Medical Centre is part of Sutton CCG and serves approximately 4500 patients. The practice is registered with the CQC for the following regulated activities: Diagnostic And Screening Procedures, Treatment Of Disease, and Disorder Or Injury and Maternity And Midwifery Services.

The practice population is located in an area with higher numbers of people with long term conditions (60% compared with 53% nationally) and higher levels of unemployment (14% compared with 4% nationally).

The practice is run by two partners, one male and one female and a salaried female GP. There is one female practice nurse and a female healthcare assistant. The practice GPs worked the equivalent of 2.5 whole time equivalent GPs, the practice nurse work 28 hours per week and the healthcare assistant worked full time.

The practice has been without an established practice manager for approximately 12 months. The difficulties the practice has had in successfully recruiting a permanent practice manager was explained to the inspection team in

addition to plans to address this issue. The practice partners have worked in the interim with staff to ensure that the practice continues to operate effectively in most areas.

The practice is open between 8 am and 6.30 pm Monday to Friday. Appointments are available during these times. Extended hours appointments are offered between 6.30 pm and 8.30 pm alternate Tuesdays and Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for patients that needed them.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Meningitis provision, Childhood Vaccination and Immunisation Scheme, Extended Hours Access,

Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisations, Learning Disabilities, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is part of Sutton GP federation which is an organised group of GP practices in Sutton CCG that aim to work together to improve primary care delivery for patients in the local area.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 4 April 2017. During our visit we:

- Spoke with a range of staff (GP, nurse, administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location,

- Looked at information the practice used to deliver care and treatment plans.

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

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

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of 17 documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed one significant event where a power cut had resulted in the temperature of the practice's vaccine fridge going above the optimum range. As a result, the practice referred to their vaccine policy and disposed of all vaccines.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. From the sample of three documented examples we reviewed we found that GPs escalated concerns to the relevant local authority and provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse were trained to child protection or child safeguarding level three, the healthcare assistant to level two and all other staff to at least level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who was responsible for liaising with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The protocol in place named a previous nurse who had since left the practice. The current practice nurse had been in post since January 2017. The practice provided us with an updated protocol with the correct lead noted 48 hours after our inspection. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

Are services safe?

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams and local pharmacists, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions 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). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions (a PSD is a written instruction signed by a medical prescriber authorising the supply or administration of specific medication to a named individual) or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety though risks associated with fire and legionella had not been appropriately assessed or addressed.

- There was a health and safety policy available.
- The practice did not have an up to date fire risk assessment, however we saw evidence that this had been booked for 12 April 2017. The practice had only carried out one fire drill and this had occurred as a result of an incident related to the practice at the beginning of 2017. We saw that the practice was not conducting weekly tests of the fire alarm system. The practice had a document in place to be signed weekly after the alarm had been tested but this had only been completed once, in November 2016. The practice's fire policy was out of date; with some of the fire marshals noted being staff who had left the practice. There was no reference to the practice's fire evacuation point

within the protocol. Staff were able to correctly tell us who the fire marshal was, although this staff member only worked part time, and where the fire assembly point was located. Fire evacuation information could be found around the practice including in reception and each of the clinical rooms. An updated fire safety protocol was provided after our inspection which contained the correct staff members.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had a Legionella risk assessment undertaken in March 2017 and were able to provide a copy of the report on the day of the inspection which listed a number of high risk actions which needed to be addressed including changing the water temperature in the practice to prevent the development of the legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice provided an email after the inspection confirming that they had enlisted the services of a company to attend the practice and address the areas of concern highlighted in the assessment.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents though one member of non-clinical staff had not received basic life support training and the practice had no supply of diclofenac or hydrocortisone for injection in their emergency medicines supply.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All but one member of non-clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room. This training was completed shortly after our inspection.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice did not have a supply of hydrocortisone for injection (used to treat severe asthma or anaphylaxis) and diclofenac (used for pain relief) and there was no risk assessment in place which considered the need for these medicines. All the medicines were in date and stored securely. We were provided with evidence within 48 hours of the inspection that these medicines had been purchased.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff however this had not been updated to reflect recent staff changes. An updated copy of the plan with the current staffing structure was provided within 48 hours of the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample 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 were 95% of the total number of points which was the same as the clinical commissioning group (CCG) and national average. The practice's overall exception reporting rate was 9.5% compared to the CCG average of 6.8% and 9.8% nationally. (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).

The practice had a higher rate of exception reporting for patients with cancer compared with local and national averages: 43% compared with 16% in the CCG and 25% nationally. The practice said that this was as a result of the majority of practice patients diagnosed with cancer being under the care of the local hospital or in palliative care services. The practice had identified that the number of referrals to secondary care for suspected cancer investigations were lower than other local practices but the number of cancer diagnoses from these type of referrals were high compared with most of the CCG. The practice told us that they were intending to undertake a review to determine whether they were missing patients who should

possibly have been referred earlier for testing or whether the low referral/high diagnosis rates were a result of the practice accurately referring patients who required assessments.

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

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example the percentage of patients who had well controlled blood sugar was 77% compared to the CCG average of 80% and the national average of 78%. The percentage of patients who had well controlled blood pressure was 78% compared to a CCG average of 75% and a national average of 78%.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 95% compared to the CCG average of 91% and the national average of 89%. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review was 86% compared with a CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits commenced in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, one of the practice audits assessed compliance with the NICE guidance in respect of the management of patients who presented with a sore throat. In the first cycle, completed in November 2015, 28% of the consultation showed clinicians complied with NICE recommendations. The follow up audit showed that compliance had increased to 69%.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the clinical skills and knowledge to deliver effective care and treatment. However one non clinical staff member had not completed basic life support training and only two staff had undertaken information governance training.

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety, the practice's significant event process and customer care.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions including dementia and updates for cervical screening and wound management.
- 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 training and discussion at the local practice nurse forum.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However we found that one member of non-clinical staff had not completed basic life support training and only two members of staff had completed information governance training. The lead GP partner said that he was not aware that staff were required to complete information governance training annually. This training was completed by all staff within 48 hours or on the staff members' next working day. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of six documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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 and signposted them to relevant services. For example:

Are services effective?

(for example, treatment is effective)

- 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.
- A smoking cessation advice was available from the practice's healthcare assistant and patients with weight management issues could be referred to local support services.

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

Childhood immunisation rates for the vaccinations given were slightly lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved this target in one area. These measures can be aggregated and scored out of 10, with the practice scoring 8.5 (compared to the national average of 9.1). We saw evidence that the practice had worked to increase the uptake of the MMR vaccination in May 2016. Out of 237 children under the age of 5 but over 12 months on the practice patient list, 211 children had their MMR injection leaving 26 who had not received the vaccine. One patient declined to have their child vaccinated. Eight of the patients were new patients and the practice engaged with this group to see if the MMR was required. Of the 17 remaining patients, one left the surgery. The practice managed to get an addition 14 patients to have the

vaccine. We reviewed the practice's recall systems for vaccinations and found that numerous attempts were made to encourage patients to attend the surgery; with one family being contacted on six occasions.

There was a policy to offer telephone or written 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. The practice uptake of breast and bowel cancer screening was lower when compared to local and national averages. For example the percentage of females aged between 50-70 screened for breast cancer in the last 36 months was 54% compared with the CCG average of 70% and the national average of 73%. The percentage of people aged between 60 and 69 screened for bowel cancer between the age of 60 and 69 was 41% compared with 55% in the CCG and 58% nationally. Staff at the practice told us they would soon be actively calling non responders in an effort to increase uptake. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Thirty one of the patient Care Quality Commission comment cards we received were exclusively positive about the service experienced. Six of the cards contained mixed feedback and two contained negative feedback. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The negative comments largely referred to appointment access.

We spoke with eight patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 92%.
- 84% 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%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 89% 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%.
- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

We were told that by staff that they would treat children and young people in an age-appropriate way.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.

Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language though we did not see notices in reception informing patients that this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11 patients as carers (0.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and carers were offered an annual health check and a flu vaccination. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: For example the practice had identified that it had a high proportion of smokers within its population. Previously the practice had external support who would offer a smoking cessation clinic one day per week on site. The practice then employed a full time healthcare assistant who was able to offer this service every day.

- The practice offered extended hours alternate weeks on a Tuesday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included interpretation services, including British sign language interpreters, though these were not advertised in the reception area.

Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday. Appointments were available during these times. Extended hours appointments were offered between 6.30 pm and 8.30 pm alternate Tuesdays and Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 85%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 58% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

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

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- 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 an information leaflet was available in the waiting area to help patients understand the complaints system.

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

We looked at 17 complaints received in the last 12 months and found that these were dealt with in a satisfactory manner with apologies being offered where appropriate. However we found a number of complaints where information on agencies patients could escalate complaints to if they were unhappy with the practice's response were not included in some response letters, although this was detailed in the complaint leaflet. Lessons were learned 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, we reviewed one example where a patient had complained that a member of staff had not washed their hands prior to undertaking a procedure. As a result of the incident the practice drafted a protocol for this specific procedure which stressed the importance of adherence to good infection control practice. This was cascaded to all staff.

Are services well-led?

Good 

(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 clear vision which aimed to deliver high quality care and promote good outcomes for patients. However insufficient attention had been paid to key areas of risk management, although the practice provided evidence that they were in the process of addressing these concerns.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values and had contributed to the drafting of the mission statement at a recent practice away day.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework. The practice had been without an established practice manager for approximately 12 months. The difficulties the practice had in successfully recruiting a permanent practice manager were explained to the inspection team in addition to plans to address this issue. The practice partners had worked in the interim with staff to ensure that the practice continued to operate effectively in most areas. However we did find some risks that had not been adequately addressed and that a number of policies did not reflect the current position of the practice:

- We found that several policies had out of date information and referred to staff that had left the practice in lead roles including infection control and fire safety. However staff were able to outline the staffing structure and who had responsibility for key areas of practice management. An up to date information sheet outlining the current staffing structure and leadership roles was displayed in all rooms within the practice. The practice provided updated versions of the policies we identified as being out of date, reflecting the current staffing structure, within 48 hours of the inspection.

- Most policies were detailed, comprehensive and easily accessible. Staff informed us that in absence of the practice manager they had relied heavily on the practice's policy framework which provided adequate information to address any areas of uncertainty.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We found on the day of our inspection that some areas of risk had not been assessed or mitigated. The practice had not undertaken a fire risk assessment and the arrangements in place for mitigating risks associated with fire were not effective. However we saw evidence that a fire risk assessment had been booked for 12 April 2017. The practice had completed a legionella risk assessment through an external company immediately prior to our inspection. The report had several high risk action points which needed to be addressed. The practice provided evidence that they had engaged with an organisation to address the action points raised within 48 hours of the inspection.
- With the exception of some areas of risk management, a comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

- 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.

Though some information regarding leadership roles contained within a number of practice policies was out of date; staff were able to outline areas of staff responsibility. Although there was no practice manager in place, staff felt supported by the partners in the practice. It was acknowledged by staff on the inspection that although they were managing to cope in the absence of a practice manager the situation was not sustainable. The partner we spoke with outlined a plan to address this staffing shortage.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses, the local mental health team and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. We noted team away days were held every quarter. Minutes were comprehensive and were available for practice staff to view.
- 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

The practice encouraged and valued feedback from patients and staff. It proactively sought 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, on the basis of PPG feedback the practice had purchased a mat for the baby changing area and placed a suggestion box in the waiting area. The practice had also undertaken a survey to assess patient satisfaction with the practice's phlebotomy service.
- the NHS Friends and Family test, complaints and compliments received
- staff through staff away days and generally through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not always being provided in a safe way for services users as: • The practice had not adequately assessed or mitigated risks associated with fire or Legionella. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.