

Broom Road Medical Practice

Quality Report

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Date of inspection visit: 31 March 2016

Date of publication: 03/03/2017

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

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 Broom Road Medical Practice on 31 March 2016. 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 an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they generally found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments usually 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 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.

The areas where the provider must make improvements are:

- Obtain a defibrillator or carry out a formal risk assessment that demonstrates how medical emergencies requiring a defibrillator could be appropriately managed without having one in the practice.
- Ensure Patient Group Directions (documents that allow nursing staff to give certain medicines and injections) are signed by the doctor instead of the practice manager.

Summary of findings

- Ensure that all staff complete regular training in required topics, such as infection control, safeguarding, basic life support, information governance and fire safety and management, and that this information is stored in staff records.
- Complete an up-to-date Legionella risk assessment and ensure that actions recommended are carried out. Ensure the electrical wiring is tested and any improvements are actioned.
- Ensure action points from all meetings (including non-clinical meetings) are properly documented and reviewed.
- Consider alternative ways of advertising the services of the welfare rights advisor so that more patients are aware of it.

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

In addition the provider should:

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



- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- We looked for evidence that staff had received annual infection control training. This was not in the staff files of all of the GPs and nurses and the practice could not find it.
- Not all risks to patients who used services (for example Legionella and electrical wiring) had been assessed, or assessments took place several years ago.
- There was no defibrillator at the practice and the practice had not carried out a risk assessment to mitigate risks of not having one.

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 for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- When we inspected the practice, data from the National GP Patient Survey showed patients rated the practice lower than

Summary of findings

others for some aspects of care. The GP partners took action and survey data published after the inspection showed that patient satisfaction had improved, to line with national and local averages.

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. We received some comments suggesting that the quality of care depends on the doctor seen.
- Information for patients about the services was available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice identified that their patients' economic difficulties were causing or exacerbating mental health problems, and made it difficult for those patients to manage physical health problems well. The practice worked in partnership with the local Council to secure a welfare rights advisor, and provided a room for the advisor to work.
- The GP Patient Survey data at the time of the inspection showed that patient's satisfaction with how they could access care and treatment was below local and national averages. The practice changed its phone system to allow four calls to be taken (rather than one call as previously) and appointment numbers and times. Later GP Patient Survey data showed that patient satisfaction had improved, to broadly in line with local and national averages.
- Patients said they generally 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.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice values.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice did not have an active patient participation group but had recruited members and was arranging a date.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- 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.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was generally similar to other practices, with scores for some indicators above and others below the CCG and national averages. For example:
 - 97% of patients with diabetes had a foot examination and risk classification within the preceding 12 months (compared to the CCG average of 86% and the national average of 88%).
 - 63% of patients with diabetes had well-controlled blood pressure (compared to the CCG and national average of 78%).
- The practice had recently employed practice nurses with special skills to care for patients with diabetes and respiratory conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 75% of female patients aged 25 – 64 had cervical screening, similar to the CCG and national averages (72% and 74%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

- 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.

Good



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

Good



Summary of findings

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).

- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record. This above the national average of 88%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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.

Good



Summary of findings

What people who use the service say

At the time of the inspection results from the national GP patient survey (published January 2016) showed the practice was performing generally in line with local and national averages. Three hundred and eighty eight survey forms were distributed and 113 were returned (29%). This represented 4% of the practice's patient list.

- 65% found it easy to get through to this surgery by phone compared to the CCG and national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 63% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 48% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 79%).

National GP patient survey results published after the inspection (July 2016) showed an improvement in patient satisfaction. Three hundred and thirty seven survey forms were distributed and 97 were returned (29% completion rate).

- 79% found it easy to get through to this surgery by phone compared to the CCG and national average of 73%.

- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 70% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 61% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards. Nineteen cards contained only positive feedback about the standard of care received. Five cards contained mixed feedback, with comments suggesting that the quality of care depends on the doctor seen.

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

The practice participated in the NHS Friends and Family Test (FFT). We reviewed the results of the survey and responses were generally positive. Patients were complimentary about staff and most said they would recommend their friends and family to the practice.

Broom Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team also included a GP specialist adviser and a second CQC inspector.

Background to Broom Road Medical Practice

Broom Road Medical Practice is based in the Spring Park area of Shirley, Croydon, a suburban area of south London. It is based in a detached house with free parking available next to the surgery and at the back of the surgery. There is step free access, and reception, two clinical rooms and an accessible toilet are downstairs.

There are two female GP partners, and two long-term male locum GPs. Some of the GPs work part-time. The working hours added together equate to just over two full time roles (whole-time-equivalents).

There is one permanent practice nurse and two nurses employed as long-term locums. There are two female and one male nurse. All of the nurses are female. Some of the nurses work part-time. The working hours added together equate to just over 0.6 of a full time role (whole-time-equivalent). One of the long-term locum nurses is a diabetic nurse and the other has a special interest and extra skills to care for patients with asthma and other respiratory illnesses.

Broom Road Medical Practice works under a General Medical Services contract. The practice is registered with the CQC for the following activities: treatment of disease, disorder or injury, maternity and midwifery services and diagnostic and screening procedures. The practice has

signed up to provide some extra services (not normally provided under their contract): childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery, remote care monitoring, rotavirus and shingles immunisation, and unplanned admissions.

The practice is open between 8am and 6.30pm Monday to Friday. Outside of these hours patients are advised to use the NHS 111 service or a local walk-in centre.

Appointments are available on Monday from 8am to 1pm and 5pm to 6.30pm, Tuesday from 8.30am to 11.30 and 4pm to 6.30pm, Wednesday from 8.30am to 10.30am and 3pm to 6.30pm, Thursday from 9am to 11.30am and 2pm to 6.30pm and Friday from 9am to 11 and 1pm and 6.30pm. Extended hours appointments were available until 7.25pm on Monday and Friday.

There are approximately 3,175 patients registered at the practice. Compared to other practices in England, Broom Road Medical Practice has more children and younger adult patients (aged 0 – 20), women aged 35 – 39 and men aged 45 – 49. Compared to other practices in England, the practice has fewer male patients aged 30 – 45 and fewer patients aged over 50 (including older people).

Although Shirley is a relatively affluent area, the practice is based in an area of social housing. The practice population is on the third most deprived decile. The practice population also has higher values on measures of deprivation affecting particular groups, such as children and older people.

Broom Road Medical Centre was previously known as Spring Park Medical Practice. At the time of the inspection the practice was changing its registration with the CQC, to reflect the change of name and becoming a partnership.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 31 March 2016. During our visit we:

- Spoke with GPs, a practice nurse, reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, after a patient who attended the practice several times with a minor ailment proved to be HIV positive, clinical staff had extra training on risk factors for HIV and ethical issues and encouraged all patients to be tested for HIV.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs told us that they were all trained to Safeguarding level 3 and nurses to level 2, but this could not be confirmed by the staff records for all staff.
- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. After a safeguarding review meeting, the

practice carried out an audit of patients with mental health conditions who had restrictions on their liberty, to check that the rules (the Deprivation of Liberty Safeguards [DoLS]) had been applied correctly.

- 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 check (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, although somewhat dated. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice had a close and productive working relationship with the local CCG pharmacy team. There were national and local guidelines on medicines for doctors. If the practice received any request from a hospital or private doctor to prescribe medicines out of line with these guidelines (for example for a different medical condition) the doctors followed a formal policy to refer these to the CCG pharmacy for advice. As a result of queries raised by the practice, the CCG pharmacists contacted hospitals to improve the information provided to GPs. We saw that patients were kept informed during this process.
- 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.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in

Are services safe?

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. PGDs must be signed by the nurse and a doctor. The PGDs in the practice were signed by the practice manager.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- We saw a fire risk assessment from November 2006. A number of issues were identified, which were addressed. The practice told us that they intended to carry out an internal fire risk assessment in April 2016. However, after the inspection the practice sent evidence of a fire risk assessment completed in March 2014 and reviewed in April 2015. The practice manager had attended local training on how to conduct risk assessments. The practice had no fire alarm system, but had smoke alarms (checked regularly) and whistles. Regular fire drills were carried out, which confirmed that this method of raising the alarm was effective.
- Clinical equipment was checked to ensure it was working properly. At the time of our inspection we were told the portable electrical equipment was not checked regularly to ensure the equipment was safe to use and no formal risk assessment had been carried out, but the practice replaced the kettle every six months and all of the computer equipment was being replaced at the

time of our inspection. After our inspection the practice sent evidence confirming the portable electrical appliances were tested in August 2015 and deemed safe to use.

- There was no check of the wiring inside the practice premises. The last legionella assessment was completed in 2010. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment advised that actions were required, but no evidence could be supplied to show that all had been completed. Quotes had been obtained for another legionella assessment and a fixed wiring check to be completed in the next few months. After the inspection the practice told us that a wiring check had been completed, but provided no evidence.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We looked for evidence of annual basic life support training in personnel files, but could not see this for all members of staff, and the practice could not find it.
- There was oxygen with adult and children's masks, and a first aid kit and accident book, but no defibrillator available on the premises. No assessment had been carried out on the risks of not having one.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example – the practice have twice checked all patient records to ensure that patients with chronic obstructive pulmonary disease (COPD) had been given advice to stop smoking, in line with national guidance.
- The two partner GPs were members of a clinical peer group, which met monthly to discuss cases and guideline updates.

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 97% of the total number of points available. This was in line with the local and national average of 94%.

Data from 2014/15 showed;

- Performance for diabetes related indicators was generally similar to other practices, with scores for some indicators above and others below the CCG and national averages. For example:
 - 97% of patients with diabetes had a foot examination and risk classification within the preceding 12 months (compared to the CCG average of 86% and the national average of 88%).
 - 63% of patients with diabetes had well-controlled blood pressure (compared to the CCG and national average of 78%).

- The percentage of patients with hypertension with well controlled blood pressure (150/90 mmHg or less) was 79%. This was similar to the averages for the CCG (82%) and the national average (84%).
- Performance for mental health related indicators were generally similar to other practices, with scores for some indicators above and others below the CCG and national averages. For example:
 - 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record. This above the national average of 88%.
 - 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits completed in the last two years. The audits covered a range of clinical and non-clinical areas including obesity, safeguarding and medicines management. Two of the audits had been repeated to check that improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice was setting up a structured weight management programme and used a records audit to ensure that obese patients were correctly coded on the computer system, so that they could be offered support to lose weight. Another audit checked that patients with COPD or chronic obstructive pulmonary disorder (a collection of lung diseases including chronic bronchitis, emphysema) had been given advice on the benefits of stopping smoking. The audit found that all of the patients with COPD had been given smoking cessation advice. The audit was repeated to check that performance was maintained (it was, 100% of patients had been offered smoking cessation advice on re-audit.)
- The programme of audits was developed by the practice (none were required by the CCG) and there was a plan in place to complete audits in more areas and to repeat previous audits to look for improvement.

Effective staffing

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 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, although the practice recording system did not demonstrate this. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- We checked six staff members' files for evidence of training. Three out of six files had no evidence of up to date basic life support training or information governance training, four had no evidence of infection control or fire training and two had no evidence of any safeguarding training. Staff we spoke to displayed an awareness of these topics although the practice could not produce any evidence of training for us.

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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 72% and the national average of 74%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 94% (CCG average 85% to 93%) and five year olds from 69% to 100% (CCG average 69% to 92%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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

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.
- The practice is based in a converted house. We observed that it was possible to overhear conversations taking place in reception from elsewhere in the building, but that staff made efforts to maintain patients' confidentiality by talking quietly. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

At the time of the inspection results from the national GP patient survey (published January 2016) showed the practice was below average for its satisfaction scores on consultations with GPs and the helpfulness of reception staff. Scores for consultations with nurses were in line with other practices. For example:

- 70% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 67% said the GP gave them enough time (CCG average 83%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 60% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 79% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

The practice carried out its own survey. They received 141 responses. Responses were more positive than the national GP patient survey but echoed the results.

National GP Patient survey data published after the inspection (July 2016) showed that patient satisfaction had improved, to in line with local and national averages. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

In response to the surveys the practice created an action plan that included providing customer service training for reception staff and self-appraisal by GPs. The practice told us that anecdotal evidence suggested that these measures had improved patient satisfaction, and that it was hoped that this improvement would be reflected in the next survey.

We spoke to eight patients, who were generally happy with the care they received and thought staff were approachable, committed and caring.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards. Nineteen cards contained only positive feedback about the standard of care received. Five cards contained mixed feedback, with comments suggesting that the quality of care depended on the doctor seen.

Are services caring?

The practice did not have an active patient participation group (PPG). The practice had previously had a patient liaison group, which was dissolved when the requirement to have a PPG was introduced. The practice told us that they had a list of people interested in being on the PPG but had not set a meeting date as they were hoping to recruit more members. Since our inspection, a date has been set for the PPG to meet.

We spoke to a former member of the patient liaison group, who 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 generally responded compassionately when they needed help and provided support when required.

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 generally had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (published January 2016) showed the practice was below average for its satisfaction scores on consultations with GPs and the helpfulness of reception staff. Scores for consultations with nurses were in line with other practices. For example:

- 70% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84%, national average of 86%.
- 53% said the last GP they saw was good at involving them in decisions about their care (CCG average 78% and national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

In response to the surveys the practice created an action plan that included self-appraisal by GPs. The practice told

us that anecdotal evidence suggested that these measures had improved patient satisfaction, and that it was hoped that this improvement would be reflected in the next survey.

National GP Patient survey data published after the inspection (July 2016) showed that patient satisfaction had improved to be in line with local and national averages. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

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

Staff told us that if families had suffered bereavement, their usual GP usually contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. This was managed informally rather than through a formal policy or process.

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. For example, the practice identified that their patients' economic difficulties were causing or exacerbating mental health problems, and made it difficult for those patients to manage physical health problems well. The practice worked in partnership with the local Council to secure a welfare rights advisor, and provided a room for the advisor to work. The welfare rights advisor advised patients on benefits and housing applications, helped them with forms and evidence gathering, and represented them at tribunals. She also assisted patients to find work and provided support with managing debt. The service is not advertised by the practice as patients find out about it by 'word of mouth'. The practice estimated that 80 patients had been seen by the welfare rights advisor in the last year, and that consultations for psychosocial reasons had reduced as a result.

- The practice offered appointments until 7.30pm on a Monday and Friday 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, and a hearing loop.
- Translation services were available.
- The practice had recently recruited two new practice nurses, with particular skills to support the needs of the practice population.

Access to the service

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 65% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 66% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

In response to the patient survey the practice reviewed their appointment data and (based on this) made several changes: added more urgent appointments on Monday and Friday, appointed two more practice nurses, changed some midweek appointments from on-the-day to bookable two days ahead, condensed the early evening appointments to provide longer hours on two days, and added sessions starting at 8am and 3pm.

The telephone system was improved to allow four members of staff to answer calls (previously only one call could be answered at a time).

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

At the time of the inspection, the practice was open between 8am and 6.30pm Monday to Friday.

Appointments were available on Monday from 8am to 1pm and 5pm to 6.30pm, Tuesday from 8.30am to 11.30 and 4pm to 6.30pm, Wednesday from 8.30am to 10.30am and 3pm to 6.30pm,

Thursday from 9am to 11.30am and 2pm to 6.30pm and Friday from 9am to 11 and 1pm and 6.30pm. Extended hours appointments were available until 7.30pm on Monday and Friday.

In response to feedback from their own survey that patients felt that they were not kept informed as to their care, the practice arranged to send text updates to patients about their test results (where appropriate).

The practice told us that anecdotal evidence suggested that patients were pleased with the changes that had been made, and that they hoped this would be reflected in the next GP Patient Survey.

Are services responsive to people's needs?

(for example, to feedback?)

We spoke to eight patients. These patients told us on the day of the inspection that they were generally able to get appointments when they needed them, although it was sometimes difficult to get an appointment on the same day.

National GP patient survey data published after the inspection (in July 2016) showed that patient satisfaction had improved, to broadly in line with local and national averages. For example:

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 79% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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, for example, a poster in reception.

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint made about information provided by a locum doctor led to the practice improving the induction pack for locum doctors.

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 to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- A succession plan was in place for the retirement of one of the partners.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective. There were a number of areas of risk that the provider had not considered fully, such as the absence of a debrillator. The practice had not completed recent assessments of some risks within the practice, such as of fire, Legionella or portable electrical appliances.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 meetings of the clinical staff and of the whole staff. We saw minutes, which included actions for the clinical meetings. Minutes of the non-clinical meetings did not include actions for follow-up.
- 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 in doing so and felt supported if they did.
- 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, 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 surveys, their own comment cards, the Friends and Family Test and complaints received. There was no patient participation group. The practice planned to set up a book at reception to collect informal feedback (positive and negative) so that learning could happen.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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

There was a strong focus on continuous learning and improvement at all levels within the practice. This culture was led and fostered by the GP partners, who had carried out self-appraisal following the GP Patient Survey and who introduced 360 degree feedback for all staff.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>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. The practice had not formally considered the risks of not having a defibrillator in the practice, and there was no evidence that staff had completed required training in areas such as infection control. PGDs were not appropriately signed.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes did not enable the registered person assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>There was no evidence the electrical wiring had been tested. The last legionella assessment was completed in 2010. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment advised that actions were required, but no evidence could be supplied to show that all had been completed.</p>

This section is primarily information for the provider

Requirement notices

Staff records did not all have details of up-to-date mandatory training, for example in safeguarding children.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.