

St Albans 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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Albans Medical Centre on 11 October 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the process of recording discussions and learning from incidents lacked cohesion.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment, action had not been taken to address concerns with infection control practice, and medicines were not always stored in accordance with legal requirements.
- Data showed patient outcomes were comparable to the national average; however, the practice had exceeded a higher than average proportion of patients from Quality Outcomes Framework indicators, and were unaware of this.
- Although some audits had been carried out, we saw no evidence that audit was being used to drive improvements to patient outcomes.
- Overall, staff assessed patients' needs and delivered care in line with current evidence based guidance; however, the practice did not always have processes in place to ensure that patients were appropriately monitored, including patients being prescribed high-risk medicines and lack of recall systems for people referred for blood tests.
- Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment; however, not all non-clinical staff were up to date with mandatory training.
- The majority of patients said they were treated with compassion, dignity and respect and that they felt cared for, supported and listened to.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a number of policies and procedures to govern activity; but we saw evidence that these were not always followed.

The areas where the provider must make improvements are:

- They must ensure that all staff have received the necessary mandatory training and that update training is undertaken at appropriate intervals.
- They must ensure that they follow their recruitment procedure and that their recruitment processes keep patients safe.
- They must ensure that they are carrying-out regular infection control audits and that action is taken to mitigate any risks identified.
- They must ensure that their repeat prescribing policy is followed by all staff and that processes for repeat prescribing are robust.
- They must ensure that processes are in place to monitor patients who require care, including the monitoring of patients taking high-risk drugs, and those who require further treatment or monitoring following tests.
- They must ensure that they are storing all medicines in accordance with legal requirements.

- They must ensure that they monitor the receipt and use of electronic prescription sheets.
- They must ensure that they are clear about the performance of the practice and that they are taking action to address areas where their performance falls below expected levels; in particular, they should improve care for patients with long term conditions, to reduce rates of patients excepted from Quality Outcomes Framework indicators.

In addition the provider should:

- Ensure that they are identifying carers so they can be signposted to appropriate support.
- They should ensure that they are keeping comprehensive records, particularly of meetings and discussions relating to safety incidents.
- They should ensure that they are using audits to make improvements to patient care.
- They should ensure that all consultation rooms have a privacy screen or curtain in place.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the process of recording discussions and learning from incidents lacked cohesion.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment, actions identified to address concerns with infection control practice had not been taken, medicines were not always stored in accordance with legal requirements, the process for repeat prescribing was unsafe as staff did not always adhere to the limitations set out in their protocol, and they had failed to ensure that patients who were being prescribed high-risk medicines were adequately monitored .
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however, not all staff had received safeguarding training.

Inadequate



Are services effective?

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

- Data showed patient outcomes were comparable to the national average; however, the practice had exceeded a higher than average proportion of patients from Quality Outcomes Framework indicators.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement to patient outcomes.
- Overall, staff assessed patients' needs and delivered care in line with current evidence based guidance; however, the practice did not always have processes in place to ensure that patients were appropriately monitored.
- Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment; however, not all non-clinical staff were up to date with mandatory training.

Requires improvement



Summary of findings

- Non clinical staff had not received an appraisal in the past 12 months. Staff had access to training; however, the practice had no process in place to monitor that staff had completed training.
- Multidisciplinary working was taking place but record keeping was limited.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 offered a number of additional enhanced services for the benefit of their patients, such as extended opening hours and minor surgery.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a vision but not all staff were aware of this and their responsibilities in relation to it.

Summary of findings

- There was a leadership structure and staff told us they felt supported by management.
- The practice had a number of policies and procedures to govern activity, but these were not always followed, for example, we saw evidence that their recruitment and repeat prescribing policies were not always adhered to.
- All staff had received inductions but not all staff had received regular performance reviews.
- 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 proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active; however, their role was not clearly defined.

Summary of findings

The six population groups and what we found

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

Older people

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

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

- The safety of care for older people was not a priority, and we saw examples where the practice had failed to contact patients to arrange care following the receipt of test results.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages.
- Home visits were available for patients who were unable to attend the practice.
- A dedicated phone line was provided for patients on the Avoiding Unplanned Admissions register, many of whom were elderly.

Requires improvement



People with long term conditions

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

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

- The practice did not have adequate processes and safety nets in place to ensure that patients with some long-term conditions were adequately monitored.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority; however, the practice's unplanned admission rate was higher than the local average. A dedicated phone line was provided for patients on the Avoiding Unplanned Admissions register.
- Overall, performance for diabetes related indicators was better than the CCG and national average. The practice achieved

Requires improvement



Summary of findings

100% of the total QOF points available, compared with an average of 92% locally and 89% nationally; however, their exception reporting rate was higher than average for all but two of the 10 diabetes indicators.

- Longer appointments and home visits were available when needed. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%; however, there was no practice-wide process for contacting women who had failed to attend for their cervical screening test
- 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 and health visitors.

Requires improvement



Working age people (including those recently retired and students)

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

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

Requires improvement



Summary of findings

- 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.
- A full range of health promotion and screening that reflects the needs for this age group, including long-acting contraceptives and sexually transmitted infection screening.

People whose circumstances may make them vulnerable

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

The practice is rated as requires improvement 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, and those with a learning disability.
- The practice offered longer appointments for annual reviews with patients with a learning disability; however, they did not routinely offer longer appointments for these patients for standard consultations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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; however, not all non-clinical staff had received regular safeguarding training.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

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

Requires improvement



Summary of findings

- The practice had 27 patients diagnosed with dementia and 88% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 45 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.

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 forty four survey forms were distributed and 116 were returned. This represented approximately 2% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, and 22 of these were positive about the standard of care received. Patients commented that staff at the practice were kind and caring and that they did not feel rushed during appointments.

We spoke with seven patients during the inspection. Overall, patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed and caring; however, one patient mentioned an incident where they had been prescribed a medicine without the side effects being clearly explained.

St Albans 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 an Expert by Experience.

Background to St Albans Medical Centre

St Albans Medical Centre provides primary medical services in Kingston to approximately 6850 patients and is one of 23 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 9%, which is lower than the CCG average of 12%; and for older people the practice value is 11%, which is lower than the CCG average of 13%. The practice has a smaller proportion of patients aged 20 to 34 years than the CCG average, and a slightly larger proportion of patients aged 35 to 54 years. Of patients registered with the practice, the largest group by ethnicity are white (80%), followed by asian (11%), mixed (5%), black (2%) and other non-white ethnic groups (3%).

The practice operates from a three-storey converted residential premises. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The reception desk, waiting area, and four consultation rooms are situated on the ground floor. The practice manager's office and three consultation rooms are situated on the first floor; and the second floor consists of two locked storage areas. The practice has access to four doctors' consultation rooms and three nurses' consultation rooms.

The practice team at the surgery is made up of one part time female GP, one full time male GP and one part time male GP who are partners, in addition, one part time female salaried GP is employed by the practice, and they have one trainee GP (Registrar) on a year-long placement. In total 25 GP sessions are available per week; and in addition seven Registrar sessions are offered. The practice also employs three female nurses and one healthcare assistant. The clinical team are supported by a practice manager, deputy practice manager, five receptionists, two secretaries and two administrators.

The practice operates under a General Medical Services (GMS) 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). The practice also provides training placements to GP registrars.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 7:30am to 11:20am every morning, from 1:30pm to 6pm on Monday, Wednesday and Thursday afternoons, from 3:00pm to 6pm on Tuesday afternoons and from 3:30pm to 6pm on Friday afternoons. Extended hours surgeries are offered daily between 7:30am and 8:30am.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

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 and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including the practice manager, GPs, nurses, reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events; however, we saw examples of significant event records which had not been included on the practice's significant event log. We also noted that details of discussions about significant events were recorded in a separate document; the process therefore lacked cohesion.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a two-week-wait cancer referral was missed, the practice introduced a new process for tracking referrals for suspected cancer cases.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse; however these were not always effective. These which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities; however, some administrative staff had not received training on safeguarding children. GPs and nurses were trained to child protection or child safeguarding level 3 and administrative staff were trained to level 1.

- 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).
- We observed the premises to be clean and tidy. 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; however, we observed that the practice was not using single-use items in all cases recommended by current infection control guidance; for example, they did not use single-use tourniquet straps or lubricant gel sachets. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken; however, at the time of the inspection there had not been an audit conducted in the past 12 months, and the practice had not resolved the issues highlighted in the last audit, conducted in August 2015, relating to the taps and sink areas in the consulting rooms (we were told that they had recently submitted an application for a grant to undertake the work needed).
- The arrangements for managing emergency medicines and vaccines in the practice kept patients safe; however, processes for repeat prescribing were unsafe, as we saw evidence that patients were being prescribed high-risk medicines without the required monitoring taking place. We were also told about examples of administrative staff issuing prescriptions outside of the remit of their role, as set out in the practice's prescribing policy.

The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; there were systems in place to monitor the

Are services safe?

use of prescription pads, but no log was kept of blank prescription sheets. 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 against a patient specific prescription or direction from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). They had a log in place to record the stock level of these drugs; however, the storage and disposal arrangements for controlled drugs were not adequate and did not adhere to legal requirements.
- We reviewed five personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body; however, we found that the practice had allowed a member of nursing staff to start work before the appropriate checks through the Disclosure and Barring Service had been completed, and had failed to complete any risk assessment of this decision.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried-out regular fire drills; however, these were always conducted when

patients were not on the premises. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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

In most cases, 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; however, we saw evidence that they were not adequately monitoring patients who were taking high-risk medicines, and that prescribing arrangements for these medicines did not adhere to current guidance.

- 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 patients' needs.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15 reporting year) were 100% of the total number of points available; however, the practice had a higher than average exception reporting rate overall (14% compared to a CCG average of 10% and national average of 9%). Their exception reporting rate was particularly high for asthma, cancer, diabetes, and mental health indicators. (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 not been aware of their high exception reporting rate and were unable to provide an explanation for the high rate during the 2014/15 reporting year. The practice showed us a summary of their QOF data for the 2015/16 reporting year, which was pending validation at the time of the inspection. This showed an increase in exception reporting from the previous year, the practice told us this increase could in part be attributed to the practice registering a large number of patients during the last quarter of the reporting year from a nearby practice which had closed.

Data from 2014/15 showed:

- Overall performance for diabetes related indicators were better than the CCG and national averages. The practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally; however, their exception reporting rate for diabetes indicators was 18%, compared to a CCG average of 13% and national average of 11%.
- The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 82%, which was comparable to the CCG average of 80% and national average of 78%; however, the practice's exception reporting rate for this indicator was 16%, compared to a CCG average of 11% and national average of 9%.
- The proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 82%, compared to a CCG average of 80% and national average of 78%; however, the practice's exception reporting rate for this indicator was 21%, compared to a CCG average of 14% and national average of 12%.
- The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 94% (CCG and national average 88%); however, the practice's exception reporting rate for this indicator was 15% compared to a CCG average of 9% and national average of 8%.
- The practice had 27 patients diagnosed with dementia and 88% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 45 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits carried out in the last two years, three of these were completed audits where the re-audit showed improvements having been made; however, we saw little evidence of improvements and learning points being embedded. For example, the practice had conducted an audit of patients who were

Are services effective?

(for example, treatment is effective)

prescribed medicine for neuropathic pain; the audit records that of the 18 patients identified, four did not have clear information in the records about the reason for the medicine being prescribed. This audit did not contain any details of action taken to improve performance in the future.

- The practice participated in local audits, national benchmarking and accreditation.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered an overview of topics including 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. Nursing staff had received updates on monitoring long-term conditions, such as training courses on the management of leg ulcers.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work; however, apart from one staff member, administrative staff had not received an appraisal for the past 18 months. Administrative staff we spoke to said that whilst they had not received a recent appraisal, they were able to discuss issues directly with the practice manager when necessary. Nursing staff received regular appraisals where their learning and support needs were identified, and regular clinical supervision sessions were provided to trainee GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training;

however, not all staff had completed training updates within guideline timescales, and the practice had no process for monitoring when staff had completed 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 computer system.

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

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

The practice did not have an effective system in place to ensure that patients were reviewed once the results of tests had been received. We were told that when samples were taken from patients for diagnostic tests, they were instructed to contact the practice to be told the results; however, there was no process in place to ensure that vulnerable patients were followed-up, and we saw examples where patients had failed to contact the practice following blood tests, and as a result, issues which should have been followed-up were overlooked until the patient next attended the practice. In one example no action was taken on an elderly patient's blood test results until the patient was seen at the practice two months later.

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.

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the healthcare assistant.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%. There was no practice-wide process for contacting women who had failed to attend for their cervical screening test; however,

some nurses told us that they would telephone patients who had failed to attend. There was no failsafe system in place to ensure results were received for all samples sent for the cervical screening programme and the practice did not have a system in place to follow up women who were referred as a result of abnormal results. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and the rate of attendance amongst the practice's patients was comparable to local and national averages.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% and five year olds from 89% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Screens were provided most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments; however, we observed one consultation room used by a nurse which did not have a screen.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three patients gave negative comments, one of these related to the practice's new website not being clear, and two negative comments were received about the quality of care provided by doctors at the practice.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 88%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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.

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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 86%.

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

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as

carers (less than 1% of the practice list). The practice provided annual health checks and vaccinations to 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 sent them a letter. This 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.

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 offered a number of additional enhanced services for the benefit of their patients, such as extended opening hours and minor surgery.

- The practice offered a 'Commuter's Clinic' every morning from 7:30am to 8:30am 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 7:30am to 11:20am every morning, from 1:30pm to 6pm on Monday, Wednesday and Thursday afternoons, from 3:00pm to 6pm on Tuesday afternoons and from 3:30pm to 6pm on Friday afternoons. Extended hours surgeries were offered daily between 7:30am and 8:00am. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

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

The practice had a system in place to assess:

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

Requests for home visits were recorded by reception staff and passed to the duty doctor. A doctor would then contact the patient by phone to assess whether a home visit was required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following complaints received about the service provided by reception staff, the practice arranged for customer service training to be provided.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice aspired to delivering high quality care and promoting good outcomes for patients.

- The practice had a statement of purpose which outlined its objective to provide a high standard of clinical care in a safe environment, and to be courteous, approachable, friendly and accommodating to patients. These commitments were not displayed within the practice, and we saw no evidence that they had been discussed and were well embedded with staff.
- The practice had some plans for the future with regards to succession planning; however, they had not developed a clear strategy for the future and did not have a business plan.

Governance arrangements

The practice had a governance framework which supported the delivery of their service. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff.
- Overall, there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, in some cases significant events were not recorded.

However, governance arrangements were not always robust:

- The practice did not have a comprehensive understanding of the performance of the practice; for example, they were unaware that they had a higher than average QOF exception reporting rate.
- Clinical audits were carried-out; however, we saw little evidence of improvements for patients and learning points being embedded.
- We saw examples of practice procedures not being followed; for example, with regards to repeat prescribing and recruitment checks.

Leadership and culture

Staff told us the partners were approachable and listened to staff; however, we noted that formal opportunities to provide feedback, such as appraisals, had not been provided.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly; however, members we spoke to explained that there was a lack of clarity about the role of the PPG. The PPG had made some suggestions about improvements that could be made at the practice, which had been implemented; for example, they had suggested that clearer signage was displayed in the practice so that patients knew which consultation room they needed to go to, and this had been implemented.
- The practice had gathered feedback from staff through staff meetings and informal discussions. Staff told us

Are services well-led?

Requires improvement 

(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; for example, reception staff had asked for

additional lockable storage behind the reception desk; the practice had agreed to provide this and had involved staff in designing storage which would suit their needs.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users:</p> <p>They had failed to put in place effective processes to ensure that following significant events lessons were learned and shared.</p> <p>They had failed to ensure that all staff were up to date with mandatory training.</p> <p>They had failed to ensure that processes were in place to monitor the stock of blank prescription sheets.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that staff had received a regular appraisal and assessment of their learning and development needs.</p> <p>They had failed to ensure that appropriate pre-employment checks had been completed prior to staff beginning work.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider had failed to ensure that they were managing the risk of infection, as they had not completed an infection prevention and control audit in the past 12 months, and actions from the previous audit had not been addressed.

They were unaware that the number of patients excepted from Quality Outcomes Framework indicators was higher than average and had no action plan in place to address this.

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