

The Surgery - Dr Mangwana and Partners

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?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 Dr Mangwana and Partners, The Surgery on 17 November 2015. Overall the practice is rated as requires improvement.

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.
- Risks to patients were assessed and well managed, with the exception of those relating to safeguarding and arrangements to deal with emergencies.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was no practice complaints policy in place procedure in line with recognised guidance and contractual obligations for GPs in England.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider must make improvement are:

- Ensure all staff receive safeguarding training and annual basic life support training relevant to their role.
- Implement a programme of quality improvement to include clinical audit to improve patient outcomes.
- Develop the practice complaints policy and procedure in line with recognised guidance and contractual obligations for GPs in England, maintain a log of all complaints received and analyse these in order to share lessons learned with staff.

The areas where the provider should make improvement are:

- Ensure all staff who act as chaperones have been trained to provide this role and the service is advertised as available to patients.

- Develop an inventory of all clinical equipment used within the practice.
- Develop a comprehensive business continuity plan for major incidents such as power failure or building damage which includes emergency contact numbers for staff.
- Ensure all policies are available to all staff and are practice-specific rather than generic.
- Advertise the translation service within the practice to inform patients this support is available to them as required.
- The practice should ensure systems are in place to proactively identify patients who are carers.

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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However, not all administrative staff had received safeguarding training relevant to their role and annual basic life support training.

Are services effective?

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

Requires improvement



- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- Not all staff had access to essential training to develop their skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework showed patient outcomes were similar to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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 requires improvement 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.
- The majority of 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.
- The practice was equipped to treat patients and meet their needs.
- There was no practice complaints policy in line with recognised guidance and contractual obligations for GPs in England; the practice did not maintain a log of complaints received and complaints were not analysed to identify lessons learned and share these with staff.

Requires improvement



Are services well-led?

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

- The practice did not have a vision to deliver high quality care and promote good outcomes for patients and there was no strategy in place to deliver this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity however some of these were generic and not practice-specific.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

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 proactively sought feedback from staff and patients, which it acted on.

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 requires improvement for the care of older people. The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 71% was comparable to the CCG and national averages.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- GPs 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 similar to the CCG and national averages. For example, the percentage of patients with diabetes who have a record of an albumin: creatinine ratio test in the preceding 12 months was 90% in comparison to the national average of 86%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was 80% which was comparable to the national average of 83%.
- Longer appointments and home visits were available when needed.
- 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.

Requires improvement



Summary of findings

Families, children and young people

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

- 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.
- The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- 77% of patients with a learning disability had received an annual health check.
- The practice 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.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was comparable to the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 83% in comparison to the national average of 86%.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 434 survey forms were distributed and 103 were returned. This represented 24% of the practice's patient list.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, 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 14 comment cards of which 10 were positive about the standard of care received. Four comment cards from patients told us they experienced some difficulties in booking appointments and waiting long periods of time for their appointment.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff receive safeguarding training and annual basic life support training relevant to their role.
- Implement a programme of quality improvement to include clinical audit to improve patient outcomes.
- Develop the practice complaints policy and procedure in line with recognised guidance and contractual obligations for GPs in England; maintain a log of all complaints received and analyse these in order to share lessons learned with staff.

Action the service **SHOULD** take to improve

- Ensure all staff who act as chaperones have been trained to provide this role and the service is advertised as available to patients.

- Develop an inventory of all clinical equipment used within the practice.
- Develop a comprehensive business continuity plan for major incidents such as power failure or building damage which includes emergency contact numbers for staff.
- Ensure all policies are available to all staff and are practice-specific rather than generic.
- Advertise the translation service within the practice to inform patients this support is available to them as required.
- The practice should ensure systems are in place to proactively identify patients who are carers.

The Surgery - Dr Mangwana and Partners

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, a practice manager specialist adviser and an Expert by Experience.

Background to The Surgery - Dr Mangwana and Partners

Dr Mangwana and Partners, The Surgery provides GP primary medical services to approximately 4,600 patients living in the London Borough of Hammersmith and Fulham. The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups.

The practice team is made up of two male and one female GP providing 23 sessions, a practice manager, Health Care Assistant and four administrative staff.

The practice opening hours are between 8:00am-8:00pm on Monday, Tuesday, Wednesday and Friday and 8:00am-1:00pm on Thursdays. Appointments were from 9:00am-1:00pm daily and 6:00pm-8:00pm on Monday, Tuesday, Wednesday and Friday. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been

available to enable the commissioning of primary medical services). The practice refers patients to the London Central West Urgent Care Centre and NHS '111' service for healthcare advice during out of hours.

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

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

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.

Detailed findings

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 17 November 2015. During our visit we:

- Spoke with a range of staff (GPs, practice manager, health care assistant, 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, as a result of one incident, arrangements were made for two members of staff to be present to open the practice each morning.

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 systems and processes in place to keep patients safe and safeguarded from abuse, required improvement:

- Some 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 policy outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs were trained to Safeguarding level 3; however, not all administrative staff had received safeguarding training relevant to their role.
- There was no notice in the waiting room to advise patients that chaperones were available if required and none of the patients we spoke with were aware that this service was available to them. Not all staff who acted as chaperones had been trained for the role and some staff

we spoke with were unsure of their responsibilities when providing this role. All staff providing the chaperone service 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. One of the GP partners was the infection control clinical lead who kept up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor was on the premises.
- We reviewed 10 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

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice was managed by NHS property services. The maintenance of the building including cleaning schedules and cleaning records, testing and investigation of legionella, annual and monthly checks of the building and the environment was managed by NHS property services. The practice had a health and safety policy and health and safety training was part of staff induction. The practice manager was the nominated health and safety representative for the practice. There was a health and safety policy available and the practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, however the practice did not have in place an inventory of all equipment. NHS property services had undertaken a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH), 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 that enough staff were on duty. The practice recognised the need for a practice nurse to be in post and was working to recruit one.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- Emergency medicines were available in the treatment room however not all administrative staff had received annual basic life support training.
- The practice had oxygen with adult and children's masks available on the premises. A first aid kit was also available. The practice had made the decision not to have a defibrillator on site due to the practice's close proximity to a local hospital and we saw evidence the practice had risk assessed this decision.
- 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 fit for use.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage which 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 clinical meetings and 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 were 94% of the total number of points available, with 6% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes who have a record of an albumin: creatinine ratio test in the preceding 12 months was 90% in comparison to the national average of 86%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months was 150/90mmHg or less was 80% which was comparable to the national average of 83%.
- Performance for mental health related indicators was comparable to the national averages. For example, the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a comprehensive, agreed care plan was 83% in comparison to the national average of 86%.

- 84% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was the same as the national average.

Clinical audits did not demonstrate quality improvement.

- There had been five clinical audits completed in the last twelve months however none of these were completed second-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local and national benchmarking and reviewed the practice performance at monthly meetings.

Effective staffing

Staff access to training to develop their skills, knowledge and experience to deliver effective care and treatment, required improvement.

- The practice did not have a formal induction programme for all newly appointed staff. The practice were in the process of developing an information pack for locum GPs working at the practice.
- The learning needs of staff were identified through a system of appraisals and meetings. Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work however, not all administrative staff had received mandatory training. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures and information governance awareness but not all staff had received safeguarding training relevant to their role and annual basic life support training. Not all staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- 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 quarterly basis with palliative care services and the practice worked closely with a community psychiatric nurse for the care of patients with mental health conditions.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored however through records audits.

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.
- Smoking cessation advice was available from an administrative member of staff who had been trained to provide this service for patients. The practice had received an award from "Kick it" (a Public Health programme) for achieving 105 'quitters' in 2015 which was the fourth highest in the local CCG.

The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%. The practice was working to improve this uptake by monitoring patient attendance for these appointments and offering telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 88% and five year olds from 41% to 76%.

Flu vaccination rates for the over 65s were 71%, and at risk groups 40%. These were also comparable to the CCG and national averages.

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.
- 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.

Ten of the 14 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. Four patients commented they experienced difficulties in booking appointments and long waiting times.

We spoke with one member of the patient participation group. 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:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 83%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 86% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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:

- 89% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients on 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 contacted them. This call was either followed by a patient consultation at a flexible time and 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. The practice was part of the "Small Practices Group" which was a network of 10 local practices. The practice manager was the lead for this group and organised the agenda and speakers for this quarterly meeting.

- The practice offered appointments from 6:00pm-8:00pm on Monday, Tuesday, Wednesday and Friday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or mental health conditions.
- 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, a hearing loop and translation services available.

Access to the service

The practice was open between 8:00am-8:00pm on Monday, Tuesday, Wednesday and Friday and 8:00am-1:00pm on Thursdays. Appointments were from 9:00am-1:00pm daily and 6:00pm-8:00pm on Monday,

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

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 73% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%).

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

Listening and learning from concerns and complaints

The practice system for handling complaints and concerns required improvement.

- There was no practice complaints policy in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system within the practice complaints leaflet.
- The practice did not maintain a log of complaints received and complaints were not analysed to identify lessons learned and share these with staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

We found the practice did not have a specific vision to deliver high quality care and promote good outcomes for patients and there was no strategy or business plan in place to deliver this.

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 policies were implemented and were available to all staff; however we found some policies were generic and not specific to the practice.
- A comprehensive understanding of the performance of the practice was maintained.
- However, there was no programme of continuous clinical and internal completed audits to monitor quality and to make improvements.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality 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 team meetings each quarter.
- 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 the patient participation group (PPG) and through surveys received. At the time of our inspection the PPG had not met regularly however, plans were in place to organise regular meetings in the forthcoming months. Previously, the PPG had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of suggestions from the PPG, the provision of telephone consultations for patients was increased.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff had suggested a change to the processing of referral letters by incorporating an allocated tray for these, separate to all other post received and this had been implemented.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The provider did not operate an accessible system for the management of complaints by patients and others in relation to carrying on the regulated activities.</p> <ul style="list-style-type: none">• The practice did not have a complaints policy in place.• The provider did not monitor complaints over time, looking for trends and areas of risk that may be addressed. There was no practice log of all complaints received and there was no analysis of these to share lessons learned with staff. <p>This was in breach of regulation 16(1) (2) 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> <ul style="list-style-type: none">• Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. There was no evidence that audit was driving improvement in performance to improve patient outcomes and no completed second cycle audits had been undertaken. <p>This was in breach of regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role.
- Not all staff had received safeguarding training that is relevant, and at a suitable level for their role.
- Not all staff had received annual basic life support training.

This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.