

# St Albans Medical Group

## Quality Report

St Albans Medical Group, Felling Health Centre,  
Stephenson Terrace, Felling, Gateshead, NE10 9QG  
Tel: 0191 469 2316  
Website: [www.stalbansmedicalgroup.nhs.uk](http://www.stalbansmedicalgroup.nhs.uk)

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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?

Requires improvement



Are services effective?

Good



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 Group on 1 March 2016. Overall, we rated the practice as requires improvement.

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

- Although there was an effective system in place for recording significant events, we were not assured that non-clinical staff were contributing to the reporting process.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had identified mandatory training for staff as an area for improvement and put in place plans to address this.
- A number of patients told us the community-linking project had a very positive impact on their lives, health and wellbeing. This was a project delivered jointly by the practice and a third sector organisation, focused on social prescribing. They spoke positively of the

support they had received and what this meant for them personally, including help to access resources, increased social inclusion and support with obtaining work.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment was broadly in line with national and local clinical commissioning group averages. However, patients told us they had to wait a long time to get an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- We found the practice had a vision to deliver a comprehensive range of general medical services to meet the needs of their practice population. They had a commitment to delivering high quality care and promote good outcomes for patients. The short-term

# Summary of findings

strategy for the practice included completing a back to basics review of the policies, procedures and assurance systems, which supported the way the practice worked. Following this, they planned to develop a more detailed practice business plan.

- Following an internal investigation, the practice had identified concerns. The practice had started to put in place a number of assurance systems to address these concerns.
- Staff felt supported by the GP partners. The practice sought feedback from staff and patients, which it acted on. They planned to review the effectiveness of the patient participation group as part of the review of governance and instigate new arrangements that better supported the practice to improve.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was evidence patients were at risk of harm because some systems and processes were not effective. For example, although the practice was taking action to improve their infection control procedures, there were some gaps in process and procedures. The arrangements to safely store temperature sensitive medicines did not reflect the current guidance. The practice had insufficient arrangements in place to ensure the health and safety of patients, staff and visitors to the practice. There was no evidence of regular reviews or plans to reduce any identified risks.

The areas where the provider must make improvement are:

- Continue to review and improve the infection control arrangements within the practice to reflect current guidance and best practice.

- Store temperature sensitive medicines, such as vaccines, within validated vaccine refrigerators. Make sure checks and calibration processes are in place to provide assurance these medicines are stored at appropriate and consistent temperatures.

The areas where the provider should make improvements are:

- Continue to progress with the review of governance arrangements and develop the assurance processes associated with this. Where gaps are identified, develop and implement appropriate policies and procedures.
- Develop a business plan to support the practice in delivering high quality care and promoting good outcomes for patients.
- Continue to review, document and improve the arrangements in place to ensure the health and safety of patients, staff and visitors to the practice.
- Ensure records for staff include all the required information, such as proof of identity; a recent photograph of the staff member; and, evidence of their full employment history, including gaps and reasons for leaving.
- Continue to progress with the programme of mandatory training to ensure staff are supported to gain the relevant skills, knowledge and experience.
- Ensure non-clinical staff are supported to contribute to the significant event reporting process.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Although there was an effective system in place for recording significant events, we were not assured that non-clinical staff were contributing to the reporting process. 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.
- There was evidence patients were at risk of harm because some systems and processes were not effective. For example, although the practice was taking action to improve their infection control procedures, there were some gaps in process and procedures. The arrangements to safely store temperature sensitive medicines did not reflect the current guidance. The practice had insufficient arrangements in place to ensure the health and safety of patients, staff and visitors to the practice. There was no evidence of regular reviews or plans to reduce any identified risks.
- The practice had clearly defined and embedded systems, processes and practices in place to safeguard patients from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For 17 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was taking action to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice broadly in line with national averages 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



- Practice staff reviewed the needs of their 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 had a social prescribing project in place to help meet the non-medical needs of patients. This was part funded by the CCG and a local voluntary sector organisation.
- The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment was broadly in line with national averages. For example, 79.1% said they were able to see or speak to someone last time they tried, compared to a national average of 76.1%. However, patients told us they had to wait a long time to get an appointment. This was reflected in GP Patient Survey results, where 44.4% of those who responded felt they normally had to wait too long to be seen (compared to a national average of 34.5%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

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

- The practice had a vision to deliver a comprehensive range of general medical services to meet the needs of their practice population. They aimed to provide services to a high standard by delivering care aligned to local and national guidelines and identified best practice.
- The GP partners had identified a number of concerns with the way the practice was managed. They were still in the process of identifying the scope of the concerns and the actions needed to address them. They had started to develop action plans to support them to improve. The practices had a commitment to delivering high quality care and promote good outcomes for patients.
- The practice were reviewing their governance arrangements to ensure they supported the delivery of the strategy and good quality care. This work had not been completed by the time of the inspection, but we could see the practice had made significant progress in addressing the concerns they had already identified.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. They planned to review the effectiveness of the PPG as part of the review of governance and instigate new arrangements that better supported the practice to improve.
- There was a renewed focus on continuous learning and improvement at all levels.

## Requires improvement



# 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. There were aspects of the practice, which were rated as requires improvement and these related to all population groups. Some systems and processes to keep patients safe were not effective. This included systems and processes for infection prevention and control, the safe management of medicines and information available in relation to staff employed. The practice were also reviewing their governance processes.

There were however, examples of good practice:

- Staff provided proactive, personalised care, which met the needs of older patients. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients. The practice was part of a local vanguard scheme to provide healthcare to patients in local care homes.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, performance for heart failure related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 100% of the points available. This compared to an average performance of 97.9% across the CCG and nationally.
- The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There were aspects of the practice, which were rated as requires improvement and these related to all population groups. Some systems and processes to keep patients safe were not effective. This included systems and processes for infection prevention and control, the safe management of medicines and information available in relation to staff employed. The practice were also reviewing their governance processes.

**Requires improvement**



# Summary of findings

There were however, examples of good practice:

- Effective systems were in place, which helped ensure patients with long-term conditions received an appropriate service, which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for some of the clinical conditions commonly associated with this population group. For example, performance for diabetes related indicators was better than the national average. The practice achieved 96.5% of the points available. This compared to an average performance of 92% across the CCG and 89.2% national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96.5%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 98.0%, compared to a national average of 94.5%.
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were aspects of the practice, which were rated as requires improvement and these related to all population groups. Some systems and processes to keep patients safe were not effective. This included systems and processes for infection prevention and control, the safe management of medicines and information available in relation to staff employed. The practice were also reviewing their governance processes.

There were however, examples of good practice:

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. There were systems

**Requires improvement**





# Summary of findings

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. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.1% to 97% and five year olds from 90.8% to 98%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 81.3% to 97% and five year olds from 89.8% to 97.9%.
- 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.
- Nationally reported data showed the practice had performed in line with averages for providing recommended care and treatment for this group of patients. For example, the Quality and Outcomes Framework (QOF) data for 2014/15 showed the practice's uptake for the cervical screening programme as 82%, which was higher than the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There were aspects of the practice, which were rated as requires improvement and these related to all population groups. Some systems and processes to keep patients safe were not effective. This included systems and processes for infection prevention and control, the safe management of medicines and information available in relation to staff employed. The practice were also reviewing their governance processes.

There were however, examples of good practice:

- The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service, which was accessible, flexible and provided continuity of care.

**Requires improvement**



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Nationally reported data showed the practice provided recommended care and treatment that was in line with or above national averages for this group of patients. For example, the percentage of patients with hypertension having regular blood pressure tests was the higher than the national average. 86.2% of patients had a reading measured within the last nine months, compared to 83.7% nationally.

## 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. There were aspects of the practice, which were rated as requires improvement and these related to all population groups. Some systems and processes to keep patients safe were not effective. This included systems and processes for infection prevention and control, the safe management of medicines and information available in relation to staff employed. The practice were also reviewing their governance processes.

There were however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.
- The practice had identified 2.4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Requires improvement



## 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). There were aspects of the practice, which were rated as requires improvement and these related to all population groups. Some systems and processes to keep patients safe were not effective. This

Requires improvement



# Summary of findings

included systems and processes for infection prevention and control, the safe management of medicines and information available in relation to staff employed. The practice were also reviewing their governance processes.

There were however, examples of good practice:

- Nationally reported data showed performance for mental health related indicators was better than the CCG and national average. The practice achieved 96.2% of the points available. This compared to an average performance of 92.7% across the CCG and 92.8% national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with an alcohol consumption recorded in the preceding 12 months was 91.1%. This compared to a national average of 89.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was better than the national average at 86.5% (compared to a national average of 84.0%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They 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 people with mental health needs and dementia.

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## What people who use the service say

The latest GP Patient Survey published in date January 2016 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 84.3%); this was lower than the England average (at 85.1%). There were 311 survey forms distributed for St Albans Medical Group and 117 forms were returned. This was a response rate of 37.6% and equated to 1.4% of the practice population.

- 86% found it easy to get through to this surgery by phone compared to a national average of 73.3%.
- 90.7% found the receptionists at this surgery helpful (compared to a national average of 86.8%).
- 79.1% were able to get an appointment to see or speak to someone the last time they tried (compared to a national average of 76.1%).
- 87.8% said the last appointment they got was convenient (compared to a national average of 91.8%).
- 79.1% described their experience of making an appointment as good (compared to a national average of 73.3%).
- 48.1% felt they normally did not have to wait too long to be seen (compared to a national average of 57.78%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards, which were all positive about the standard of care received. Common words used to describe the practice included, caring, helpful, excellent, supportive and friendly. Patients particularly commented on the friendly and helpful staff.

We spoke with 11 patients during the inspection. The majority of patients said they were happy with the care they received and thought staff were approachable, committed and caring. In particular, a number of patients told us the community-linking project, had a very positive impact on their lives, health and wellbeing. This was a project delivered jointly by the practice and a third sector organisation, focused on social prescribing. They spoke positively of the support they had received and what this meant for them personally, including help to access resources, increased social inclusion and support with obtaining work.

However, some patients told us they had to wait a long time to get an appointment. This was reflected in GP Patient Survey results, where 44.4% of those who responded felt they normally had to wait too long to be seen (compared to a national average of 34.5%).

There had been only small numbers of patients responding to the national friends and family test (FFT) results. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). As there were less than five responses each month for the last three months, data was suppressed to protect patient confidentiality.

## Areas for improvement

### Action the service **MUST** take to improve

- Continue to review and improve the infection control arrangements within the practice to reflect current guidance and best practice.
- Store temperature sensitive medicines, such as vaccines, within validated vaccine refrigerators. Make sure checks and calibration processes are in place to provide assurance these medicines are stored at appropriate and consistent temperatures.

### Action the service **SHOULD** take to improve

- Continue to progress with the review of governance arrangements and develop the assurance processes associated with this. Where gaps are identified, develop and implement appropriate policies and procedures.
- Develop a business plan to support the practice in delivering high quality care and promoting good outcomes for patients.

# Summary of findings

- Continue to review, document and improve the arrangements in place to ensure the health and safety of patients, staff and visitors to the practice.
- Ensure records for staff include all the required information, such as proof of identity; a recent photograph of the staff member; and, evidence of their full employment history, including gaps and reasons for leaving.
- Continue to progress with the programme of mandatory training to ensure staff are supported to gain the relevant skills, knowledge and experience.
- Ensure non-clinical staff are supported to contribute to the significant event reporting process.

# St Albans Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to St Albans Medical Group

St Albans Medical Group is registered with the Care Quality Commission to provide primary care services.

The practice provides services to approximately just over 8,200 patients from two locations:-

- Main Surgery : St Albans Medical Group, Felling Health Centre, Stephenson Terrace, Felling, Gateshead, NE10 9QG
- Branch : Bede Centre, Old Fold Road, Gateshead, Tyne and Wear, NE10 0DJ.

We visited the main surgery as part of this inspection. A few days prior to the inspection, the practice contacted us to tell us the branch surgery had been flooded due to a toilet leaking. This had made it unsafe to continue to deliver services from the branch surgery. The practice expected the branch surgery to be closed for at least a month, as extensive refurbishment and maintenance was needed to make it fit for purpose. They had contacted those patients who had an appointment at the branch and rearranged for these to take place at the main surgery. Whilst the branch surgery was closed, patients were offered services from the main surgery, until further notice. We visited the branch location to confirm it was not in use, but did not go into the building.

St Albans Medical Group is a medium sized practice. They are situated in the Felling area of Gateshead. The practice is part of the NHS Newcastle Gateshead clinical commissioning group (CCG). The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The practice has three GP partners, of which one is male and two are female. There are also four female salaried GPs and a GP registrar. In addition, there is a practice manager, a nurse practitioner, two practice nurses, two health care assistants, a community coordinator, a domestic worker and a team of 13 administrative and reception staff. The practice is a training practice that have GP trainees allocated to the practice (fully qualified doctors allocated to the practice as part of a three-year postgraduate general medical training programme).

The surgery is open from 8am to 6pm Monday to Friday. Extended hours surgeries are offered on a Saturday morning, between 8am and 12pm, for those patients unable to attend during normal working hours.

The consultation times are between 8:30am to 10:30am and 1pm to 6pm Monday to Friday. Phone lines for appointments and other routine requests are open between 8:30am to 6pm each weekday. An emergency line is available between 8am to 8:30am.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Gateshead Community Based Care Limited.

Information taken from Public Health England placed the area in which the practice was located in the second most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years and the average female life expectancy is 80 years, both of which are three years lower than the England average.

# Detailed findings

The percentage of patients reporting with a long-standing health condition is much higher than the national average (practice population is 71.9% compared to a national average of 56.9%). Higher numbers can indicate an increased demand for GP services.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff, including two GP Partners, a salaried GP, a GP trainee, the nurse practitioner, a practice nurse, a healthcare assistant, the practice pharmacist, the community coordinator, the practice manager, and three administrative and reception staff.
- We also spoke with patients who used the service and other relevant organisations, such as a manager of a

local care home, a local palliative care nurse and the director of a local third sector organisation who were delivering a social prescribing project jointly with the practice.

- 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 recording significant events. The practice had recorded five significant events within the last year.

- 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.
- However, we found non-clinical staff's knowledge of the significant event process was limited. There was little evidence of non-clinical staff contributing significant event incidents relating to their work. The practice had started some work on developing the culture in the practice, to support openness and transparency. This included reviewing the whistleblowing policy and encouraging staff to speak up if they have concerns.

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, the practice had improved arrangements to support and protect staff from patients known to show violent or unreasonable behaviour in the past. This included use of chaperones and encouraging staff to seek management support during incidents of this type.

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

### Overview of safety systems and processes

The practice had started to review a number of management systems to provide assurance or identify areas where they needed to improve. They had already identified a number of improvements and started to implement them. However, they recognised there were still some gaps and areas where they needed to improve. Some of the areas of concern related to safety systems and processes within the practice.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

- accessible to all staff. The policies clearly outlined whom 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 and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- Chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, there was no information displayed in public areas letting patients know this service was available.
- We reviewed five personnel files and found the practice had taken action to improve the recording of appropriate recruitment checks and information, which provided assurance that staff were suitable, of good character, and had the relevant qualifications, skills, competence and experience necessary for them to perform their role. However, although improvements had been made, the practice did not have in place a full record in line with regulations. For example, they did not have proof of identity and a recent photograph or evidence of full employment history, including gaps and reasons for leaving.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice was reviewing their infection control procedures and were planning further improvements in this area. We observed the practice was clean and tidy. Hand hygiene techniques signage was displayed throughout the practice. Patients we spoke with told us they mostly found the practice clean.

There was dual responsibility between NHS Property Services and a practice employed domestic staff member for cleaning the premises. We checked the split of these responsibilities with NHS Property Services. For those areas that the practice had responsibility, a new cleaning schedule was introduced in February 2016. However, we



## Are services safe?

found this checklist was not fully completed on a regular basis. The practice told us they had found this did not reflect the work actually carried out by the domestic staff and planned to further review and revise it. The practice undertook a monthly check on the cleanliness of the premises and fed back any remedial actions.

We found the practice did not have arrangements in place to ensure privacy curtains in consultation and treatment rooms were cleaned or changed on a regular basis.

The infection control lead had not received recent relevant training in this area. They had identified this training was required, but had not yet sourced it. They had recently been in contact with the local clinical commissioning group infection control nurse to seek support in this area.

The practice had undertaken an infection control audit, which had identified a number of actions for them to take. This included providing further training for all staff. The practice had implemented an e-learning system to provide staff with mandatory training, including on infection control. Staff had started to undertake this training, but had not completed it.

However, we found some concerns, which were not picked up by the audits. For example, we found sharps containers were not signed and dated on construction. There was no separation for those sharps contaminated with cytotoxic and/or cytostatic medicines (these medicines contain chemicals which are toxic to cells, preventing their replication or growth).

The practice did not have suitable arrangements in place for the proper and safe management of medicines. There was a process for checking medicines were kept at the required temperatures and this was being followed by the practice Staff. However, the refrigerator used to store temperature sensitive medicines, such as vaccines, was a domestic model. Guidance by Public Health England states that only validated vaccine refrigerators should be used; domestic refrigerators are not suitable for storing vaccines. The practice did not have arrangements in place to calibrate the temperature of the vaccines refrigerator on a regular basis or to check the temperature reading by using a second thermometer. Without secondary verification, there was a risk the practice would be unable to detect an

incorrect reading or malfunction of the refrigerator. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

### Monitoring risks to patients

- The practice had insufficient arrangements in place to ensure the health and safety of patients, staff and visitors to the practice. There was no evidence of regular reviews or plans to reduce any identified risks. The practice were in the process of completing a review of their health and safety arrangements. They told us once this was completed, they planned to develop policies and procedures. The practice were unable to provide us with a copy of their health and safety risk assessment. The practice told us NHS Property Services, as the property owner, held a number of responsibilities for the building as a whole. This included checking the fire arrangements, fire evacuations and legionella risk assessment and remedial action (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had requested assurance these were carried out appropriately before the inspection, but did not have ongoing assurance processes in place. There was no evidence to demonstrate the practice carried out regular fire drills. NHS property Services confirmed a fire evacuation had taken place at Felling Health Centre on 1 April 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

## Are services safe?

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

### **Arrangements to deal with emergencies and major incidents**

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 was 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. We found this did not include much detail about the specifics of what would happen in an emergency. However, we saw evidence the practice had responded quickly and appropriately to a recent emergency in the branch surgery, when it flooded due to a plumbing problem in the disabled toilet.

# 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2014/15 showed the practice had achieved 99.6% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was higher than the national average of 94.8%. At 10.1%, their clinical exception reporting rate was 1.2% above the local CCG average and 0.9% above England Average. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was not a statistical outlier for any QOF (or other National) clinical targets.

Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 96.5% of the points available. This compared to an average performance of 92% across the CCG and 89.2% national average. For example, the percent of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96.5%, compared to a national average of 88.3%. The percentage of patients on the diabetes register who had an influenza immunisation was 98.0%, compared to a national average of 94.5%.

- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100% of the points available. This compared to an average performance of 96.6% across the CCG and 97.4% national average.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. 86.2% of patients had a reading measured within the last nine months, compared to 83.7% nationally.
- Performance for heart failure related indicators was better than the clinical commissioning group (CCG) and national average. The practice achieved 100% of the points available. This compared to an average performance of 97.9% across the CCG and nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 96.2% of the points available. This compared to an average performance of 92.7% across the CCG and 92.8% national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with an alcohol consumption recorded in the preceding 12 months was 91.1%. This compared to a national average of 89.6%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was better than the national average at 86.5% (compared to a national average of 84.0%).
- For 17 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit looked at whether patients diagnosed with coeliac disease were also assessed for osteoporosis. (Coeliac disease is a common autoimmune digestive condition where a person has an adverse reaction to gluten. Osteoporosis is a condition that weakens bones, making them fragile and more

# Are services effective?

## (for example, treatment is effective)

likely to break. It is also a common complication of coeliac disease). Improvements made as a result included instigating annual reviews for these patients, with a new template developed to assist with the review.

Information about patients' outcomes was used to make improvements. For example, the practice participated in the local CCG prescribing scheme audit for the prescribing of a type of anticoagulant to check clinicians were prescribing in line with guidelines. (Anticoagulants are medicines, which reduce the risk of blood clotting).

### Effective staffing

The practice was taking action to ensure staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had identified mandatory training as an area for improvement, and had implemented an e learning system to support staff to undertake a baseline level of training. Although there were some areas where staff had not undertaken mandatory or refresher training, we saw the practice had plans in place for this to happen.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The practice had identified not all staff had received an

appraisal within the last 12 months, and had taken remedial action to address this, prior to the inspection. The staff files we reviewed demonstrated appraisals were now happening.

- Arrangements were in place for staff to receive training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

# Are services effective?

(for example, treatment is effective)

## 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.
- There was a community linking project at the practice. The project was part funded by the local CCG and a third sector organisation. (Third sector organisations include a range of different organisations, which normally are not for profit. For example, voluntary organisations, charities and community groups). The practice employed a community coordinator, who supported patients who attended the practice with non-medical issues to access appropriate local services, activities, groups and networks. This project took a holistic view of the patients' needs, recognising the wider social problems that can impact on the health and wellbeing of patients. We spoke with a number of patients who had come into contact with this project. All spoke very highly of the support they had received and what this meant for them personally, including help to access resources, increased social inclusion and support with obtaining work. The GPs we spoke with told us they had implemented a very simple referral process to this project and the criteria for referral were very flexible. A

review of the project was underway, but they hoped this scheme would be rolled out across the CCG area. The project was being evaluated, and would include a full cost benefit analysis. Some initial analysis carried out within the project estimated savings to the local health economy in the region of £48,000.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was in with the national average of 81.8%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87.1% to 97% and five year olds from 90.8% to 98%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 81.3% to 97% and five year olds from 89.8% to 97.9%.

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. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice. For example, the nurse took samples opportunistically when this was possible.

# 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.

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients. 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 mostly in line with national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.1% said the GP was good at listening to them compared to the national average of 88.6%.
- 82% said the GP gave them enough time compared to the national average of 86.6%.
- 95.3% said they had confidence and trust in the last GP they saw compared to the national average of 95.2%.
- 90.2% said the last GP they spoke to was good at treating them with care and concern compared to a national average of 85.3%.
- 92.4% said the last nurse they spoke to was good at treating them with care and concern compared to a national average of 90.6%.

- 90.7% said they found the receptionists at the practice helpful compared to the national average of 86.8%.

### 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were broadly in line with national averages. For example:

- 88.3% said the last GP they saw was good at explaining tests and treatments compared a national average of 86.0%.
- 86.9% said the last GP they saw was good at involving them in decisions about their care compared to a national average of 81.6%.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.4% of the practice list as carers, (198 patients). 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# 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 their 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 had a social prescribing project in place to help meet the non-medical needs of patients. This was part funded by the CCG and a local voluntary sector organisation.

- The practice offered extended hours on a Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice delivered a substance misuse service.

### Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were from 8:30am to 10:30am and 1pm to 6pm every week day. Extended surgery hours were offered every Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The results of the national GP patient survey with how satisfied patients were with how they could access care and treatment was broadly in line with national averages.

- 79.1% said they were able to see or speak to someone last time they tried, compared to a national average of 76.1%.
- 87.8% of patients found the appointment was very or fairly convenient, compared to a national average of 91.8%.
- 80.8% of patients were satisfied with opening hours, compared to a national average of 78.3%.

- 86% found it easy to get through to this surgery by phone compared to a national average of 73.3%.
- 79.1% described their experience of making an appointment as good compared to a national average of 73.3%.
- 48.1% said they felt they normally do not have to wait too long to be seen compared to a national average of 57.7%.

Some patients told us they had to wait a long time to get an appointment. This was reflected in the National GP Patient Survey results, where 44.4% of those who responded felt they normally had to wait too long to be seen (compared to a national average of 34.5%). The practice told us they were continually reviewing and refining their approach to appointment availability to meet the needs of patients. They had introduced a telephone triage service, as a way of managing demand. However, they found this was not suitable in all cases, for example, when a patient's first language was not English. Therefore, they told us they would review this. Patients told us they could normally get to see someone if their need was urgent.

### Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, there was a complaints leaflet and information about complaints was displayed in the practice waiting area. There was information on the practice website about how to make a complaint.

The practice had received six complaints within the last year. We found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw the practice had investigated and learnt from concerns relating to access to the service.

# 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

We found the practice had a vision to deliver a comprehensive range of general medical services to meet the needs of their practice population. They aimed to provide services to a high standard by delivering care aligned to local and national guidelines and identified best practice.

The short-term strategy for the practice included completing a back to basics review of the policies, procedures and assurance systems, which supported the way the practice worked. This was because the GP partners had identified a number of concerns with the way the practice was managed. They were still in the process of identifying the scope of the concerns and the actions needed to address them. They had started to develop action plans to support them to improve. They were initially focusing on areas, which affected safety and effectiveness of the practice. However, they recognised there was a potential for further areas of improvement to be identified. Once they had completed this review, they planned to develop a practice business plan. We did find the practice had a commitment to delivering high quality care and promote good outcomes for patients.

### Governance arrangements

The practice were reviewing their governance arrangements to ensure they supported the delivery of the strategy and good quality care. This work had not been completed by the time of the inspection, but we could see the practice had made significant progress in addressing the concerns they had already identified.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Where there were gaps, the practice was developing practice specific policies and were in the process of making these available to staff.
- The practice did not yet have a comprehensive understanding of their performance.
- The practice were developing arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical and internal audit was in place, which was used to monitor quality and to make improvements.

### Leadership and culture

The GP partners had started to put in place a number of systems to provide them with assurance that the practice was being managed effectively. They had developed actions plans and had started to implement these. We found the GP partners prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took time to listen to them. The GP partners had started to make improvements to the overall governance, but recognised they still had some distance to go.

- The practice management team told us regular team meetings had not been held recently. They planned to address as part of the review of governance. They told us they planned to undertake some organisational development activities, to support better team working and cultural improvement within the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.

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 patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The



# Are services well-led?

Requires improvement 

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

practice told us they had not found the virtual PPG was useful at gathering the views of patients and ideas as to how they could improve. They planned to review the effectiveness of the PPG as part of the review of governance and instigate new arrangements, which better supported the practice to improve.

- The practice had gathered feedback from staff generally through informal meetings, appraisals and discussion. The practice hoped the changes to governance would increase the opportunity for staff to give feedback and discuss any concerns or issues they had.

## Continuous improvement

We found the practice had a renewed focus on continuous learning and improvement. The practice were reviewing their governance processes to ensure they followed best practice and provided better assurance for partners. We found the practice had a willingness to learn and grow.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the local vanguard scheme to provide coordinated healthcare to patients in local care homes. They were also part of a social prescribing project.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Care and treatment was not provided in a safe way for service users because:</p> <ul style="list-style-type: none"><li>• The registered provider did not have suitable arrangements in place for the proper and safe management of medicines.</li><li>• The registered provider did not have suitable arrangements in place to assess, prevent and control the spread of infections.</li></ul> <p>This was in breach of regulation 12(1)(2)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>